

CDP



Research Update -- June 12, 2025

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- Development and evaluation of a centralized assessment hub for the clinician-administered PTSD Scale for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (CAPS-5).
- Residential factors associated with mental health in United States Veterans, Air Force military, and Air Force employees.
- Links of Interest
- Resource of the Week – FM 1, The Army: A Primer to Our Profession of Arms (Army Publishing Directorate)

<https://doi.org/10.1037/ser000094>

Developing and implementing a process improvement intervention to expand evidence-based psychotherapy in the Department of Defense.

Cook, J., Mistretta, M., McLean, C. P., Mann, J., Frick, E., Peterson, A. L., Young-McCaughan, S., Borah, E. V., Comtois, K. A., Dondanville, K. A., Conforte, A. M., Jinkerson, J., Jones, Z. K., Kim, H. J., Link, J. S., Nofziger, D., Ringdahl, E. N., Waggoner, J., Woodworth, C., Rosen, C. S., ... Riggs, D. S.

Psychological Services
Advance online publication

This article presents an overview of a novel process improvement project that aimed to enhance the utilization of prolonged exposure for treating posttraumatic stress disorder in behavioral health clinics within the Military Health System (MHS). The MHS is a geographically dispersed medical system encompassing diverse clinics and poses unique challenges to the adoption of evidence-based practices. To address these challenges, the Targeted Assessment and Context-Tailored Implementation of Change Strategies project was developed. Implemented across eight MHS clinics, this project involved conducting a comprehensive needs assessment to identify barriers, developing customized implementation plans for each site, and providing coaching calls and access to a clinic optimization toolkit for the clinic staff. We describe the development of Targeted Assessment and Context-Tailored Implementation of Change Strategies intervention components, including an implementation rubric that documents barriers to evidence-based practice utilization and proposes specific actions based on the underlying causes of these barriers. Additionally, a needs assessment interview tool and an implementation toolkit were developed to identify clinic-level challenges and support the implementation process, respectively. The needs assessment phase of the project involved conducting interviews with clinic staff and leadership, as well as reviewing clinic appointment data to discern trends and patterns in care. The insights gleaned from these interviews were instrumental in formulating tailored implementation plans for increasing the usage of prolonged exposure. Each plan was collaboratively developed with clinic leadership and subsequently put into practice at the site with the support of weekly coaching calls provided by an implementation science expert. Portions of this research project occurred during the COVID-19 pandemic, and we

discuss the impact of the pandemic on the implementation of this study. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

The article describes a novel process improvement intervention for expanding the use of an evidence-based psychotherapy. The project was implemented across eight military mental health clinics, utilizing detailed needs assessment and tailored implementation plans augmented with weekly coaching. The intervention represents a scalable approach that may help address the challenge of adopting evidence-based practices not only within the Department of Defense but also in civilian clinical settings. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1177/0095327X231216678>

What Do Successful Military-to-Civilian Transitions Look Like? A Revised Framework and a New Conceptual Model for Assessing Veteran Well-Being.

Karre, J. K., Perkins, D. F., Morgan, N. R., Davenport, K. E., Aronson, K. R., Maury, R. V., Bradbard, D., Armstrong, N. J., Wright, A., Sargent, R., & Andros, M.

Armed Forces & Society
2024; 51(3), 611-640

Developmental theory indicates that success during a major life change requires attention to multiple life domains (e.g., physical health, mental health, employment, financial, and social). This study presents a revised conceptual framework and offers a new empirical model to assess the well-being of post-9/11 veterans as they transition to civilian life. Data from a large sample of post-9/11 veterans surveyed over 2.5 years revealed that post-9/11 veteran transitions were mixed: veterans improved over time in some domains (e.g., employment), stagnated in some (e.g., social), and struggled more over time in others (e.g., physical health). Even in domains with improvement, a large percent of veterans still struggled (e.g., 34% struggled with mental health at Wave 6). Moreover, certain groups tended to struggle more (e.g., enlisted, women, people of color). The conceptual framework and empirical model are intended to stimulate discussion on how best to understand, evaluate, and support veterans' military-to-civilian transition.

<https://doi.org/10.1080/16506073.2025.2511088>

Ethical considerations and practical suggestions for CBT consultation in mental health implementation research and practice.

Rushworth, S. J., Tugendrajch, S. K., Creed, T. A., Wolk, C. B., Steinberg, M., & Becker-Haimes, E.

Cognitive Behaviour Therapy
Published online: 04 Jun 2025

Implementation efforts to increase delivery of cognitive-behavioral therapy (CBT) require ongoing consultation to support the necessary skill development, intervention delivery, and sustainability of its practice in the face of common barriers. However, many ethical challenges can arise within consultation across implementation research and practice at both an individual and organizational level that are not easily resolved within current ethical guidelines. In this paper, we highlight the role of consultation in implementation science and practice and illustrate major ethical challenges that can arise in CBT consultation (i.e. role clarity, influence and power dynamics, professional differences, legal requirements), providing relevant case examples. We then offer practical suggestions for consultants to effectively and proactively address ethically challenging situations, guided by a structured problem-solving framework with reflective questions. We present an extended case example to demonstrate the utility of the proposed framework to support clinicians—particularly practitioners engaged in training and consultation—to support delivery of high-quality, evidence-based care. We conclude by discussing important future directions as they relate to ethical consultation practices to advance CBT implementation.

<https://doi.org/10.3389/fsoc.2025.1499411>

The prevalence and long-term effects of PTSD and moral injury in Swedish military veterans.

Nilsson, S., Ohlsson, A., Svensén, S., & Larsson, G.

