

CDP



Research Update -- June 5, 2025

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- The contribution of exposure to potentially morally injurious events to trajectories of posttraumatic stress symptoms among discharged veterans - a five-year study.
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<https://doi.org/10.1001/jamanetworkopen.2025.12081>

Character of Discharge From the US Military and Suicide Mortality.

Reger, M. A., Ravindran, C., Morley, S. W., Devendorf, A., Vescera, K. J., & Stephens, B. M.

JAMA Network Open
May 23, 2025

Importance:

Suicide risk may be elevated among individuals who separate from military service with a character of discharge or service that was not honorable (ie, dishonorable, bad conduct, other than honorable, general, or uncharacterized), but a comprehensive evaluation of this possibility has not been previously published.

Objective:

To examine suicide mortality by character of discharge compared with individuals who received an honorable discharge and the full veteran population recently separated from service.

Design, setting, and participants:

This retrospective cohort study included all individuals who separated from the active component of the US military between January 1, 2002, and December 31, 2021. Data were obtained from the US Department of Veterans Affairs/Department of Defense Mortality Data Repository. Suicide rates for each character of discharge were compared with those among individuals receiving an honorable discharge and the full veteran population recently separated from service. Analyses were conducted between December 21, 2023, and June 1, 2024.

Exposure:

Character of discharge assigned at separation from the active component of military service.

Main outcomes and measures:

Crude suicide rates up to 5 years after separation were examined. Age-standardized rate ratios were used for comparisons within the cohort between strata. Age-standardized mortality ratios (SMRs) were used to compare suicide mortality by

character of discharge with the full separation cohort and within specific military service branches.

Results:

Among 3 627 653 individuals (mean [SD] age at separation, 28.4 [8.6] years; 83% men), 5599 deaths by suicide occurred during the study period. All character of discharge groups had significantly higher suicide rates than the honorable group, with standardized rate ratios ranging from 1.91 (95% CI, 1.69-2.17) for uncharacterized to 2.77 (95% CI, 2.52-3.05) for general. Veterans who received an honorable discharge were less likely to die by suicide than the overall cohort population (SMR, 0.82 [95% CI, 0.79-0.85]), while veterans with all other characters of discharge were more likely to die by suicide, with SMRs ranging from 1.23 (95% CI, 1.15-1.31) for uncharacterized to 1.84 (95% CI, 1.72-1.97) for general. Common demographic risk factors for suicide (eg, age, race) were replicated within character groups in most cases.

Conclusions and relevance:

In this cohort study, individuals who did not receive an honorable character of discharge were at significantly higher risk of suicide compared with veterans who received an honorable discharge and the veteran population recently separated from service. These findings suggest that character of discharge may be a helpful risk factor to consider for ongoing suicide prevention efforts.

<https://doi.org/10.1016/j.brat.2025.104753>

Sudden gains in cognitive processing therapy with and without behavioral activation among service members with comorbid PTSD and MDD.

Otis, N. P., Kline, A. C., Glassman, L. H., Michael Hunt, W., & Walter, K. H.

Behaviour Research and Therapy
Volume 190, July 2025, 104753

Highlights

- Examined sudden gains in treatment for comorbid PTSD and major depressive disorder.
- Sudden gains in depression symptoms resulted in better PTSD and depression outcomes.

- Sudden gains in PTSD symptoms were not linked to PTSD or depression outcomes.
- Monitoring and targeting depression may be key for treating this comorbidity.

Abstract

Sudden gains—large, rapid, and stable symptom reductions during treatment—are associated with better patient outcomes. Little is known about sudden gains among patients with co-occurring posttraumatic stress disorder (PTSD) and major depressive disorder (MDD), yet better understanding of sudden gains in this population may improve treatment of this comorbidity. This study evaluated sudden gains in PTSD and depression symptoms and their association with treatment outcomes among active duty service members with comorbid PTSD and MDD (N = 94) who were randomized to behavioral activation-enhanced cognitive processing therapy (BA + CPT) or CPT alone. Outcomes were interviewer-rated PTSD and depression severity at posttreatment and 3-month follow-up. PTSD and depression sudden gains occurred in 19 % and 27 % of the sample, respectively. Multilevel modeling showed sudden gains in depression symptoms were associated with clinically and statistically significant improvements in PTSD ($p < .001$) and depression severity ($p < .001$) outcomes. PTSD sudden gains were not associated with PTSD ($p = .137$) or depression ($p = .187$) outcomes. Improvements in both PTSD and depression outcomes following sudden depression gains may highlight the importance of depression symptom change during treatment as a prognostic marker of outcomes in this comorbid population.

Clinicaltrials.gov identifier
NCT02874131.

<https://doi.org/10.1001/jamanetworkopen.2025.11548>

Experiences With VA-Purchased Community Care for US Veterans With Mental Health Conditions.

Vanneman, M. E., Roberts, E. T., Li, Y., Sileanu, F. E., Essien, U. R., Mor, M. K., Fine, M. J., Thorpe, C. T., Radomski, T. R., Suda, K. J., & Gellad, W. F.

JAMA Network Open
May 21, 2025

Importance:

Veterans with mental health conditions (MHC) face unique challenges obtaining high-quality, coordinated health care. With a growing number of veterans receiving VA-purchased community care (CC) provided outside the Veterans Health Administration (VA), evidence is needed on how veterans in this high-prevalence, marginalized subgroup experience CC.

Objective:

To compare experiences with CC over time for US veterans with and without MHC.

