CDP

Uniformed Services University

Research Update -- May 22, 2025

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Loss of PTSD Diagnosis in Response to Evidence-Based Treatments : A Systematic Review and Meta-Analysis.

Milligan, T., Smolenski, D., Lara-Ruiz, J., & Kelber, M. S.

JAMA Psychiatry
May 21, 2025

Key Points
Question
What proportion of patients lose their posttraumatic stress disorder (PTSD) diagnosis after receipt of evidence-based psychotherapies?

Findings
This systematic review and meta-analysis included 34 randomized clinical trials and found that military and veteran (milvet) samples had lower proportions of diagnosis loss than nonmilvet samples for cognitive processing therapy and prolonged exposure.

Exploratory analyses showed some evidence that eye movement desensitization and reprocessing had the highest proportion of diagnosis loss.

Meaning
These findings supplement existing data on these treatments and may be useful to clinicians when discussing treatment selection and progress with patients.

Abstract
Importance
In recent decades, evidence-based psychotherapies to treat posttraumatic stress disorder (PTSD) have been developed with robust evidence bases. However, efficacy observed in clinical trials is not always directly applicable to clinical practice.

Objective
To estimate the percentage of patients in both military and veteran (hereafter milvet) and nonmilvet populations that lose their PTSD diagnosis after treatment.

Data Sources
We used the PTSD Repository to identify studies with adults with a DSM-IV/DSM-5 PTSD diagnosis based on a validated assessment. The repository, maintained by the US National Center for PTSD, is continually updated with randomized clinical trials and includes studies published from January 1988 on.

Study Selection
For eligibility, PTSD had to be the primary treatment target, with psychotherapy applied as monotreatment. Eligible studies reported the number of participants who did not meet diagnostic criteria for PTSD posttreatment. When this review was initiated (October 2023), the repository contained 496 unique studies. Data analysis was completed from October 2023 to June 2024.

Data Extraction and Synthesis
The repository follows Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) reporting guidelines and uses Cochrane Risk of Bias 2.0. We used mixed-effects logistic regression models to estimate diagnosis loss and incorporated milvet status and sex as covariates.

Main Outcomes and Measures
The primary outcome was the proportion of participants who no longer met criteria for a diagnosis of PTSD posttreatment as assessed by a validated instrument.

Results
We included 34 randomized clinical trials (N = 3208 participants). Point estimates of diagnosis loss across trauma-focused treatments for nonmilvet samples ranged from 65% to 86%. Milvet samples had lower proportions of diagnosis loss in studies of cognitive processing therapy and prolonged exposure compared to nonmilvet samples, ranging from 44% to 50%. There was substantial overlap between the covariates of milvet status and sex. An exploratory analysis identified eye movement desensitization and reprocessing as having the highest proportion of diagnosis loss, but there was substantial heterogeneity, and none of the studies were milvet-focused or conducted in the US. Also, 95% confidence intervals partially overlapped for all trauma-focused treatment estimates.

Conclusions and Relevance
This systematic review and meta-analysis contributes to the substantial literature on psychotherapeutic treatments for PTSD by meta-analyzing the probabilities of diagnosis loss for each psychotherapy. Diagnosis loss data are a relatively straightforward way to discuss potential benefits when initiating a therapy or when discussing potential barriers to progress in treatment.

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Mortality Risks of U.S. Healthcare Workers.

Mark Olfson, Candace M. Cosgrove, Melanie M. Wall, Carlos Blanco

American Journal of Preventive Medicine
Volume 68, Issue 6, June 2025, Pages 1080-1090

Introduction
Physicians and nurses have lower annual mortality rates than the general population. One explanation for the low mortality rates of these healthcare workers emphasizes their specialized medical knowledge and greater access to healthcare while a second emphasizes their generally higher level of education. This study evaluated the extent to which general educational level accounts for the lower all-cause mortality rates of U.S. healthcare than non-healthcare workers. It also compared cause-specific mortality risks of healthcare and non-healthcare workers.

Methods
A nationally representative sample of healthcare workers (n=176,000) and non-healthcare workers (n=1,662,000) from the 2008 American Community Survey (n=3,310,000) was followed through 2019 for mortality. Cox models estimated hazard ratios of all-cause and cause-specific mortality for 6 healthcare worker groups. Analyses were performed in 2024.