Frontiers in Sociology
25 May 2025

Introduction:

In the context of international military operations, officers and soldiers are exposed to various service-related stressors that may have long-lasting effects on their health and daily functioning. This study explored (1) the prevalence of symptoms indicative of both post-traumatic stress disorder (PTSD) and moral injury (MI), (2) the relationship between these conditions, and (3) the relationship between these conditions and a selection of background variables in Swedish military veterans who have previously been deployed in operations.

Methods:

The study was a self-report survey. Of 6000 individuals invited to participate, 1940 completed the questionnaire, resulting in a response rate of 32%. Data was analyzed using correlation and regression analyses to explore potential statistical relationships between variables of interest. Additionally, the data were also analyzed using between-group analyses (t-tests) to examine differences between different groups.

Results:

The results indicate that a low proportion of participants showed a prevalence of indications of PTSD, which are comparable to previous Swedish studies on deployed veterans. An even smaller proportion was found to show indications of moral injury when compared to the assessment of PTSD. However, besides the small group that fulfilled the cutoff score criteria, a number of respondents reported milder symptoms of both psychological and moral distress. The second goal of the study was to examine the relationship between indications of PTSD and indications of moral injury. The findings suggest that there is a considerable overlap between the two constructs. In addition, the results suggest that the risk of PTSD and MI is highest when an event is perceived as both highly stressful (fear-based) and morally challenging. The MI symptom subcluster shame accounts for the largest variance in the PTSD indicator scale within the study sample. Health- and deployment-related background variables were identified that may be related to indications of moral injury.

Discussion:

The study results highlight the type(s) of stressful experience and the health- and deployment-related factors that should be monitored post-deployment, which may serve as risk factors in developing indications of moral injury. The higher prevalence of indication of PTSD and MI in the past month, despite receiving various forms of support upon returning from deployment, highlights the need for MI-specific treatment.

<https://doi.org/10.1037/tra0001970>

Beyond trauma: The influence of spiritual struggles on suicide risk in post-9/11 veterans.

Kim, E., Salcone, S., Fernandez, P. E., & Currier, J. M.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Veterans with posttraumatic stress disorder (PTSD) and moral injury often struggle with their spirituality and/or religion (S/R) in ways that hinder recovery from these conditions and perpetuate risk for suicide over time. Focusing on veterans who were engaged in a peer-led spiritual intervention program with a Veteran Service Organization, this brief report examined prospective roles of common forms of spiritual struggles (divine, doubt, interpersonal, moral, meaning) in risk for suicidal behavior (ideation, attempt probability) over a 1-year period.

Method:

Participants completed self-report assessments of PTSD symptoms, moral injury outcomes, spiritual struggles, and suicidality at three points (baseline and 6-month and 12-month follow-ups).

Results:

Initial analyses revealed baseline levels of all spiritual struggles were weakly to moderately concurrently associated ($r_s = .215-.491$) with suicidality factors at this baseline assessment. However, ultimate meaning struggles at baseline emerged as the only salient predictor of future suicide ideation and perceived likelihood of attempting suicide across the bivariate and multivariate analyses. Specifically, veterans who were concerned their lives or existence in general may not have a deeper purpose or underlying meaning at the start of the intervention program were more uniquely likely to be thinking about suicide and perceiving a greater likelihood of attempting suicide in the future over the 1-year period.

Conclusion:

Overall, these findings affirm the need for clinicians and researchers to attend to ultimate meaning struggles in their work with veterans and other trauma-exposed

groups who might be at risk for suicide. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Posttraumatic stress disorder and moral injury are established risk factors for suicide in military veterans. Addressing concerns related to ultimate meaning may decrease the risk of suicide in combat veterans who suffer from the adverse effects of trauma and help build a pathway forward by restoring a sense of purpose and significance in their lives. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1093/aje/kwae205>

Bidirectional associations between probable eating disorders and mental health conditions among military service members and veterans.

Sharifian, N., Ray, T. N., Jacobson, I. G., Klimek-Johnson, P., McMaster, H. S., Geronimo-Hara, T. R., Rull, R. P., Maguen, S., & Millennium Cohort Study Team

American Journal of Epidemiology
Volume 194, Issue 6, June 2025, Pages 1621–1630

Although prior research has examined the prevalence of eating disorders (EDs) such as binge eating disorder (BED) and bulimia nervosa (BN) among military personnel, less is known regarding temporal associations between EDs and other mental health conditions. Using longitudinal data from 179 694 service members and veterans from the Millennium Cohort Study, temporal associations between EDs (BN and BED) and mental health conditions (posttraumatic stress disorder, anxiety, depression, and problem drinking) were investigated using a cross-lagged panel model approach. Results indicated consistent bidirectional associations between most mental health conditions and EDs; however, the magnitude of these cross-lagged associations varied across BN and BED. Cross-lagged effects of mental health conditions on subsequent BED were significantly stronger than BED to mental health condition cross-lagged effects. In contrast, cross-lagged effects of BN on subsequent mental health conditions were stronger than mental health conditions to BN. Preventive screening for those at risk for BN may have a stronger impact on mitigating downstream mental health conditions, whereas interventions among those with mental health conditions may play a greater role in eliminating maladaptive coping strategies including binge eating. Study

findings underscore the importance of early detection of mental health conditions and EDs to maximize readiness among service members.

<https://doi.org/10.1089/neu.2024.0127>

Objective Turning Measures Improve Diagnostic Accuracy and Relate to Simulated Real-World Mobility/Combat Readiness in Chronic Mild Traumatic Brain Injury.

Fino, P. C., Antonellis, P., Parrington, L., Weightman, M. M., Dibble, L. E., Lester, M. E., Hoppes, C. W., & King, L. A.