Design, setting, and participants:

This retrospective, cross-sectional survey study analyzed responses to the Survey of Healthcare Experiences of Patients-Community Care Survey (SHEP-CCS) from 2016 to 2021. Ratings of CC were examined across 9 domains and compared for veterans with and without MHC, adjusting for differences in baseline characteristics using regression models. Data were analyzed from March 2023 to September 2024.

Exposure:

Diagnosis of MHC, defined as bipolar disorder, major depression, posttraumatic stress disorder, schizophrenia, or psychosis.

Main outcomes and measures:

Veterans' ratings of CC across 9 domains, overall satisfaction, overall clinician rating, clinician communication, eligibility determination, first appointment access, recent appointment access, nonappointment access, care coordination, and billing, were assessed on a scale of 1 to 100. Unadjusted annual ratings of care experiences were analyzed by survey domain. A series of 4 respondent-level linear regression models were examined for each domain and survey responses were pooled to test for differences in experiences between veterans with vs without MHC.

Results:

This study included 231 869 veterans, including 62 911 veterans with MHC (27.1%) and 168 958 without MHC (72.9%). Veterans with MHC had a mean (SD) age of 55.8 (14.7) years, 8327 were female (18.5%), and 24 792 had 3 or more comorbidities (29.9%). Veterans without MHC had a mean (SD) age of 62.5 (15.2) years, 11 277 were female (11.0%), and 49 689 had 3 or more comorbidities (24.0%). In fully adjusted models, veterans with vs without MHC had lower adjusted overall satisfaction with CC by -1.8 (95% CI, -2.3 to -1.3) points ($P < .001$). Ratings in all domains were lower for veterans with vs without MHC (-0.09 to -0.05 SDs of domain scores) ($P < .001$ for all

comparisons). Although ratings improved from 2016 to 2021, significant differences persisted over time for veterans with vs without MHC for all domains.

Conclusions and relevance:

In this survey study of veterans receiving CC from 2016 to 2021, those diagnosed with MHC reported lower ratings of CC across all measured domains, and these differences persisted over time. These findings highlight where focused care coordination and quality improvement efforts could improve CC experiences for this vulnerable subpopulation of veterans.

<https://doi.org/10.1136/military-2023-002591>

'Whether it's your weapon or not, it's your home': US military spouse perspectives on personal firearm storage.

Betz, M. E., Meza, K., Friedman, K., Moceri-Brooks, J., Johnson, M. L., Simonetti, J., Baker, J. C., Bryan, C. J., & Anestis, M. D.

BMJ Military Health
2025; 171: 227-232

Introduction

In the USA, an estimated 45% of veterans personally own firearms. Firearm access increases the risk of suicide, so suicide prevention efforts in the US Department of Defense (DoD) focus on lethal means safety, including reducing firearm access. Spouse input may enhance effective messaging and intervention delivery of lethal means safety. This study used qualitative methods to explore the perspectives of military spouses or partners on personal firearm storage, including at-home decisions, on-base storage and existing messaging from the DoD.

Materials and methods

Qualitative data were obtained using 1:1 interviews and focus groups with spouses/partners of US military service members (active duty, Reserve, National Guard, recently separated from the military) and representatives from military support organisations. Sessions focused on personal firearm storage (at home or on military installations) and military messaging around secure firearm storage and firearm suicide prevention. Data were analysed using a team-based, mixed deductive–inductive approach.

Results

Across 56 participants (August 2022–March 2023), the themes were variability in current home firearm storage and spousal participation in decision-making; uncertainty about firearm storage protocols on military installations; mixed awareness of secure firearm storage messaging from the military; and uncertainty about procedures or protocols for removing firearm access for an at-risk person.

Conclusion

US military spouses are important messengers for firearm safety and suicide prevention, but they are currently underutilised. Tailored prevention campaigns should consider spousal dynamics and incorporate education about installation procedures.

<https://dx.doi.org/10.15620/cdc/174579>

Depression Prevalence in Adolescents and Adults: United States, August 2021–August 2023.

Debra J. Brody, M.P.H., and Jeffery P. Hughes, M.P.H.

National Center for Health Statistics

Data Brief No. 527, April 2025

Key findings

Data from the National Health and Nutrition Examination Survey

- During August 2021–August 2023, depression prevalence in the past 2 weeks was 13.1% in adolescents and adults age 12 and older and decreased with increasing age overall and in females and males.
- Depression prevalence decreased with increasing family income overall and in females and males.
- From 2013–2014 to August 2021–August 2023, depression prevalence in adolescents and adults increased overall and in females and males.
- Among adolescents and adults with depression, 87.9% reported at least some difficulty with work, home, or social activities due to their depression symptoms.
- Among adolescents and adults with depression, a higher percentage of females (43.0%) than males (33.2%) reported receiving counseling or therapy in the past 12 months.

<https://doi.org/10.1080/16506073.2025.2509178>

Unique and interactive effects of intolerance of uncertainty and emotion regulation on daily negative emotionality.

Adamis, A. M., Jessup, S. C., & Olatunji, B. O.