Results
Age- and sex-standardized all-cause death rates per 100,000 were lower for healthcare (370.7; 95% CI=361.5, 379.9) than non-healthcare (442.2; 95% CI=439.2, 445.2) workers (p<0.001). However, this difference was not evident after additionally adjusting for level of education (aHR=1.00; 0.97, 1.02). In fully adjusted models, hazards of mortality were lower for healthcare than non-healthcare workers for cardiovascular disease (aHR=0.94; 0.89, 0.99) and lung cancer (aHR=0.89; 0.81, 0.98), but higher for pancreatic cancer (aHR=1.21; 1.05, 1.39) and external causes of death (aHR=1.20; 1.10, 1.30).

Conclusions
Higher educational attainment accounted for the longer life expectancy of U.S. healthcare workers than other workers. Nevertheless, healthcare work relative to non-healthcare work was associated with lower hazards of deaths due to cardiovascular diseases and lung cancer, but higher hazards of deaths due to external causes.

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https://doi.org/10.1001/jamanetworkopen.2023.37011

Depressive Symptoms and Mortality Among US Adults.

Zhang, Z., Jackson, S. L., Gillespie, C., Merritt, R., & Yang, Q.

JAMA Network Open
May 5, 2025

Worsening socioeconomic conditions, increasing social isolation and loneliness, and health care disruptions associated with the COVID-19 pandemic may have adversely impacted population-level mental health. However, it remains unclear how mental health changed nationally in the years following the pandemic’s onset and whether there were differential changes across different population groups. Therefore, we assessed

changes in depressive symptoms among US adults overall and across sociodemographic characteristics.

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https://doi.org/10.1001/jamapediatrics.2025.0828

US Children Living With a Parent With Substance Use Disorder.

McCabe, S. E., McCabe, V. V., & Schepis, T. S.

JAMA Pediatrics
May 12, 2025

Nearly 19 million children were estimated to be living in a household with at least 1 parent with SUD, accounting for one-quarter of all US children in 2023. Children in such households are more likely to develop adverse health outcomes than their peers without exposure to parental SUD.5 This study adds new information based on DSM-5 criteria, estimating that 6.1 million children lived with parents with comorbid SUD and mental illness; these youths are particularly susceptible to multiple adverse childhood experiences.

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https://doi.org/10.1001/jamanetworkopen.2025.9246

Depression and Heart Failure in US Veterans.

Pfaff, J. L., Eden, S. K., Kundu, S., Alcorn, C. W., Garry, J., Greevy, R. A., Stewart, J. C., Freiberg, M. S., & Brittain, E. L.

JAMA Network Open
May 8, 2025

Key Points
Question
Are veterans with depression at elevated risk of heart failure?

Findings
In this cohort study of 2 843 159 veterans, depression was associated with a 14%

increased hazard of incident heart failure independent of traditional sociodemographic and cardiovascular risk factors.

Meaning
The findings suggest that veterans with comorbid depression have a higher risk for heart failure independent of other risk factors.

Abstract
Importance
Depression and heart failure (HF) affect millions of US adults. Incident HF risk following depression diagnosis is understudied.

Objective
To examine the association between incident HF and prevalent depression among veterans.

Design, Setting, and Participants
This cohort study analyzed sociodemographic and clinical data of US veterans participating in the Veterans Affairs (VA) Birth Cohort. Data were obtained from the VA Corporate Data Warehouse between January 1, 2000, and October 1, 2015. Participants were born between 1945 and 1965, were free of HF at baseline, and met a medical home definition (had 3 outpatient visits within 5 years). Statistical analysis was performed from May 2022 to February 2025.

Exposures
Prevalent depression, defined as 1 inpatient or 2 outpatient visits with International Classification of Diseases, Ninth Revision (ICD-9) or International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes for depression.

Main Outcomes and Measures
The primary outcome was time to incident HF, defined as time from baseline to documented date of the first inpatient or second outpatient visit with ICD-9 or ICD-10 codes for HF. A Cox proportional hazards regression model adjusted for relevant covariates was used to assess the association of depression and incident HF.

Results
A total of 2 843 159 veterans (median [SD] age, 54 [49-59] years; 2 677 919 males [94.2%]; 556 914 [19.6%] self-identified as Black, 144 485 [5.1%] as Hispanic, 1 975 068 [69.5%] as White, and 99 011 [3.5%] as other race and ethnicity) were included.