Journal of Neurotrauma

Published Online: 4 June 2025

Balance and mobility problems are common consequences after mild traumatic brain injury (mTBI). However, turning and nonstraight gait, which are required for daily living, are rarely assessed in clinical tests of function after mTBI. Therefore, the primary goals of this study were to assess (1) the added value of clinic-based turning task variables, obtained using wearable sensors, over standard general assessments of mobility, and (2) assess the associations between general assessments of mobility, objective variables from clinic-based turning tasks, and ecologically relevant functional tasks. Fifty-three civilians with mTBI, 57 healthy civilian controls, and 36 healthy active-duty military controls participated across three sites. Participants were tested in a single session that encompassed self-reported questionnaires including demographic information and balance and mobility testing including the use of wearable sensors. Lasso regression models and the area under the receiver–operator characteristic curve (AUC) assessed diagnostic accuracy. Partial correlation coefficients assessed the relationship between each variable with ecologically relevant functional tasks. Multivariate models revealed high diagnostic accuracy, with an AUC of 0.92, using multiple variables from instrumented clinic-based turning tasks. The complex turning course (CTC) yielded the highest multivariate AUC (95% confidence interval [CI]) of 0.90 (0.84, 0.95) for a single task, and the average lap time from the CTC had the highest univariate AUC (95% CI) of 0.70 (0.58, 0.78). Turning variables provided added value, indicated by higher AUCs, over standard general assessments of mobility. Turning variables had strong associations with ecologically relevant functional tasks and outperformed general assessments of mobility, though there were slight differences in the relationship based on civilian versus military population. Clinic-based turning tasks,

especially the CTC and modified Illinois Agility Test (mIAT), have high diagnostic accuracy, strong associations with ecologically relevant functional tasks, and require relatively short time(s) to complete. Compared to general assessments of mobility, clinic-based turning tasks may be more ecologically relevant to daily function. Future work should continue to examine the CTC and mIAT alongside other promising tools for return-to-activity assessments.

<https://doi.org/10.1016/j.janxdis.2025.103025>

Longitudinal course of posttraumatic stress disorder and chronic pain conditions: A population-based study of Canadian military personnel over 16 years.

Asmundson, A. J. N., Paluszek, M. M., Sommer, J. L., Bolton, S. L., Sareen, J., Afifi, T. O., El-Gabalawy, R., & Asmundson, G. J. G.

Journal of Anxiety Disorders
Volume 113, July 2025, 103025

Highlights

- Chronic pain prevalence varies across PTSD courses in Canadian military members.
- New onset PTSD linked to higher odds of back problems and arthritis compared to the no PTSD course.
- Remitted PTSD associated with greater odds of migraines compared to the no PTSD course.
- Persistent PTSD linked to lower odds of back problems compared to the no PTSD course.
- Course of PTSD plays a key role in chronic pain and treatment planning.

Abstract

Background

Posttraumatic stress disorder (PTSD) and chronic pain are highly prevalent, comorbid, and debilitating conditions in the military. The present study was designed to examine the prevalence of chronic pain conditions (i.e., migraines, back problems, arthritis) across PTSD courses (i.e., no PTSD, remitted, new onset, persistent/recurrent) and

examine the association between PTSD course and the presence and onset of chronic pain conditions in a population-representative sample of Canadian military members.

Methods:

Cross-tabulations and logistic regressions were conducted on data (n = 2941) from the 2002 Canadian Community Health Survey Mental Health and Well-being Canadian Forces Supplement and the 2018 Canadian Armed Forces Members and Veterans Mental Health Follow-Up Survey.

Results:

The prevalence of chronic pain conditions across PTSD courses ranged from 8 % to 61 %, with no PTSD consistently having the lowest prevalence. After adjusting for covariates, respondents with new onset PTSD had elevated odds of back problems (AOR=1.43, 95 % CI [1.10–1.90], $p < .05$), arthritis (AOR=1.46, 95 % CI [1.06–2.00], $p < .05$), and a new onset chronic pain condition more broadly (AOR=1.66, 95 % CI [1.15–2.39], $p < .01$), compared to those with no PTSD. Those with remitted PTSD had greater odds of migraines (AOR=2.43, 95 % CI [1.29–4.58], $p < .01$), while those with persistent PTSD had lower odds of back problems (AOR=0.45, 95 % CI [0.23–0.88], $p < .05$), compared to those with no PTSD.

Conclusion:

Findings indicate that the prevalence and type of chronic pain that co-occurs with PTSD in Canadian military members varies as a function of the course of PTSD. This underscores the importance of evaluating pain in those with PTSD and suggests that the course of PTSD is a relevant consideration in case conceptualization and treatment planning.

https://doi.org/10.1044/2025_AJA-24-00198

Incidence and Risk Factors for Tinnitus Among Military Service Members in the Millennium Cohort Study.

Geronimo-Hara, T. R. T., Belding, J. N., Warner, S. G., Trone, D. W., & Rull, R. P.

American Journal of Audiology

Volume 34, Number 2, Pages 330-343

Purpose:

Military personnel may be repeatedly exposed to high-noise environments that may increase tinnitus risk. Previous military research on tinnitus has often utilized small samples of personnel with specific experiences and exposures (e.g., combat deployment), with few examinations leveraging longitudinal data. The purpose of this study was to determine the incidence and associated risk factors for new-onset tinnitus in a large prospective and representative military cohort.

Method:

This study utilized data from the Millennium Cohort Study, the largest and longest running longitudinal health study of service members and veterans, to ascertain self-reported and medical diagnoses of tinnitus. Multivariable logistic regression was employed to identify factors associated with new-onset tinnitus.