Cognitive Behaviour Therapy
Published online: 21 May 2025

Intolerance of uncertainty (IU) is a transdiagnostic risk factor for emotional disorders. Although IU has been linked to anxious responding, the effects of IU on other forms of negative emotions (e.g. sadness and anger) in everyday life remain unclear. Further, the extent to which emotion regulation strategies moderate the effects of IU on daily emotionality is unknown. The present study aimed to clarify the specificity of IU's association with negative emotionality in everyday life, as well as to examine the moderating effects of emotion regulation. Participants (n = 122; 76% female) were first assessed for psychiatric diagnoses, IU, and their habitual use of reappraisal and suppression. They then completed one week of ecological momentary assessment of levels of anxiety, sadness, and anger in daily life. Results revealed modest associations between IU and levels of anxiety and sadness, but not anger, experienced during the week, even after controlling for psychiatric diagnoses and other concurrent negative emotions. Neither habitual reappraisal nor suppression moderated the effects of IU on daily emotionality. Findings suggest that IU is more closely tied to internalizing (vs. externalizing) emotional profiles and is associated with heightened negative emotionality independent of psychiatric diagnoses and emotion regulation strategy use.

<https://doi.org/10.1001/jamapediatrics.2025.1012>

Safety Planning Interventions for Suicide Prevention in Children and Adolescents: A Systematic Review and Meta-Analysis.

Albaum, C., Irwin, S. H., Muha, J., Schumacher, A., Clarissa, S., Finkelstein, Y., Bridge, J. A., & Korczak, D. J.

Importance:

Suicide ideation and suicide-related behavior (eg, suicide attempts) are increasingly prevalent among adolescents. Evidence supports safety planning interventions for adults at risk for suicide; the effectiveness for adolescents is unknown.

Objective: To evaluate the effectiveness of safety planning as a standalone intervention for adolescents with suicide ideation and/or suicide-related behavior.

Data sources:

Ovid MEDLINE, OVID PsycINFO, EBSCO CINAHL, and Scopus (Elsevier) from January 1, 2008, to March 26, 2024.

Study selection:

Included were all studies that examined safety planning as a standalone treatment for adolescents and assessed suicide ideation, suicide-related behavior including suicide attempts, and/or re-presentations to health care settings. Included were peer-reviewed studies evaluating intervention effectiveness or efficacy, with or without a control condition. Nonempirical studies, gray literature, and studies not available in English were excluded.

Data extraction and synthesis:

Two reviewers performed data extraction and quality assessment independently. Meta-analytic random-effects models were used to calculate effect size estimates. Risk of bias was assessed using Joanna Briggs Institute Critical Appraisal tools.

Main outcomes and measures:

The outcomes planned for extraction were suicide ideation, suicide-related behavior (eg, attempts; planning with intent to act), and re-presentation to health care settings (ie, emergency department visit; inpatient admission) during the follow-up period.

Results:

Ten studies including 1002 adolescents (mean [SD] age, 15.0 [0.4] years; 76.0% female) met inclusion criteria; 5 were included (n = 619) in the meta-analysis. There was no significant association between safety planning interventions and suicide ideation (Hedges g = 0.11; 95% CI, 0.01-0.21), behavior (Hedges g = -0.09; 95% CI, -0.20 to 0.02), attempts (risk ratio [RR], 1.03; 95% CI, 0.12-8.88) or suicide-related re-

presentation (RR, 0.99; 95% CI, 0.29-3.35) at follow-up. Risk of bias for the majority of studies was moderate to high.

Conclusions and relevance:

This systematic review and meta-analysis found limited research evaluating safety planning with adolescents. Although available data do not support safety planning as a standalone treatment for reducing suicide-related outcomes among children and adolescents, well-powered studies are needed to address this common intervention for suicide prevention in adolescents.

<http://dx.doi.org/10.15585/mmwr.ss7402a1>

Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022.

Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Muñoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Furnier, S. M., Hudson, A. E., Pokoski, O. M., Shea, L., ... Maenner, M. J.

Morbidity and Mortality Weekly Report
Surveillance Summaries / April 17, 2025 / 74(2);1–22

Prevalence of ASD among children aged 8 years was higher in 2022 than previous years. ASD prevalence was higher among A/PI, Black, and Hispanic children aged 8 years than White children aged 8 years, continuing a pattern first observed in 2020. A/PI, Black, and Hispanic children aged 8 years with ASD were also more likely than White or multiracial children with ASD to have a co-occurring intellectual disability. Identification by age 48 months was higher among children born in 2018 compared with children born in 2014, suggesting increased early identification consistent with historical patterns.

<https://doi.org/10.1177/0095327X251336195>

Women in the Military: Navigating Through Female Life Stages and Military Career by “Acting Normally”

Diacone, N., Bendien, E., van Baarle, E., & Verdonk, P.

Armed Forces & Society

First published online May 23, 2025

Recruiting and retaining female military personnel remains a challenge in most military organizations. This study explores how female-specific transitional stages in life (e.g., maternity and menopause) relate to the career development of women in the military from their perspective. Drawing on a qualitative interview study with 20 women, we demonstrate how they adjust themselves to the masculine norms of the organizational culture in all life stages during their careers. Our contribution outlines the practices of overperformance in which these women engage and the practices of (self-)silencing during different life and career stages, which can result in the reproduction of gender inequalities within the Netherlands Armed Forces.

<https://doi.org/10.1037/ser0000849>

Perceived social support moderates the relations between mental health symptoms and current suicidal ideation.

Hoffmire, Claire A., Donovan, Meghan L., Ryan, Arthur T., Brenner, Lisa A., Vogt, Dawne, Maguen, Shira, Schneiderman, Aaron, Miller, Christin N., Forster, Jeri E.