Participants were followed up for incident HF over a median (IQR) duration of 6.9 (3.4-11.0) years. Generally, 8.0% of participants (226 247 of 2 843 159) had prevalent depression at baseline. Females made up a larger percentage of those with vs without depression (11.4% vs 5.3%). Participants with depression demonstrated higher unadjusted incident HF rates compared with those without depression (136.9 [95% CI, 132.2-141.7] cases per 10 000 person-years vs 114.6 [95% CI, 113.4-115.9] cases per 10 000 person-years, respectively). After adjusting for sociodemographic and cardiovascular risk factors, depression was associated with an increase in incident HF hazard of 14.0% (hazard ratio [HR], 1.14; 95% CI, 1.13-1.16), with an estimated adjusted median (IQR) incidence rate difference of 16.0 (14.9-18.3) cases per 10 000 person-years. Among patients without comorbidities, depression was associated with a higher increase in incident HF hazard (HR, 1.58; 95% CI, 1.39-1.80), with an estimated adjusted median (IQR) rate difference of 14.2 (9.5-19.5) cases per 10 000 person-years.

Conclusions and Relevance
In this cohort study, depression among veterans was associated with an increased hazard of incident HF after controlling for demographic and cardiovascular risk factors. Higher incident HF rates in patients with depression remained consistent in an otherwise low-risk cohort.

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https://doi.org/10.1016/j.jpain.2025.105441

Psychiatric Diagnosis Receipt After Low Back Pain Diagnosis Across the US Military Health System and Veterans Health Administration.

Carreño, P. K., Johnson, M., Taylor, J., Travaglini, L., Velosky, A. G., Adams, L. M., & Highland, K. B.

The Journal of Pain
Volume 32, 105441, July 2025

Highlights

- Psychiatric diagnosis receipt varied across patient- and system-level factors.
- Type of diagnosis also varied.
- Adjustment disorder and other stress-related diagnoses were most common.

Abstract
The objective of this retrospective observational cohort study was to evaluate psychiatric diagnosis receipt after low back pain (LBP) diagnosis across the US Military Health System (MHS) and Veterans Health Administration (VHA). Medical records (N = 197,925) of patients who received a LBP diagnosis March 2021 - March 2022 were analyzed. Primary outcomes were time-to-psychiatric diagnosis and diagnosis type within 1-year post-index LBP diagnosis. In a Poisson generalized additive model, incidence rate ratios (IRRs) of psychiatric diagnosis were higher for patients with a female administrative gender marker (ref. male; 1.40; 95% CI 1.31–1.50); Black (ref. Non-Hispanic White; 1.35; 95% CI 1.29–1.42) and Hispanic (ref. Non-Hispanic White; 1.13; 95% CI 1.06–1.20) patients, and patients with co-occurring non-LBP pain (1.29; 95% CI 1.24–1.33) and nicotine dependence (1.14; 95% CI 1.05–1.25). IRRs were lower for patients with elevated CCI scores (0.89; 95% CI 0.79–1.00) and those diagnosed with obesity (0.91; 95% CI 0.85–0.96). A generalized linear model indicated the adjustment-related versus other psychiatric diagnosis odds ratio (OR) was higher for Black patients (1.18; 95% CI 1.05–1.31) and those with an obesity diagnosis (1.17; 95% CI 1.01, 1.35); and lower for retired service members (0.71; 95% CI 0.58–0.88) and Veterans (ref. active duty service member; 0.59; 95% CI 0.4–0.73), and patients with a female administrative gender marker (0.83; 95% CI 0.71–0.97). The present findings indicate variation in psychiatric diagnoses receipt among patients with LBP across the MHS and VHA, which warrant system-level interventions to improve timing and quality of care.

Perspective
Variation across both receipt and type of psychiatric diagnosis in military-connected patients within a year after low back pain diagnosis indicate further inquiry is needed to better understand mediators (e.g., differences in stigma, access to care) and impact of new policies (e.g., the Brandon Act).

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https://doi.org/10.1016/j.jpsychires.2025.05.009

Mental health outcomes following exposure to combat events during the October 7th war in Israeli reserve soldiers.

Shelef, L., Ohayon, O., Micheli, E., Rotschield, J., & Bechor, U.

Journal of Psychiatric Research
Volume 187, July 2025, Pages 116-122

Highlights

- Being responsible for the death of an enemy combatant showed no significant relationship with probable PTSD, though it was associated only with arousal symptoms.
- Being responsible for the death of a noncombatant was significantly linked to probable PTSD.
- Probable PTSD associated with those who engaged in hand-to-hand combat.
- A significant correlation was found between—exposure to dead bodies or human remains and probable PTSD.

Abstract

Background

The present study examines specific associations between various war events and probable posttraumatic stress disorder (PTSD) Checklist for DSM-5 [PCL-5] ≥ 33).