Results:

New-onset tinnitus was self-reported by 10.7% (n = 2,527) of participants while 3.5% (n = 511) had a medical record tinnitus diagnosis. Tinnitus risk was associated with multiple characteristics, including active duty service, being a member of the Army or Marine Corps, combat deployment experience, combat specialist occupation, prior history of mild traumatic brain injury, panic/anxiety, posttraumatic stress disorder (PTSD) alone, and PTSD comorbid with depression.

Conclusions:

This may be the first study to determine new-onset tinnitus utilizing both self-reported and medical record data in a large prospective cohort of service members and veterans. Additional prospective studies are needed to corroborate our findings and further describe the temporal relationships of military occupational and mental health characteristics with service-related new-onset tinnitus.

<https://doi.org/10.1093/aje/kwae206>

Risk and protective factors of probable binge eating disorder in US military spouses: findings from the Millennium Cohort Family Study.

Ray, T. N., Esquivel, A. P., McMaster, H. S., Jacobson, I. G., Maguen, S., & Millennium Cohort Family Study Team

Binge eating disorder (BED) is a public health concern that has received little research attention in military families. More research is needed to identify risk and protective factors to inform intervention and prevention efforts. This longitudinal study examined predictors of probable BED in a sample of US military spouses ($n = 5269$). Data were derived from the Millennium Cohort Family Study, which included baseline assessments of risk and protective factors and a follow-up assessment of probable BED approximately 3 years later. Results of a multivariable logistic regression model indicated that spouses with probable posttraumatic stress disorder, adverse childhood experiences, or who were former smokers had increased risk of probable BED at follow-up. Spouses of service members who had a deployment with combat exposure and spouses of those who had not deployed had higher risk of probable BED than spouses whose service member deployed without combat exposure. Age > 34 years was the only protective factor to emerge as significant in the adjusted model. Results highlight the need for interventions to improve psychoeducation and coping skills of military spouses, which may mitigate BED symptoms stemming from military-related stressors (eg, combat deployment) or prior trauma, especially once maladaptive coping mechanisms (eg, smoking) have ceased.

<https://doi.org/10.3138/jmvfh-2024-0058>

Postvention support to military suicide loss survivors: A scoping review.

K Gominger, A Kirk

Journal of Military, Veteran and Family Health
Volume 11, Number 3

Suicide in the U.S. military affects not only service members but also their families, leading to complicated grief for military suicide loss survivors. This scoping review aimed to better understand the factors contributing to military suicide and to identify effective treatment options for survivors that could reduce suicidal thoughts and promote healing. The review analyzed five studies published before November 2023 that were selected from various professional sources. One primary finding was the potential benefit of peer support groups in helping military suicide loss survivors cope with their loss and reduce mental health risks. However, the review also highlighted a

substantial gap in research on U.S. military suicide prevention and postvention strategies, with few studies addressing effectiveness of specific treatment interventions. The authors suggest that future research should focus on evaluating the short- and long-term effects of peer support groups and psychoeducational treatments for U.S. military suicide loss survivors. By exploring these treatment interventions further, future studies could lead to improved support systems that promote healing and prevent further harm in military families affected by suicide.

<https://doi.org/10.3138/jmvfh-2023-0111>

Non-pharmacological interventions for mental health among partners of military members and Veterans: A systematic review.

M Lee, S Hwang, J Lee

Journal of Military, Veteran and Family Health
Volume 11, Number 3

Partners of military members and Veterans face not only the usual challenges that most families encounter but also additional difficulties due to their partners' dangerous deployments and frequent moves. This study reviewed 13 articles to evaluate non-pharmacological treatments designed to improve the mental health of these partners. The most common approach was psycho-education, used in eight studies, which showed significant improvements in depression, anxiety, stress, and communication skills. Cognitive behavioural therapy was used in two studies, with one showing a notable decrease in stress and anxiety. Mind-body programs were used in two studies, both of which significantly reduced depression, anxiety, stress, and the symptoms of posttraumatic stress disorder. Lastly, one study focused on social support, which led to better family relationships. Future research should aim for more standardized and rigorous studies to better understand the effectiveness of these non-pharmacological treatments.

<https://doi.org/10.3138/jmvfh-2024-0066>

Beyond first-line approaches: A scoping review of emerging operational stress interventions for military and public safety personnel.

A Forsyth, A Bahji, JG Stewart, M Simpson, D Groll

Journal of Military, Veteran and Family Health
Volume 11, Number 3

Mental health issues such as posttraumatic stress disorder (PTSD) are increasingly common among military Veterans and public safety personnel. Typical or traditional treatments such as therapy and medication work for only about 50%–60% of individuals, showing a clear need for more options. A search of PTSD treatment programs in Canada between 2011 and 2022 to identify available programs was conducted. The authors screened hundreds of records and found 13 studies, plus an additional seven programs through a search of a public database. These programs use many methods, some of which include complementary and alternative medicine, such as yoga and mindfulness. This review found that Canada has many novel mental health programs; however, very few of these programs have been evaluated for their effectiveness, which may lead some health care providers to be resistant to recommending them. The authors suggest that much more research needs to be conducted to better understand and improve programs that are effective for military and public safety personnel.

<https://doi.org/10.1111/jmft.70038>

Military Cultural Competence Among Human Service Helping Professionals: A Psychometric Analysis of Three Brief Measures.

Lucier-Greer, M., O'Neal, C. W., Cooper, E., Vandenberg, C., Quichocho, D., & Sherman, H.