Psychological Services

Vol 21(4), Nov 2024, 817-827

Despite efforts to identify risk factors associated with suicidal ideation (SI), less work has been conducted to highlight protective factors to promote prevention. Perceived social support has been shown to positively impact a wide range of psychological outcomes; however, prior efforts exploring whether perceived social support moderates the relationship between mental health (MH) symptoms and current SI among men and women have been hampered by limitations. To address knowledge gaps, data from the Comparative Health Assessment Interview Research Study was used to evaluate

whether (a) perceived social support moderates the relationship between mental health symptoms (posttraumatic stress, anxiety, alcohol use, depressive) and current SI among veterans and nonveterans; (b) the strength of this moderating effect varies by gender and veteran status; and (c) the strength of this moderating effect varies by social support source (significant other, friend, family). Results suggest that perceived social support is more protective against SI for those with lower levels of mental health symptoms (\leq 25th percentile) than for those with higher symptom levels (\geq 75th percentile). Findings were largely consistent across study groups, support sources, and mental health symptoms examined; however, a significant moderating effect on the alcohol use–SI relationship was only observed for veteran men. Those with a lower mental health symptom severity may receive more benefit from strategies aimed at increasing perceived social support compared to those with higher symptom severity. Research is needed to match protective factors to individual phenotypes, with the goal of engaging those living with SI in more effective interventions. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1073/pnas.2404213121>

Prolonged exertion of self-control causes increased sleep-like frontal brain activity and changes in aggressivity and punishment.

E. Ordali, P. Marcos-Prieto, G. Avvenuti, E. Ricciardi, L. Boncinelli, P. Pietrini, G. Bernardi, & E. Bilancini

Proceedings of the National Academy of Sciences
2024; 121 (47) e2404213121

Impulsive reactions in social interactions may result in poor or even detrimental outcomes. Particular cognitive states, such as mental fatigue induced by extended practice with cognitively demanding activities, especially if combined with sleep restriction or deprivation, seem to impair the individuals' ability to exert self-control effectively and may result in impulsive behaviors, including aggressive acts. We demonstrate that exertion of self-control for as little as 45 min can lead to an increased propensity for engaging in aggressive acts in the context of socially relevant choices, as measured by a set of economic games. Also, we show that such behavioral changes are associated with increased sleep-like (delta) activity within frontal brain areas related to decision-making and impulse control. The local occurrence of sleep-like slow waves may lead to a disengagement of frontal areas and explain the reduced ability of

individuals to exert self-control effectively. Our results suggest that sleep-like activity may emerge within the awake brain within a relatively short time scale, with detectable effects on socially relevant behavior.

<https://doi.org/10.1177/21676968241282785>

Emerging Adults in the Military and College: An Examination of Group Differences in Identity Development, Transdiagnostic Processes, and Attitudes Toward Risk and Suicide.

France, C., & Abraham, K. M.

Emerging Adulthood
2024; 13(1), 18-31

Little is known about how US military members experience emerging adulthood. The present study compared college-aged military members to college students regarding their experiences of emerging adulthood, foreclosed identity, attitudes toward risk, attitudes toward suicide, distress tolerance, and emotion regulation. Correlations between the variables among military members and college students were also examined. Utilizing an online survey, 140 participants (67 military members, 73 college students) who were recruited via Amazon's Mturk completed self-report measures including: Inventory of the Dimensions of Emerging Adulthood; Extended Objective Measure of Ego Identity Status-Revised Version; Attitude Toward Suicide Measure; Attitudes Towards Risk Questionnaire; Distress Tolerance Scale; and Difficulties with Emotion Regulation Scale. Findings are discussed and suggest identity development in military personnel during the college-age years differs from that of college students. Implications of identity development among military members are discussed and warrant further exploration.

<https://doi.org/10.1016/j.eatbeh.2025.101949>

Disordered eating among military adolescents presenting for annual health visits at a naval clinic.

Perrin, E. C., South, A. M., & Cius, E. G.

Highlights

- Disordered eating behavior (DEB) prevalence in military dependents is unknown.
- The risk gender confers on DEB in this population is also unknown.
- This study finds DEB prevalence in healthy military dependents to be 13 %.
- Military dependent males may have similar DEB risk to military dependent females.

Abstract

Introduction

The purpose of this study was to estimate disordered eating behavior (DEB) prevalence in military dependent adolescents, compare it to previous reports in the general adolescent population, and investigate whether obesity, sex and gender, or key military-specific demographics (parent in the military, parental active duty [AD] status, military branch, number of lifetime moves, number of parental deployments) are associated with higher DEB risk.

Methods

Retrospective cross-sectional study of military dependents aged 11–19 years seen in an adolescent clinic at a naval medical center for annual health maintenance visits. We manually abstracted body mass index, gender, sex, military demographics, and ChEAT-26 eating disorder screening results from electronic health records. We compared DEB prevalence to established estimates from the general adolescent population ($p = 0.1$) and estimated DEB risk by obesity, gender, sex, and military demographics.

Results

Of 92 participants, 49 % identified as male; 9 % had obesity, 63 % had an AD parent, and 81 % were Navy families. DEB prevalence was 13 %, no different from the general population. Obesity and having a parent in the Air Force were associated with higher ChEAT-26 score. There was no significant difference in DEB risk by gender or sex.

Conclusions

DEB prevalence in military-dependent adolescents is estimated at 13 %, similar to previous reports in the general population, and obesity is associated with higher DEB risk. Military dependent males may have comparable DEB risk to females, reinforcing the importance of universal DEB screening in adolescents, and of changing the narrative of who is at risk for DEB.