Method

This cross-sectional study included all 806 IDF reserve soldiers (96.4 % male), mean age 30.26 (SD = 6.89) who sought help from the IDF Combat Stress Reaction Unit (CSRU) between October 7th, 2023, and August 1st, 2024 (10 months), following participation in the October 7th, 2023 War.

Results

A significant association emerged between probable PTSD in those who engaged in hand-to-hand combat, which was also linked with negative cognition and arousal symptom clusters. A significant correlation was found between—exposure to dead bodies or human remains and probable PTSD. Such experiences were also associated with the intrusion symptom cluster. The results indicated that being responsible for the death of an enemy combatant showed no significant relationship with probable PTSD, though it was associated only with arousal symptoms. In contrast, being responsible for the death of a noncombatant was significantly linked to probable PTSD and various PTSD symptoms, intrusion, arousal, and negative cognition symptoms.

Conclusion

The study highlights the need to assess various combat events in relation to PTSD symptoms and probable PTSD when conducting evaluation and treatment.

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https://doi.org/10.1093/milmed/usaf154

Participant Satisfaction and Engagement With a Military Longitudinal Cohort Study: The U.S. Millennium Cohort Study.

Castañeda, S. F., Kolaja, C. A., Baccetti, A., Barkho, W. Z., Walstrom, J. L., Sheppard, B. D., Sharifian, N., Carey, F. R., Lewis, C. L., & Rull, R. P.

Military Medicine
Published: 13 May 2025

Introduction
Service members and veterans remain a challenging population for survey research. As the Millennium Cohort Study is the largest and longest running prospective cohort study in United States military history and has follow-up data collection planned through 2068, it is critical to determine factors that may help bolster participant retention.

Materials and Methods
A satisfaction survey was administered in 2023 to obtain feedback for quality improvement efforts. Of the eligible Millennium Cohort Study participants, 27,224 (45%) completed the satisfaction survey. Chi-square tests were used to examine responses stratified by service status (active duty, Reserve/National Guard, and veterans). Natural language processing was utilized to uncover latent topics from open-text data.

Results
A majority of respondents (96%) were satisfied with their experience in the study. The main motivations for continued participation included helping fellow service members and veterans (96%) and learning about military health issues (82%). Major topics that emerged in open-ended feedback provided by 25% of the sample included the importance of tracking health outcomes related to military exposures, a desire to help service members and veterans, and a desire to see study results and impacts.

Conclusions
Altruism toward the military community was a key motivation for continued participation and efforts to highlight these values may help to increase study recruitment and retention.

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https://doi.org/10.1037/tra0001673

Comorbidity of depression and posttraumatic stress disorder: Outcomes from a randomized controlled trial of surf and hike therapies among service members.

Otis, N. P., Walter, K. H., Glassman, L. H., Ray, T. N., Kobayashi Elliott, K. T., & Michalewicz-Kragh, B.

Psychological Trauma: Theory, Research, Practice, and Policy
2024; 16(Suppl 3), S688–S697

Objective:
Major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) are commonly comorbid mental health disorders. Exercise performed in the natural environment has shown promise in relieving symptoms of each disorder separately; however, the effectiveness has seldom been studied in comorbid populations.

Method:
Data were derived from a randomized controlled trial of surf and hike therapy for active duty service members with MDD (N = 95). In this study, participants were grouped by comorbidity status (MDD, n = 37; MDD-PTSD, n = 58). Clinician-administered and self-reported measures were completed at preprogram, postprogram, and 3-month follow-up; a brief depression/anxiety measure was completed before and after each session.

Results:
Multilevel modeling results showed clinically significant decreases in depression severity across participants from pre- to postprogram ($p < .001$) and within exercise sessions ($p < .001$), with no further change through follow-up. No significant differences emerged in depression severity change over time by comorbidity status, intervention condition, or their three-way interaction. Those with PTSD showed reductions in posttraumatic stress symptoms from pre- to postprogram ($p < .001$), which did not differ by intervention condition; gains were maintained at follow-up. Remission rates from MDD and PTSD diagnoses (if applicable) were significant from pre- to postprogram for both MDD-only and MDD-PTSD groups ($p < .001$). These improvements were maintained at 3 months.

Conclusions:
Both surf and hike therapies can improve MDD and PTSD symptoms, regardless of comorbidity status, suggesting utility of these interventions among service members with one or both disorders.

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https://doi.org/10.1037/tra0001621

Residual posttraumatic stress disorder and depression symptoms following a residential posttraumatic stress disorder treatment program for U.S. active duty service members.

Kline, A. C., McCabe, C. T., Campbell, J. S., & Walter, K. H.