Journal of Marital and Family Therapy
First published: 02 June 2025

Service members, Veterans, and military families regularly seek clinical care from civilian providers, and military cultural competence is critical for effective service provision. This study outlines the development and evaluation of three brief measures designed to assess military cultural competence among human service helping professionals. Participants were 258 diverse professionals. A series of psychometric analyses were conducted, including confirmatory factor analyses, tests for

measurement invariance, and assessments of scale reliability and validity for each measure: Perceived Military Cultural Knowledge and Skills, Military Client Intervention Confidence, and Informed Practice Serving Military-Connected Clients. Results indicated good model fit. Measures were internally consistent, showed convergent, discriminant, and criterion validity, and demonstrated invariance over time. This initial study demonstrates that the three measures appear to be distinct, reliable, valid, and appropriate for use. Helping professionals and researchers can use these measures to assess military cultural competence for self-assessment, in training programs, and/or in research.

<https://doi.org/10.1007/s11920-025-01608-6>

Mindfulness Training in Military Settings: Emerging Evidence and Best-Practice Guidance.

Jha, A.P., Izaguirre, M.K. & Adler, A.B.

Current Psychiatry Reports

Published: 03 June 2025

Purpose of Review

Evidence suggests that mindfulness training (MT) may protect and strengthen military service members' attentional control functions, improving their performance and holistic fitness as they face the modern-day battlefield. Yet, implementation challenges must be addressed to realize MT's benefits consistently and at scale.

Recent Findings

Despite heterogeneity in MT program content, evaluation metrics, and participants' military career stages across studies, recent findings suggest that MT may bolster performance, cognitive functions, psychological well-being, and social relationships. Additionally, implementation factors such as daily practice, trainers' familiarity with the military, and course content influence the extent of benefits.

Summary

Attentional control is critical for effective performance, yet vulnerable to compromise in high-demand cohorts, such as military service members. MT not only targets and strengthens military service members' attentional control but also enhances other aspects of their functioning. Despite recognized hurdles, best practice guidance is

emerging and continued research and efforts to implement MT in military settings are warranted.

<https://doi.org/10.1016/j.jpsychires.2025.06.001>

The association between aggression and suicidal behaviors in veterans at risk for suicide.

A Krauss, MS McCloskey, AS Kurz, MA Ilgen

Journal of Psychiatric Research

Volume 189, September 2025, Pages 71-75

Highlights

- Aggression is an understudied correlate of suicide among military veterans.
- Aggression was not associated with the presence of suicide attempts or behaviors
- Aggression was associated with a greater number of suicide attempts and behaviors
- Aggression may be a marker of frequent suicide behaviors in high-risk veterans.

Abstract

Suicide is a leading cause of death among United States veterans. Although aggression is common among veterans and represents a strong predictor of suicidal behaviors in civilians, it is seldom studied among veterans. The scant existing research on aggression and suicide in veterans is limited by its restricted examination of the full range of suicidal behavior, oversimplification of suicide attempt history (no attempt vs. attempt), and its focus on physical aggression rather than examining both physical and verbal aggression as unique correlates of suicide. The current study addresses these gaps in a sample of veterans at high-risk for suicide. Participants (N = 207) were recruited as part of a larger clinical trial examining a suicide intervention; the current study uses the baseline data. Veterans completed a self-report measure of physical and verbal aggression and a clinician-administered interview of suicidal behaviors. Logistic regression models indicated that aggression was unrelated to the presence of suicide attempts or behaviors in this high-risk sample. However, count models suggested that physical and verbal aggression were related to a greater number of suicide attempts, and physical aggression was related to a greater number of suicidal behaviors. The current findings align with civilian research suggesting aggression is a risk factor for

frequent suicide attempts. Further research is needed to better understand this association, particularly in determining whether aggression plays a causal role in suicide behaviors in veterans.

<https://doi.org/10.1002/jts.23172>

Perceived betrayal moderates the effects of battlefield experiences on suicidal ideation and help-seeking.

Cornwell, J. F. M., Krauss, S. W., Wood, M. D., & Wetzler, E. L.

Journal of Traumatic Stress
First published: 03 June 2025

Suicide is one of the leading causes of death among military personnel, and help-seeking is crucial to combating it. Research has not yet investigated the role that potentially morally injurious events (PMIEs), particularly betrayal, may play in moderating the effect of battlefield experiences on these variables. Data from 694 U.S. Army personnel, all of whom had at least one combat deployment, were analyzed to examine battlefield life-threatening experiences (LTEs), suicidal ideation, help-seeking behavior, PMIEs, depressive symptoms, anxiety symptoms, posttraumatic stress disorder (PTSD) symptoms, and aggression. Analyses revealed a significant interaction between LTEs and betrayal-type PMIEs predicting both a higher likelihood of suicidal thoughts and planning, relative risk ratio = 1.729, $z = 2.13$, $p = .034$, 95% confidence interval (CI) [1.043, 2.863], and help-seeking from fewer sources, incident rate ratio = 0.927, $z = -2.26$, $p = .024$, 95% CI = [0.868, 0.990]. These effects held even when controlling for depressive symptoms, anxiety symptoms, PTSD symptoms, and aggression. The findings suggest that betrayal-type PMIEs have a significant moderating effect on the impact of LTEs on suicidal ideation and help-seeking behavior, and this effect cannot be explained by the experience of the other four measured symptoms of psychological distress.

<https://doi.org/10.1177/24705470251348749>

Differentiating Individual Characteristics Associated with Suicidal Ideations, Plans, and Attempts among low-Income Veterans.

Tsai J, Liang J, Maroufy V.

Chronic Stress

First published online June 3, 2025

Background

Low-income veterans are a group that are at high risk for suicidal behaviors and require clinical attention and research.

Methods

This brief report analyzed data from a nationally representative sample of 985 low-income veterans participating in the National Veteran Homeless and Other Poverty Experiences (NV-HOPE) study in 2021. The lifetime prevalence and correlates of three levels of suicidal behaviors were analyzed, including suicidal ideation (SI), having a suicidal plan (SP), and making a suicide attempt (SA).