<https://doi.org/10.3138/jmvfh-2023-0104>

Toward increasing relevance of the U.S. Army's Deployment Cycle Resilience Training: A Quality Improvement Evaluation.

Susannah K. Knust, Laurel C. Booth, Kelly A. Toner, John Eric M. Novosel-Lingat, and Amanda L. Adrian

Journal of Military, Veteran and Family Health
12 February 2025

Introduction:

The Deployment Cycle Resilience Training (DCRT) is a rebranded and revised version of the initial deployment resilience training called Battlemind, that was in effect from 2014 to 2018.

Methods:

To maintain the relevance and utility of resilience training centred on the deployment cycle, the current version of DCRT was formally evaluated using mixed methodologies by the Walter Reed Army Institute of Research.

Results:

The evaluation team found that both soldiers and their spouses reported predominantly positive ratings for the pre-deployment and reintegration modules of the training. In addition to reporting the training to be satisfactory and relevant and reporting an intention to apply the skills beyond the deployment cycle, soldiers and spouses also identified areas for improvement related to addressing the training's relevancy and relatability.

Discussion:

To continue improving the training, the evaluation team recommends that the training include more examples from the army reserve and the National Guard, and that the support network (i.e., circle of support) be widened beyond spouses. These, and additional recommendations, are further discussed.

Posttraumatic Stress Disorder and Pregnancy Outcomes.

Lutgendorf, Monica A. MD; Tyagi, Radhika MD; Edwards, Sarah MD; Deering, Shad MD; Raiciulescu, Sorana MSc; Walton, Robert B. MD; Pates, Jason A. MD; Napolitano, Peter G. MD; Ieronimakis, Nicholas PhD.

O&G Open

2(1):p e060, February 2025.

OBJECTIVE:

To evaluate the prevalence and effect of posttraumatic stress disorder (PTSD) on pregnancy outcomes among individuals with military health care.

METHODS:

This was a prospective cohort study of pregnant individuals receiving care at a military tertiary care center from 2014 to 2018. Participants were screened for PTSD with the PTSD Checklist for civilians and for military service members, as well as for traumatic experiences, combat exposure, risk drinking, and depression. Pregnancy outcomes included preterm birth, fetal growth restriction, preeclampsia, gestational diabetes mellitus, hypertensive disorders of pregnancy, outpatient visits, and neonatal intensive care unit admissions.

RESULTS:

Among 1,467 pregnant individuals, 1,145 were retained: 298 (26.0%) military service members and 847 (73.9%) civilian family members. A total of 108 individuals screened positive for PTSD: 21 (7.0%) military service members and 87 (10.3%) civilians. Individuals who screened positive for PTSD had a 17-fold increased likelihood for depression (50.9% vs 5.5%, odds ratio [OR] 17.84, 95% CI, 11.24–28.33), a fivefold increased likelihood for risk of alcohol use (14.8% vs 3.0%, OR 5.64, 95% CI, 2.97–10.69), and a greater number of outpatient visits (median 18 vs 22.5, $P=.007$). Pregnancy complications were not different between military service members and civilians or those who screened positive for PTSD.

CONCLUSION:

Screening results positive for PTSD are associated with positive screen results for depression and risk of alcohol use during pregnancy, with no differences in outcomes. Although we identified no differences in pregnancy outcomes based on PTSD screening results, comorbidities of traumatic stress such as depression and alcohol use disorder

may have long-term consequences on maternal and fetal health. Further research is warranted to understand the effect of behavioral health disorders on pregnancy.

<https://doi.org/10.1080/10826084.2025.2465967>

The Association of Risk-Related Behaviors and Mental Health Symptomatology on Problematic Alcohol Use Among U.S. Army Reserve and National Guard Soldiers.

Arif, M., Homish, D. L., Butler, L. D., Kulak, J. A., Collins, R. L., & Homish, G. G.

Substance Use & Misuse
Volume 60, 2025 - Issue 6

Objective

We sought to examine the association of risk behaviors (i.e., risk perception, risk-taking/impulsivity, and sensation-seeking) and mental health symptomatology (depression, posttraumatic stress disorder [PTSD], anxiety and anger) on problematic alcohol use (alcohol problems and frequent heavy drinking [FHD]) among United States Army Reserve and National Guard (USAR/NG) soldiers.

Methods

Cross-sectional data (N = 343) from Operation: SAFETY (Soldiers And Families Excelling Through the Years), an ongoing study of USAR/NG soldiers were utilized. Negative binomial regression models investigated risk behaviors and alcohol use controlling for age and sex, with interaction models among risk behaviors and mental health symptoms.

Results

Greater risk perception was associated with a lower likelihood of alcohol problems ($p < .05$), and FHD ($p < .01$). Greater risk-taking/impulsivity was associated with a greater likelihood of alcohol problems ($p < .01$). Interaction models showed moderate risk-taking/impulsivity and high sensation-seeking with depression predicted greater alcohol problems ($p < .01$, respectively). Greater sensation-seeking and PTSD symptomatology, and sensation-seeking and anxiety were associated with increased alcohol problems ($p < .05$, respectively). Moderate risk-taking/impulsivity and depression ($p < .05$), greater risk perception and greater sensation-seeking and anxiety had the

highest probability of FHD ($p < .05$ and $p < .01$, respectively). No associations between risk behaviors and anger were observed.

Conclusions

This study assesses the combined associations of risk behaviors and mental health on alcohol use among USAR/NG soldiers. USAR/NG soldiers may benefit from alcohol use interventions that target risk-taking/impulsivity, sensation-seeking behaviors, and mental health symptomatology such as depression, PTSD, and anxiety.