Psychological Trauma: Theory, Research, Practice, and Policy
2025; 16(Suppl 3), S502–S510

Objective:
Even after the most effective posttraumatic stress disorder (PTSD) treatments, symptoms often persist. Understanding residual symptoms is particularly relevant in military populations, who may be less responsive to PTSD interventions.

Method:
The sample consisted of 282 male service members who engaged in a residential PTSD treatment program at a military treatment facility that provided evidence-based PTSD psychotherapies and adjunctive interventions. PTSD and depression symptoms were assessed before and after treatment and weekly during treatment via the PTSD Checklist-Military Version and Patient Health Questionnaire-8. Logistic regression with Hochberg's step-up procedure compared the likelihood of individual residual symptoms between service members who did (n = 92, 32.6%) and did not (n = 190, 67.4%) experience clinically significant PTSD change (≥10-point PTSD Checklist-Military Version reduction).

Results:
Not achieving clinically significant PTSD change was associated with greater odds of nearly all residual symptoms (OR = 2.03–6.18), excluding two Patient Health Questionnaire-8 items (appetite and psychomotor changes). Among service members experiencing clinically significant PTSD change, concentration difficulties (73.3%), physical reactions to reminders (71.1%), and intrusions (70.8%) were PTSD symptoms most likely to persist. Poor sleep (56.2%), low energy (50.0%), and concentration difficulties (48.3%) were the most common for depression.

Conclusions:
To our knowledge, this study is the first to examine residual PTSD and depression symptoms following residential PTSD treatment for active duty service members. Given the low rates of clinically significant PTSD change and the high frequency of residual symptoms, strategies may be needed to improve residential PTSD treatment outcomes in the military.

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https://doi.org/10.1007/s10943-025-02340-4

Moral Injury, Mental Disorders, and Suicidal Behavior Among Health Professionals During the COVID-19 Pandemic: A Network Analysis.

Lei, Q., He, Z., Ye, Y., Shi, X., Liu, J., Koenig, H. G., & Wang, Z.

Journal of Religion and Health
Published: 17 May 2025

During extreme conditions such as the COVID-19 pandemic, health professionals were susceptible to mental health issues. A series of network analyses were performed to explore the relationship between moral injury and depressive symptoms, anxiety symptom, PTSD symptom, and suicidal behaviors in 14,993 health professionals. Depressive symptoms were identified as the main pathway through which moral injury led to suicidal behavior, and betrayal was the most significant bridge symptom for moral injury with PTSD, anxiety, and depressive symptoms. The symptom profiles of MI associated with the common mental outcomes included betrayal, self-condemnation, and feeling punished by God. The most central mental symptoms of health professionals were irritability, nervousness, and feeling afraid. It is crucial to implement targeted measures addressing the bridge symptoms of moral injury and the core symptoms of anxiety to prevent and treat mental health consequences among health professionals.

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https://doi.org/10.1002/cpp.70084

Secondary Traumatization Among Mental Health Officers Who Treat Patients With Non-Suicidal Self-Injury and Suicidal Behaviour.

Moryosef, S. L., & Taubman-Ben-Ari, O.

Clinical Psychology & Psychotherapy
First published: 19 May 2025

Objective
Military mental health officers (MHOs) often encounter soldiers who express distress through threats or attempts of self-injury or suicide. Research shows that working with such cases is highly stressful and can be traumatic for therapists, potentially leading to secondary traumatization (ST)—a condition that affects both personal well-being and professional performance. This study explores how event centrality, rumination, and self-compassion influence the development of ST in MHOs exposed to self-injurious behaviour in their patients. We hypothesized that higher exposure to self-harm would be associated with greater ST, especially when MHOs perceive these experiences as highly central to their lives. Additionally, we hypothesized that self-compassion would have a protective effect, reducing ST.

Method
The study involved 130 MHOs (social workers, psychologists, and psychiatrists) serving in the Israeli army, representing roughly half of all such professionals. Participants completed self-report questionnaires.

Results
No significant association was found between exposure to self-harm and ST. However, a curvilinear relationship (where the effect rises at moderate levels but decreases at higher levels) also emerged, with moderate exposure linked to the highest levels of ST. Notably, this curvilinear effect was observed only among MHOs with high self-compassion, whereas those with lower self-compassion did not show the same pattern.

Conclusions
This study enhances our understanding of how therapists respond to the challenges of self-injury and suicide in their patients. It highlights the complex role of exposure and self-compassion in ST, suggesting that fostering self-compassion in MHOs could be key to developing effective stress-reduction programs.