Results

In the sample, 17.6% reported any SI, 7.0% reported any SP, and 4.5% reported any SA. Multivariable analyses revealed that compared to veterans who only reported SI, those who reported SP had overall lower mental health functioning scores (aOR = 0.97, 95% CI = 0.95–0.99). Compared to veterans who reported only SP, those who reported SA were two times more likely to be unmarried (aOR = 2.38, 95% = 1.09–5.30).

Conclusion

These findings suggest a few factors may be driving differences between veterans who engage in different levels of suicidal behaviors, and these factors may be important treatment targets.

<https://doi.org/10.1016/j.jpsychires.2025.06.006>

Posttraumatic anger in a national Sample: Demographic and clinical correlates.

TA Patel, MC Sala, KH Dillon, J Cogle

Journal of Psychiatric Research

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Posttraumatic stress disorder (PTSD) is often characterized by intense anger and other negative emotions. This led to the inclusion of the experience of these negative emotions among DSM-5 PTSD diagnostic criteria. Though anger has been linked to a range of different conditions, the concept of posttraumatic anger has not been studied extensively. The present study investigated sociodemographic and psychiatric correlates of posttraumatic anger in a nationally representative sample of individuals exposed to trauma (N = 23,936). Notably, 22.4 % of the sample endorsed posttraumatic anger, and of those that met criteria for PTSD (n = 2339), 80.6 % endorsed posttraumatic anger. We found that female sex, Native American/Alaskan race, and identifying as a sexual minority were associated with increased odds of endorsing posttraumatic anger. Conversely, Asian race, being married, having higher income and education, and being older were associated with lower likelihood of posttraumatic anger. We also found multiple anxiety, mood, and substance used disorders were associated with posttraumatic anger, even after accounting for PTSD. The present study provides novel data on the prevalence of posttraumatic anger and its relevance to specific demographic characteristics and psychiatric disorders.

<https://doi.org/10.1093/milmed/usaf232>

Risk of Suicide Attempt in US Army Infantry, Combat Engineer, and Combat Medic Soldiers.

Herberman Mash, H. B., Shor, R., Naifeh, J. A., Aliaga, P. A., Fullerton, C. S., Kao, T. C., Sampson, N. A., Stein, M. B., Kessler, R. C., & Ursano, R. J.

Military Medicine

Published: 31 May 2025

Introduction

Understanding the relationship of military occupational specialties (MOSs) to suicide attempt (SA) among US Army soldiers, and the patterns of these associations over time, can identify periods of increased risk and inform prevention and treatment efforts. The current study aimed to identify SA risk and sociodemographic and service-related risk factors for SA among infantry, combat engineers, and combat medics, soldiers identified in previous research to have elevated suicidal behavior rates relative to soldiers in other MOSs. This examination also builds on previous work (2004-2009) by including women, who were integrated into previously closed combat arms billets in 2016.

Materials and Methods

This longitudinal, retrospective case-control study of administrative person-month records from Regular Army enlisted soldiers on active duty from 2016 through 2019 identified all first SAs (n=1,393 person-months) among only soldiers in each of 3 MOS categories (infantry, combat engineer, combat medic), stratifying soldiers in these mutually exclusive MOS groups. Our study also included independent equal-probability control subsamples for each of the 3 groups, totaling 17,317 control person-months. Logistic regression models examined sociodemographic and service-related time-varying risk factors of SA among each of the MOS groups. Discrete-time survival models with person-month as the unit of analysis estimated MOS-specific SA risk by time in service. Analysis of the deidentified data was approved by Institutional Review Boards of the Uniformed Services University of the Health Sciences, University of Michigan Institute for Social Research, University of California San Diego, and Harvard Medical School.

Results

The sample was primarily male (94.3%), White (66.1%), and in their first 4 years of service (65.6%). In all, 813 infantry soldiers (yearly rate: 353.1/100,000 soldiers), 214 combat engineers (rate: 566.3/100,000), and 366 combat medics (rate: 524.2/100,000) attempted suicide. In separate multivariable models, odds of SA in all 3 MOSs were higher among soldiers who were women, had less than a high school education, and had less time in service, with those who had less than 1 year of service at particularly elevated risk. Among infantry and combat medics, SA risk was higher among those who had never deployed. Timing of greatest SA risk during the first year of service differed by MOS: months 9-12 among infantry; months 1-3 among combat engineers; and months 6-9 among combat medics. SA rates among combat medics remained uniquely elevated over the first 4 years of service.

Conclusions

Risk factors for SA were similar across the 3 MOS categories. However, the timing of highest risk in the first year differed by MOS. Findings highlight the importance of MOS-specific risk factors and timing in identifying important stressors and targeting interventions.

<https://doi.org/10.1037/trm0000587>

Moral injury and identity: Examining moral injury as identity loss and identity change.

Hodges, T. J., Collette, T. L., & Moore, B. A.

Traumatology

Advance online publication

Although it is widely accepted among theorists and clinicians that moral injury can affect identity, these claims are rarely specified, let alone investigated empirically. Among scholars of moral injury, an emerging explanation is that moral injury leads to a loss of identity. However, psychologists studying the relationship between identity and trauma argue that some traumatic experiences can reaffirm a person's identity. Such reaffirmation may lead to a maintenance of identity rather than a loss, helping people make sense of traumatic experiences and be resilient to traumatic stress disorders. Drawing on this model, the Social Identity Model of Identity Change, the current article discusses these two potential processes—identity loss and identity maintenance—in the case of military moral injury. Using data from a survey of United States veterans, it models an indirect association between morally traumatic experiences and moral injury symptoms via military identity. The results indicate that identity is related to moral injury symptoms, although it is unclear if potentially morally injurious events are associated with identity. Moreover, the results depend on how identity is operationalized. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/trm0000576>

Therapists' functioning and secondary traumatic stress emerging from the COVID-19 pandemic: A mixed methods study.