<https://doi.org/10.1002/jts.23134>

Posttraumatic stress and posttraumatic growth among female and male veterans: The contribution of romantic relationship and friendship functioning.

Barden, E. P., Kumar, S. A., Sager, J. C., Thompson-Hollands, J., Lee, D. J., Harper, K., Keane, T. M., & Marx, B. P.

Journal of Traumatic Stress

First published: 29 January 2025

Posttraumatic growth (PTG) is characterized as the experience of positive psychological change following exposure to traumatic stress. However, studies examining the association between posttraumatic stress disorder (PTSD) symptoms and PTG have demonstrated mixed results. Further, although higher levels of social support have been shown to predict higher ratings of PTG, there are limited longitudinal findings regarding how interpersonal functioning may affect the association between PTSD symptoms and PTG. In this study, we examined interpersonal functioning in romantic relationships and friendships as mediators of the relation between PTSD symptom severity and PTG and examined potential sex differences among these associations. Participants were 1,427 veterans who completed self-report questionnaires across three time points. A parallel mediation analysis indicated that romantic relationship, $\beta = -.01$, 95% CI $[-.03, -.001]$, and friendship, $\beta = -.02$, 95% CI $[-.04, -.001]$, functioning were both indirectly associated with PTG in the full sample. Moreover, sex-stratified models indicated that romantic relationship functioning was a significant mediator for male veterans, $\beta = -.02$, 95% CI $[-.05, -.01]$, whereas friendship functioning was a significant mediator for female veterans, $\beta = -.04$, 95% CI $[-.08, -.01]$. Together, these findings suggest that interpersonal functioning is an important factor in PTG, and targeting romantic relationship and friendship functioning in the context of trauma-focused treatment may

be valuable and can help build a pathway from PTSD symptoms to PTG among female and male veterans.

<https://doi.org/10.1016/j.amepre.2025.107743>

Suicide by Cop following an Emergency Dispatch from the Veterans Crisis Line.

Peter C. Britton, Kipling M. Bohnert, Lauren M. Denneson, Dara Ganoczy, Mark A. Ilgen

American Journal of Preventive Medicine

Available online 3 June 2025, 107743

The Veterans Crisis Line (VCL) provides 24-hour crisis care for veterans experiencing mental health crises.¹ VCL responders may initiate an emergency dispatch (ED), usually when an individual or concerned third party (e.g., family, friends, etc.) indicates that they or a person of concern is (1) at imminent risk for suicide or another undesirable outcome (e.g., homicide), and (2) unwilling or unable to obtain transportation to emergency services.

Arguably, the most negative outcome of an ED for suicidal individuals is that it would increase the risk of police-related death. Data from four years of VCL contacts showed that receiving an ED was not significantly associated with death by legal intervention. Although adding years of data might show a statistical difference, the number of deaths by legal intervention is very small and must be weighed against the potential benefits of intervening in very high-risk circumstances.

<https://doi.org/10.1093/arclin/acae112>

Examining the Discrepancy between Subjective Cognitive Complaints and Processing Speed Performance in Military Personnel with Traumatic Brain Injury.

Jackson, D. A., Lippa, S. M., Brickell, T. A., French, L. M., & Lange, R. T.

Objective

To examine correlates of the discrepancy between subjective cognitive complaints and processing speed performance in a sample of military personnel with and without traumatic brain injury (TBI).

Method

About 235 U.S. military service members (31 noninjured controls [NIC], 69 injured controls [IC], 70 uncomplicated mild TBI [mTBI], and 65 complicated mild/moderate/severe TBI [sTBI]) prospectively enrolled in a longitudinal TBI study completed neuropsychological testing, performance validity tests, and self-report measures of cognitive complaints and psychological symptoms. Service members were categorized as “Accurate Estimators,” “Underestimators,” and “Overestimators” based on discrepancies between their subjective cognition and processing speed performance.

Results

The NIC group was less likely to underestimate their cognitive abilities than the mTBI group ($p < .05$). Discrepancy groups significantly differed in processing speed scores ($p < .001$), with underestimators demonstrating the best objective cognitive performance. Spearman correlations revealed significant positive correlations between unadjusted discrepancy scores and psychological symptoms in the NIC, IC, and sTBI groups ($p_s < 0.05$) but not the mTBI group ($p_s > 0.05$). In contrast, discrepancy scores adjusted for premorbid intelligence were consistently and positively correlated with psychological symptoms across all injury groups ($p_s < 0.05$).

Conclusions

Findings suggest that mTBI injuries may increase the likelihood of a patient underestimating their cognitive performance. Further, premorbid cognitive functioning is an important factor in evaluating discrepancies in self-reported cognitive complaints and processing speed performance.

<https://doi.org/10.1093/pubmed/fdaf026>

Suicide and suicidality surveillance in military populations: a scoping review.

Hodges, S., Ramage, A., Meurk, C., & Heffernan, E.

Journal of Public Health

Volume 47, Issue 2, June 2025, Pages 169–178

Background

Suicide and suicidality are a serious public health concern for military populations globally. Systematic surveillance is a key component to creating an evidence base for prevention strategies. The aim of this scoping review is to map how suicide and suicidality is surveilled in military populations, and to summarize key inclusions, limitations and gaps.