Summary

- Military mental health officers (MHOs) frequently encounter cases of self-injury and suicide among soldiers, which can contribute to secondary traumatization (ST).
- This study examined the roles of event centrality, rumination, and self-

compassion in the development of ST among MHOs exposed to self-injurious behaviours.
- A curvilinear relationship emerged, where moderate exposure was linked to the highest levels of ST.
- Self-compassion may play a complex role in moderating ST, highlighting the potential benefits of self-compassion-focused interventions for MHOs.
- Further research is needed to explore strategies for mitigating ST and enhancing resilience among MHOs.

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https://doi.org/10.1155/da/8011375

PTSD Symptom Severity Associated With Sleep Disturbances in Military Personnel: Evidence From a Prospective Controlled Study With Ecological Recordings.

Saguin, E., Feingold, D., Sipahimalani, G., Quiquempoix, M., Roseau, J. B., Remadi, M., Annette, S., Guillard, M., Van Beers, P., Lahutte, B., Leger, D., Gomez-Merino, D., & Chennaoui, M.

Depression and Anxiety
First published: 25 April 2025

Sleep disturbances, including insomnia and trauma-related nightmares (TRNs), are the core symptoms of post-traumatic stress disorder (PTSD) in military personnel. Furthermore these nocturnal manifestations are directly related to the persistence of daytime PTSD symptoms and are known to exacerbate comorbid conditions such as depression, suicidality, and daytime impairments. This prospective study examined the variability of PTSD-related sleep disruptions and its relationship to symptom severity using ecological recordings over several nights. One hundred thirty PTSD-diagnosed service members and 65 healthy military controls recorded sleep data at home for five nights using a polysomnographic headband to measure total sleep time (TST), sleep onset latency (SOL), wake after sleep onset (WASO), sleep efficiency index (SEI), and sleep stages. PTSD severity and comorbid symptoms were assessed by clinical evaluations. Compared to controls, PTSD participants had higher SOL and WASO (+14.1 min and +9.1 min, $p < 0.001$, respectively), reduced SEI (−6.6%, $p < 0.001$), and lower N3 and rapid eye movement (REM) sleep durations. In addition, night-to-night variability (NNV) in SOL and WASO was higher in the PTSD group. The sleep fragmentation index (FI)—and more specifically non-REM (NREM) sleep

fragmentation—was significantly correlated with PTSD severity, particularly the intrusive and avoidance symptoms clusters in the PCL-5 score. The results highlight the need for customized multinight assessments to study sleep variability in military patients with combat-related PTSD, in order to advance therapeutic strategies for military populations.

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https://doi.org/10.1080/20008066.2025.2499410

The Reconsolidation of Traumatic Memories Protocol's adjustments to the remote treatment of injured Ukrainian military personnel in hospital settings.

Gorbunova, V., & Hampton, R.

European Journal of Psychotraumatology
Published online: 19 May 2025

Background:
Due to the Russian invasion of Ukraine and the intense battlefield combat, many Ukrainian defenders have severe gunshot and explosion injuries, which result in broken bones, spinal damage, limb loss, and more. This physically and emotionally intensive experience often leads to acute stress disorder (ASD) and/or post-traumatic stress disorder (PTSD). During post-surgical recovery, injured military personnel need trauma-centred psychotherapy, which is often unavailable because of the hospital's setting limitations.

Objective:
The article aims to present adjustments of the Reconsolidation of Traumatic Memories (RTM) (US Patent Pending Number US-2024-0148297-A1) Protocol, a structured non-pharmaceutical neuro-based treatment that targets traumatic memory, to the remote treatment of injured Ukrainian military personnel in hospital settings.

Method:
This clinical practice paper presents two cases of online administration of the RTM Protocol in hospital settings to demonstrate the main adjustments made for remote work with physically injured military personnel.

Results:
The patients were referred to receive online RTM Protocol treatment by a surgeon due

to the psychiatrist-assigned ASD diagnosis, presenting in repetitive flashbacks and sleep disturbances interfering with the post-surgical recovery. Initial and post-treatment screenings using the PCL-5 showed a significant drop in scores: from 36 to 12 points for the first case and from 41 to 7 points for the second case. The patients reported improvements in their mood and sleep, as well as the disappearance of flashbacks. The main adjustments involved on-site adaptations (using the procedure room, utilising nurse assistance, ensuring a stable Internet connection) and modifications to the procedure (conducting shorter sessions, up to 45 min), delegating some Protocol administration steps to patients, and using military jargon and commands.