Crabtree, S. A., Captari, L. E., Guterres, K. M., Choe, E. J. Y., & Sandage, S. J.

Traumatology

Advance online publication

Mental health clinicians (MHCs) are at known risk for adverse outcomes such as compromised well-being, mental health challenges, burnout, and secondary traumatic

stress. Prior research has identified demographic and work-related risk factors, but fewer studies have examined personal capacities that might reduce risk and simultaneously promote MHC well-being. Research is also needed on the interplay between these factors and wider contextual influences. This mixed methods study explored MHC functioning and factors contributing to their experiences coming out of the COVID-19 pandemic. We used a concurrent triangulation design and collected cross-sectional survey data between 2022 and 2023 from a U.S. sample of MHCs (N = 116). Latent profile analysis identified four distinct profiles on indicators for self-compassion, differentiation of self, burnout, well-being, and work-related secondary traumatic stress. Concurrently, we used reflexive thematic analysis to analyze MHCs' responses to open-ended questions about their experiences, including (a) work-related situations that contributed to overwhelm, fear, and/or helplessness, (b) what they found challenging about their work, (c) what fueled or sustained them to continue in their work, even under stressful conditions, and (d) and what they needed to thrive. Finally, we integrated latent profile analysis and qualitative findings. Our findings signal the potential benefits of holistic MHC development for mitigating risk and supporting well-being, as well as highlighting how systemic ingenuity will be necessary to address the organizational and contextual factors compounding risks when working with distressed and traumatized populations. Implications and directions for future research are discussed. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/tra0001950>

Assessing the impact of combat trauma on the severity, expression, and course of posttraumatic stress disorder in justice-involved veterans.

Ward, M., Baldwin, N., & Blonigen, D. M.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Posttraumatic stress disorder (PTSD) is associated with criminal justice involvement in veterans, but it is unclear how trauma type influences this relationship. The present study examines the impact of combat trauma on the severity and course of PTSD and the relationship with criminogenic needs in justice-involved veterans.

Method:

We conducted secondary analysis of data from 287 veterans with a criminal history admitted to mental health residential treatment. Participants completed interviews to assess PTSD symptom severity, criminal history, and criminogenic needs at the start of treatment and at 6 and 12 months. Bivariate analyses were conducted to determine differences between veterans with and without combat trauma on PTSD severity, criminal history, and criminogenic needs. Mixed-effect models were evaluated to assess changes in PTSD symptom severity over time based on trauma type.

Results:

At baseline, veterans with combat-related trauma ($n = 70$; 24.4%) had significantly higher PTSD symptom severity ($d = .29$, $p < .05$), particularly hyperarousal symptoms ($d = .42$, $p < .001$), and higher hyperarousal scores at 12 months ($d = 0.41$, $p < .05$). While PTSD severity decreased over time for both groups, hyperarousal scores for the combat trauma group increased posttreatment from 6 to 12 months. Those with combat-related trauma scored higher on antisocial personality patterns, marked by callousness and aggression but did not differ in other measures of criminogenic needs or their criminal history.

Conclusions:

The findings illustrate the need to consider trauma type in future research on the relationship between PTSD and justice involvement in veterans. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

This study suggests that among veterans with a history of both combat-related trauma and criminal justice system involvement, symptoms of posttraumatic stress tend to be more severe, last longer, and be characterized by irritability, anger, and tendencies toward callousness and aggression. Ongoing support and tailored approaches, such as anger management, may be particularly beneficial for these vulnerable veterans. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/tra0001949>

Development and evaluation of a centralized assessment hub for the clinician-administered PTSD Scale for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (CAPS-5).

Bovin, M. J., Caudle, K., Weathers, F. W., Hollifield, M., Schnurr, P. P., & Marx, B. P.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

In clinical trials for posttraumatic stress disorder (PTSD), reliable and valid assessment is essential. However, accuracy can be compromised due to site-level variation, assessor unmasking, and participant burden associated with multiple visits to a study site. We therefore created a centralized assessment hub in which raters were trained to administer the Clinician-Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Weathers et al., 2013) remotely via telephone.

Method:

We developed a systematic training protocol for Veteran Affairs (VA) Cooperative Study 591, the largest multisite PTSD psychotherapy trial ever conducted ($N = 916$, Schnurr et al., 2022). We trained 15 raters, ranging from trainees to licensed clinical psychologists. Our protocol included three steps: (1) didactics, (2) scoring calibration, and (3) mock interviews. Step 3 was repeated until raters achieved 85% reliability with an expert. Randomly selected interviews ($n = 200$) were used to calculate interrater reliability.

Results:

Reliability was outstanding for both PTSD diagnosis ($\kappa = .90$) and total severity score (intraclass correlation = .98). Assessment time period did not impact PTSD diagnostic agreement ($\chi^2 = 5.60$; $p = .23$) but did affect total symptom severity ($F = 4.43$; $p = .002$). In contrast, rater educational attainment impacted diagnostic ($\chi^2 = 5.00$; $p = .025$) but not total severity score ($t = .85$; $p = .39$) agreement.

Conclusions:

Our Clinician-Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition training protocol was used successfully in the largest PTSD clinical trial to date. The use of a centralized assessment hub ensured highly accurate assessment that likely could not have been achieved using site-based raters across multiple sites. (PsychoInfo Database Record (c) 2025 APA, all rights reserved)

Residential factors associated with mental health in United States Veterans, Air Force military, and Air Force employees.

AJ Hoisington, CA Stamper, ME Penzenik, M Reitter

Indoor Environments

Volume 2, Issue 2, June 2025, 100103

Highlights

- Over 400 individuals were administered a survey focused on residential factors potentially important to mental health.
- The residential factor that correlated to the most mental health survey outcomes was the ability to adjust one's indoor climate.
- Ability to adjust indoor climate resulted in better reported health outcomes.
- Residential factors of importance to mental health were different between working and non-working individuals.
- Overall, a life-course perspective is valuable in residential investigations of mental health.

Abstract

Individuals in Westernized countries spend most of their time indoors. However, exploration of residential building factors that may influence occupants' mental health is limited in scientific literature. The purpose of this study was to explore investigator's perceived areas of importance in residences to mental health via survey methods. To that end, we administered the Housing, Occupancy, Materials, and Environment (HOME) survey to assess factors that may influence mental health to those working in the United States (US) Air Force (n = 230) or past military members, US Veterans (n = 180). Self-reported mental health surveys were also administered to the Air Force (RAND 36-Item Short-Form) and Veterans (36-Item Short-Form survey version 2, Patient Health Questionnaire-9). The residential question that correlated to the most mental health measures for both groups was an ability to adjust indoor climate, with positive correlations. Other correlations between residential questions and health scores across the two groups were dissimilar, indicating the residential factors of importance to mental health may be variable across an individual's life. For example, multiple positive correlations between mental health measures and nature in the older Veteran group support robust and support previous results on the importance of nature to older adults. Overall, this study provides a basis for future research and targeted clinical

interventions that can quantify and positively impact the home environment and improve mental health outcomes.

Links of Interest

My Military Health: Improving Mental Health Access and Readiness

<https://www.dha.mil/News/2025/05/30/12/18/My-Military-Health-Improving-Mental-Health-Access-and-Readiness>

Anorexia Nervosa—Facts, Frustrations, and the Future

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2834607?guestAccessKey=c902e619-d6df-4764-9c34-b8e8e95b455e&utm_medium=email&utm_source=postup_jn&utm_campaign=article_alert-jamapsychiatry&utm_content=olf-tfl_&utm_term=060425

Keep driving change: Participate in the 2025 Military Family Lifestyle Survey

<https://news.va.gov/140426/2025-military-family-lifestyle-survey/>

Quitting tobacco? Here are five facts to help you

<https://news.va.gov/140399/quitting-tobacco-five-facts-to-help-you/>

Navy Spouse's Grassroots Effort Enhances Mental Health Access and Warfighter Readiness

<https://www.dvidshub.net/news/499356/navy-spouses-grassroots-effort-enhances-mental-health-access-and-warfighter-readiness>

You're not alone if you're frequently angry. But you should try and stop, for your health

<https://www.usatoday.com/story/life/health-wellness/2025/05/31/why-am-i-so-angry-all-the-time/83835896007/>

A PTSD Therapy 'Seemed Too Good to Be True'

https://www.theatlantic.com/health/archive/2025/06/ptsd-trauma-veterans-treatment-rtm/683003/?gift=A5eiy-POSf0txPAbmwLCkXCxDrHi_V74MKWlHKfdfOo

USU Study Leverages Machine Learning to Improve Suicide Risk Detection in Soldiers

<https://news.usuhs.edu/2025/05/usu-study-leverages-machine-learning-to.html>

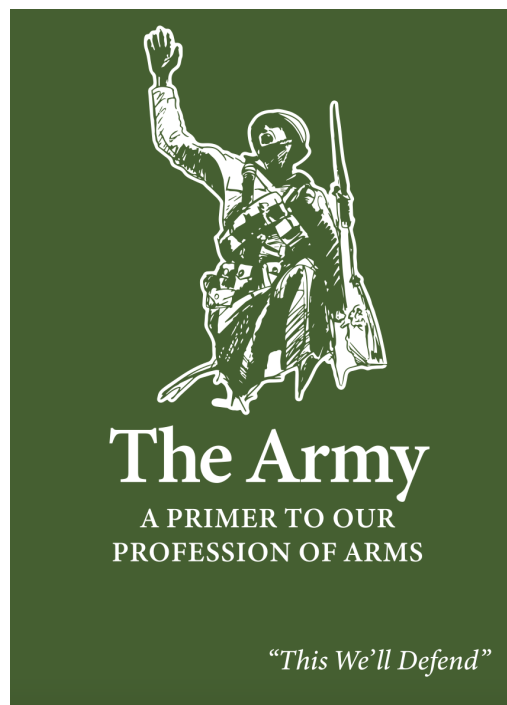
Resource of the Week: [FM 1, The Army: A Primer to Our Profession of Arms](#)

New, from the Army Publishing Directorate. From the Forward by Chief of Staff of the Army Gen. Randy George:

This book is written for our Army. It explains our profession, our purpose, and what it means to be an American Soldier. You will notice this book is not written like other military doctrine; it touches on values and concepts through stories and in non-prescriptive terms. It requires judgment in application.

The book is intended to be read from cover to cover. It progresses through three sections—what it means to be an American Soldier, what the Army does, and how the Army serves and supports our country. While the stories may be of past battles and heroic actions, it also reflects the increasingly challenging times we live in. It offers the reader a serious, solemn, and sober perspective of the Army's tasks ahead.

FM 1 is relevant to every Soldier, for we share common responsibilities and a common commitment to each other. As we each move through our Army journey, we should all pick this text up from time to time to refresh our understanding of our priorities and our sense of purpose. This book should be informative, too, for our joint teammates, aspiring Soldiers, and fellow citizens not in uniform. After all, our Army belongs to the country— we serve the American people.



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