Methods

A scoping review of four databases (PubMed, PsychInfo, ProQuest and CINAHL) and a targeted grey literature search of official military websites using Google was conducted using variations of the search terms 'Suicidality,' 'Military' and 'Surveillance'. Sources that referenced systematic, population-level data collection on suicide and/or suicidality in active duty military personnel, written in English with any publication date, were considered. Sources that used veteran and part-time personnel data were excluded, as were sources that focused exclusively on subsets of the population such as one job role or one overseas deployment rotation. Descriptive analysis was conducted, comparing sources across surveillance type, data collection and usages, and limitations and author recommendations.

Results

Twenty-six articles were identified by the search criteria. Most sources were from the USA ($n = 14$), and publication dates ranged from 1968 to 2023. The most common surveillance systems were military mortality databases focused on death by suicide. Ideation, non-suicidal self-injury and suicide attempts were under-surveilled, as were event and outcome characteristics. Best-practice guidelines were unable to be determined due to the heterogeneity of systems and paucity of published details.

Conclusion

This study was the first scoping review to map the application of surveillance systems specifically in military populations. We identified an over-reliance on mortality databases, a paucity of surveillance of non-fatal suicidality and opportunities for improvement including enhanced data collection and the integration of lived experience perspectives. The findings of this review contribute new knowledge to the field and have important research and practical implications.

<https://doi.org/10.1016/j.jpsychires.2025.05.059>

Risk and protective factors that distinguish United States veterans with a history of suicidal ideation and suicide attempt.

Cenkner, D. P., & Zalta, A. K.

Journal of Psychiatric Research
Volume 188, August 2025, Pages 126-132

Many risk and protective factors for suicidal thoughts and behaviors among United States veterans are known. However, factors differentiating veterans who endorse suicidal ideation to veterans who engage in suicide attempts are understudied. The current study examined factors that distinguished these two groups using the Military Health and Well-Being Project, an online dataset of 1495 veterans that oversampled for female and Black veterans. Veterans (N = 620; 39 % female; 15 % Black) were grouped by those who endorsed a history of suicidal thoughts (n = 548) or suicide attempts (n = 72). Independent samples t-tests were conducted to examine differences in individual risk and protective factors. A binary logistic regression was conducted to examine which factors uniquely distinguished between veterans with past ideation and veterans with past attempts. Compared to veterans with past ideation, those with past attempts had higher scores on moral injury (d = -0.80; p < .001), substance use (d = -0.72; p < .001), and loneliness (d = -0.62; p < .001) and lower scores on meaning and purpose in life (d = 0.89; p < .001) and social support (d = 0.61; p < .001). When collectively examined, female gender (OR = 2.37), endorsing lower meaning and purpose in life (OR = 0.55) and endorsing greater substance use (OR = 1.81) were unique predictors of attempting suicide. Findings suggest the importance of assessing and targeting meaning and purpose in life and substance use in veterans endorsing suicidal ideation to potentially prevent the transition to attempting suicide.

<https://doi.org/10.1089/neu.2024.0577>

Clinical Assessment on Days 1-14 for the Characterization of Traumatic Brain Injury: Recommendations from the 2024 NINDS Traumatic Brain Injury Classification and Nomenclature Initiative Clinical/Symptoms Working Group.

Menon, D. K., Silverberg, N. D., Ferguson, A. R., Bayuk, T. J., Bhattacharyay, S., Brody, D. L., Cota, S. A., Ercole, A., Figaji, A., Gao, G., Giza, C. C., Lecky, F., Mannix, R., Mikolić, A., Moritz, K. E., Robertson, C. S., Torres-Espin, A., Tsetsou, S., Yue, J. K., Awad, H. O., ... Manley, G. T.

Journal of Neurotrauma

Published Online: 20 May 2025

The current classification of traumatic brain injury (TBI) primarily uses the Glasgow Coma Scale (GCS) to categorize injuries as mild (GCS 13–15), moderate (GCS 9–12), or severe (GCS ≤ 8). However, this system is unsatisfactory, as it overlooks variations in injury severity, clinical needs, and prognosis. A recent report by the National Academies of Sciences, Engineering, and Medicine (USA) recommended updating the classification system, leading to a workshop in 2024 by the National Institute of Neurological Disorders and Stroke. This resulted in the development of a new clinical, biomarker, imaging, and modifier (CBI-M) framework, with input from six working groups, including the Clinical/Symptoms Working Group (CSWG). The CSWG included both clinical and non-clinical experts and was informed by individuals with lived experience of TBI and public consultation. The CSWG primarily focused on acute clinical assessment of TBI in hospital settings, with discussion and recommendations based on pragmatic expert reviews of literature. Key areas reviewed included: assessment of neurological status; performance-based assessment tools; age and frailty, pre-existing comorbidities, and prior medication; extracranial injuries; neuroworsening; early physiological insults; and physiological monitoring in critical care. This article reports their discussions and recommendations. The CSWG concluded that the GCS remains central to TBI characterization but must include detailed scoring of eye, verbal, and motor components, with identification of confounding factors and clear documentation of non-assessable components. Pupillary reactivity should be documented in all patients, but recorded separately from the GCS, rather than as an integrated GCS-Pupils score. At ceiling scores on the GCS (14/15), history of loss of consciousness (LoC) and the presence and duration of post-traumatic amnesia should be recorded using validated tools, and acute symptoms documented in patients with a GCS verbal score of 4/5 using standardized rating scales. Additional variables to consider for a more complete characterization of TBI include injury mechanism, acute physiological insults and seizures; and biopsychosocial-environmental factors (comorbidities, age, frailty, socioeconomic status, education, and employment). The CSWG recommended that, for a complete characterization of TBI, disease progression/resolution should be monitored over 14 days. While there was a good basis for the recommendations listed above, evidence for the use of other variables is still emerging. These include: detailed documentation of neurological deficits, vestibulo-oculomotor dysfunction, cognition,

mental health symptoms, and (for hospitalized patients) data-driven integrated measures of physiological status and therapy intensity. These recommendations are based on expert consensus due to limited high-quality evidence. Further research is needed to validate and refine these guidelines, ensuring they can be effectively integrated into the CBI-M framework and clinical practice.