Conclusions:
The online administration of the RTM Protocol shows promise for treating combat-related ASD in hospital settings, providing a structured intervention for recovering military personnel, and ensuring accessibility and effectiveness in resource-limited settings.

HIGHLIGHTS

- This study outlines how the Reconsolidation of Traumatic Memories Protocol, a structured neuro-based trauma therapy, was adapted for the online treatment of Ukrainian military personnel recovering from combat injuries in hospital settings.
- Patients undergoing the adapted treatment showed significant decreases in trauma-related symptoms, alongside sleep and mood improvements.
- By introducing procedural and environmental modifications – such as shorter sessions, nurse assistance, and military-specific communication – this approach offers a scalable solution to provide trauma care in resource-limited hospital settings.

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https://doi.org/10.1093/arclin/acaf037

Impact of Demographic and Deployment Related Factors on Structured Inventory of Malingered Symptomatology Performance in Veterans and Service Members.

Troyanskaya, M., Abu-Suwa, H., Scheibel, R. S., & Pastorek, N. J.

Archives of Clinical Neuropsychology
Published: 18 May 2025

Background
Screening for feigning and exaggeration in military populations is necessary for accurate interpretation of findings in clinical and research settings. The Structured Inventory of Malingered Symptomatology (SIMS) is a commonly used symptom validity measure, but little is known about the impact of non-clinical factors on its performance. The primary objective of this study was to examine relationships among demographic and deployment-related characteristics and SIMS performance in a cohort of veterans and reservists.

Methods
One hundred and sixty-two participants with a history of combat deployment completed the SIMS and a measure of combat exposure. Demographic and deployment-related information was also collected. Multiple linear regression models were created to determine the impact of demographic and deployment-related factors on the SIMS total score and scale scores.

Results
Higher SIMS total scores were associated with more severe combat exposure, being unemployed, being married or divorced as opposed to being single, and fewer years of education. Higher Neurological Impairment scale scores were associated with being unemployed, being married or divorced, fewer years of education, and older age. Furthermore, higher amnestic disorders scale scores were associated with more severe combat exposure and being unemployed, and higher affective disorders scale scores were associated with more severe combat exposure, fewer years of education, and older age.

Discussion
Notable relationships between SIMS scores and several demographic and deployment-related factors were identified. This was the first study that examined relations of demographic and deployment factors and SIMS performance in a military population.

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https://doi.org/10.1037/tra0001625

Ayahuasca in the treatment of posttraumatic stress disorder: Mixed-methods case series evaluation in military combat veterans.

Weiss, B., Dinh-Williams, L. L., Beller, N., Raugh, I. M., Strauss, G. P., & Campbell, W. K.

Psychological Trauma: Theory, Research, Practice, and Policy
2024; 16(Suppl 3), S718–S722

[Correction Notice: An Erratum for this article was reported online in Psychological Trauma: Theory, Research, Practice, and Policy on Jul 25 2024 (see record 2025-07042-001). In the original article, there was an error in the calculations that led to the overstatement of the symptom severity of the veteran sample. Specifically, sum scores for the posttraumatic stress disorder (PTSD) symptom checklist (PCL-5) were scored using a 1-5 Likert scale rather than the appropriate 0-4 Likert scale. As a result, although it was stated that participants in the veteran sample exhibited clinical levels of PTSD based on the >33 PCL-5 threshold associated with a PTSD diagnosis, the levels actually reflected moderate posttraumatic stress symptoms. In addition, estimates of significantly reliable change in PCL-5 scores after an ayahuasca intervention (from 87.5% to 71.4%) were modified, and the threshold criteria for clinically significant changes (posttreatment scores <28) were removed because several participants met these criteria at baseline, thus impacting the interpretation of treatment outcomes.]

Objective:
Although ayahuasca—a plant-based psychedelic—is discussed as promising in the treatment of posttraumatic stress disorder (PTSD), evidence so far remains limited to retrospective case reports and qualitative surveys. No study to date has examined whether ayahuasca results in prospective and clinically meaningful changes in trauma symptoms across individuals with PTSD symptoms.

Method:
To address this gap, we conducted a convergent mixed-methods case series study on eight military veterans with PTSD syptoms who participated in a 3-day ayahuasca intervention in Central America. Clinically meaningful changes from pre- to posttreatment and at a 3-month follow-up were assessed in three ways using: (a) PTSD checklist-5 (PCL-5); (b) experience sampling measurement of momentary PTSD and mood symptoms; and (c) an open-ended survey on perceived benefits.

Results:
The majority (71.4%; 5/7) of participants demonstrated reliable changes in PCL-5 symptoms by posttreatment, which were maintained by 71.4%; (5/7) of veterans by the 3-month follow-up. On average, veterans also reported significant improvements in momentary PTSD symptoms, as well as negative and positive affect in daily life posttreatment, with 63% (5/8) reporting moderate-to-large improvements in these domains. Broad themes characterizing the perceived benefits of ayahuasca included

deep positive emotions, decentering/acceptance, and purpose in life; adverse acute experiences were, however, reported.

Conclusions:
This study provides preliminary support for the clinically meaningful and lasting benefits of a brief ayahuasca intervention on PTSD/mood symptoms in military veterans.

Clinical Impact Statement
In view of low response rates in gold-standard treatments for posttraumatic stress disorder (PTSD), this study examined ayahuasca as an alternative treatment, a unique psychedelic decoction and ceremonial practice rooted in indigenous traditions of the Amazon. Results provide preliminary support for ayahuasca as an effective treatment of PTSD symptoms in military veterans, including improvements in mood and functioning symptoms that bear meaningfully on quality of life. The safety, feasibility, and generalizability of these ayahuasca findings on PTSD remain important areas of future study.

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Links of Interest

TRICARE Is Your Partner in Mental Health Care
https://newsroom.tricare.mil/News/TRICARE-News/Article/4186526/tricare-is-your-partner-in-mental-health-care

Substance Use Disorders | Recovery Is Possible
https://www.maketheconnection.net/stories/958/

Report to Congress on Sleep and Fatigue in Military Aviation
https://news.usni.org/2025/05/15/report-to-congress-on-sleep-and-fatigue-in-military-aviation

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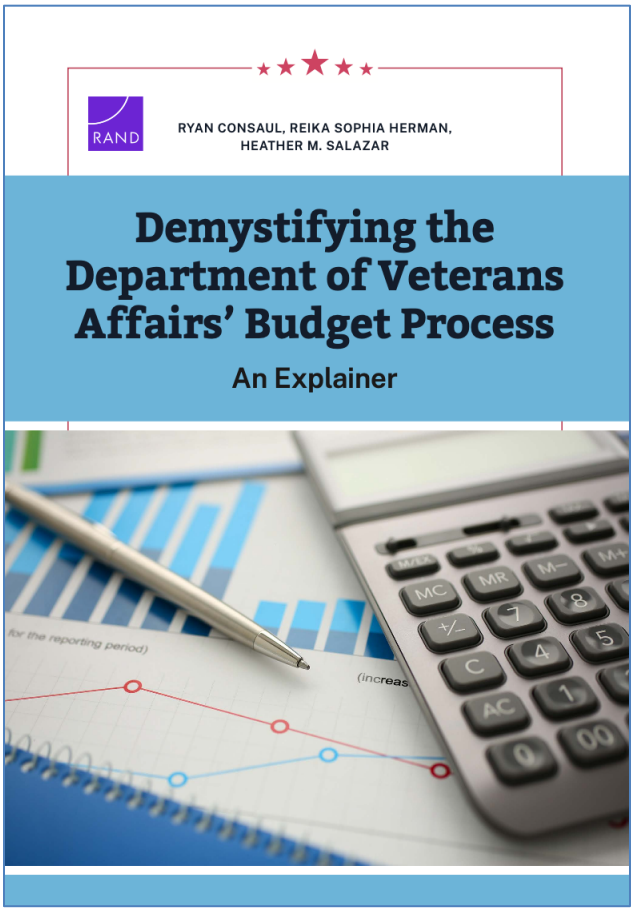
Resource of the Week – Demystifying the Department of Veterans Affairs Budget Process: An Explainer

From the RAND Corporation:

Key Findings

- The VA budget is split between discretionary (i.e., medical services and the Veterans Health Administration) and mandatory (i.e., disability compensation and the Veterans Benefits Administration) spending.
- Over the past 14 years, VA's annual budget authority has tripled in size to $307.31 billion in fiscal year 2024, 57 percent of which is in mandatory spending and 43 percent is in discretionary spending.
- A substantial driver of the mandatory spending increase is due to the expansion of presumptive service conditions, such as chronic rhinitis and sinusitis, multiple types of cancers, and other illnesses, which may provide a veteran with a monthly disability payment.
- The budget's discretionary spending increases are mostly due to the expansion of eligibility and enrollment in the VA health care system under the PACT Act. The PACT Act established the Cost of War Toxic Exposures Fund as an appropriated entitlement to cover the cost of health care and benefits for veterans whose health conditions are presumptively associated with exposure to burn pits, Agent Orange, and other environmental hazards.



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