<https://doi.org/10.1007/s00127-024-02766-3>

The contribution of exposure to potentially morally injurious events to trajectories of posttraumatic stress symptoms among discharged veterans - a five-year study.

Social Psychiatry and Psychiatric Epidemiology
Volume 60, pages 1113–1123, (2025)

Purpose

Combatants and veterans are at risk of developing post traumatic stress symptoms (PTSS). The long-term responses to traumatic events are variable and can be classified into distinct PTSS trajectories. In this prospective study, we evaluated PTSS trajectories among combat veterans during the initial year after discharge from military service. Subsequently, we analyzed how combat exposure and PMIEs contributed to these trajectories.

Methods

Our study encompassed 374 combat veterans who participated in a five-year prospective study, with four waves of measurements, T1 - one year before enlistment, T2 - one month prior to discharge from military service (July 2021), and then again at six months (T3 - February 2022) and twelve months after discharge (T4, July-August 2022).

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Results

The utilization of Latent Profile Analysis (LPA) revealed a diverse array of PTSS trajectories. Predominantly, a resilient trajectory emerged as the most frequently observed (69.3%), with 'delayed onset'(13.6%), 'improving'(9.9%) and 'chronic'(6.1%) trajectories following in order. Importantly, multinomial regression analysis indicated that combat exposure and PMIE-betrayal contributed to alignment with symptomatic trajectories.

Conclusions

This study represents the first of its kind to establish longitudinal, time-dependent associations between PMIEs and PTSS trajectories. These results emphasize the critical importance of ongoing screening and the development of tailored interventions for combat veterans.

Links of Interest

Military Health System's Mental Health Hub: Your Source for Support

<https://health.mil/News/Dvids-Articles/2025/05/20/news498501>

Researchers at the Center for Deployment Psychology (CDP) are seeking US military Veterans to participate in a study examining sleep and suicidal thoughts.

https://deploymentpsych.org/system/files/member_resource/Study_Recruitment_Flyer_2_0.pdf

Research at CDP: 2025 USU Research Day

<https://deploymentpsych.org/blog/research-cdp-2025-usu-research-day>

From space to barbed wire, museums welcome military families for free

<https://www.militarytimes.com/pay-benefits/mil-money/2025/05/21/from-space-to-barbed-wire-museums-welcome-military-families-for-free/>

PCS process drives continued angst among military spouses, DOD survey finds

<https://www.stripes.com/theaters/us/2025-05-21/military-spouse-quality-of-life-17863106.html>

DOD Brain Health Initiative Helps Protect Service Members

<https://www.defense.gov/News/News-Stories/Article/Article/4196901/dod-brain-health-initiative-helps-protect-service-members/>

Chronic musculoskeletal pain: Recommendations for nondrug treatment

New clinical practice guideline highlights the evidence for psychological and behavioral treatments

<https://www.apa.org/monitor/2025/06/chronic-musculoskeletal-pain-practice-guideline>

Saving lives by preventing overdoses: VA Nurses lead naloxone education initiative

<https://news.va.gov/140309/saving-lives-by-preventing-overdoses/>

Veteran sheds light on the importance of mental health research: Why Army Veteran joined VA's Million Veteran Program

<https://news.va.gov/140303/veteran-sheds-light-on-mental-health-research/>

Living is hard, but healing is possible: Navy Veteran finds purpose through poetry

<https://news.va.gov/140289/living-is-hard-but-healing-is-possible/>

Ensuring Successful Military Spouse Transitions: Expanding the Conversation to Include Veteran Spouses

<https://www.nationalmilitaryspousenetwork.org/public/NMSN-White-Paper.cfm>

Resource of the Week – [2024 Active Duty Spouse Survey: Briefings & Infographics](#)

From the U.S. Department of Defense Office of People Analytics:

The 2024 Survey of Active Duty Spouses asked about spouse employment and education, child care, PCS moves, financial status, deployment, satisfaction and retention, and spouse and child well-being.

Key findings include:

- The percentage of civilian spouses in the labor force increased significantly from 2021 (64%) to 2024 (69%).
- Spouses report a financial well-being score of 56, slightly higher than the U.S. average score of 51.
- Availability was the main reason that spouses with children 13 or younger using civilian child care did not use military child care.

THE MILITARY SPOUSE AT A GLANCE

2024 DOD Survey of Active Duty Spouses



Spouse Demographics*

SEX



85%
are female

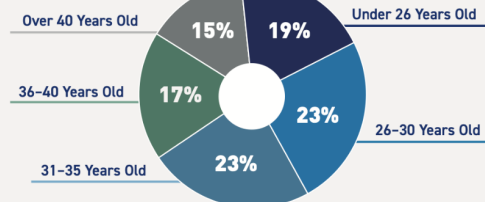
14%
are male

DUAL-MILITARY

14%

of spouses are in a
dual-service family

AGE



Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology

DoD and Uniformed Service Contractor

Phone: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine