

# CDP



## Research Update -- July 3, 2025

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- Links of Interest
- Resource of the Week: Operation Supplement Safety (Consortium for Health and Military Performance (CHAMP) at the Uniformed Services University of the Health Sciences)

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<https://doi.org/10.1080/08995605.2024.2370707>

**Posttraumatic growth among mental health officers who treat soldiers with non-suicidal self-harm/suicidal behavior: The role of cognitive and personality characteristics.**

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

Military Psychology  
Volume 37, 2025 - Issue 4

Mental health officers (MHO) in the military often encounter soldiers expressing distress, manifested in threats and attempts at self-harm and suicide. While these behaviors are a significant stressor for therapists, they may also be an opportunity for posttraumatic growth (PTG). We aimed to examine whether the relatively frequent exposure of MHO to soldiers who report thoughts, intentions, and attempts at self-harm and suicide is related to their PTG, as well as tested the contribution of cognitive variables (the centrality of the event and the challenge to core beliefs), and a trait not previously considered in this context, i.e. self-compassion to PTG. Self-report questionnaires were completed by 130 Israeli army MHO. Of these, 98.5% reported that they are exposed to self-harm. The questionnaires were collected between the years 2020–2021. The findings show a positive linear relationship, as well as a curvilinear relationship, between PTG and exposure to expressions of self-harm and suicide, the centrality of the event, and the challenge to core beliefs. In addition, self-compassion served as a moderator in the association between exposure and PTG. The study validates the PTG model in a population that has not previously been studied in this context, and may lead to a broader understanding of PTG in this context. They may help in designing dedicated training programs for therapists dealing with reports of self-harm and suicidal behavior.

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<https://doi.org/10.1016/j.amepre.2025.107961>

**Sex Differences in Life Course Suicide Rates by State Firearm Policy Environment.**

Nathaniel J. Glasser, Jacob C. Jameson, Nabil Abbou Baker, Harold A. Pollack, Elizabeth L. Tung

American Journal of Preventive Medicine  
Available online 25 June 2025, 107961

## Introduction

Male sex and permissive state firearm policy environments have been independently associated with suicide mortality. Few recent studies quantify how these factors interact, or how interactions vary across the life course. This study investigates how state firearm policy environments moderate sex differences in firearm, non-firearm, and overall suicide rates across the life course.

## Methods

Employing Center for Disease Control and Prevention data, linear regression was used to model sex differences in firearm, non-firearm, and total suicide mortality rates per 100,000 across the life course and interactions with state firearm policy environments (categorized “permissive” versus “strict” using Giffords Gun Law Scorecard Grades). Data were collected in 2018-2022 and analyzed in 2024-2025.

## Results

Across all ages and state policy environments, male sex was associated with higher firearm (18.95; 95%CI, 16.97,20.92), non-firearm (7.07; 95%CI, 6.63,7.14), and total (26.02; 95%CI, 23.94,28.10) suicide rates. Compared to strict state policy environments, permissive environments were associated with increased firearm (5.84; 95%CI, 3.84,7.84) and total suicide rates (5.96; 95%CI, 3.32,8.60). In interacted models, permissive environments augmented associations of male sex with higher firearm (9.02; 95%CI, 5.75,12.29) and total (9.24; 95%CI, 5.96,12.52) suicide rates. Sex also moderated associations of age with suicide rates.

## Conclusions

Males die from suicide at higher rates than females across the life course, exhibiting particularly high rates within states that implement permissive firearm policies. At older ages, dramatically higher male suicide rates are seen in both permissive and strict state environments, suggesting that males face unique challenges associated with aging that require focused clinical attention.

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<https://doi.org/10.1080/16506073.2025.2518427>

## **Driving cognitive change: a guide to behavioural experiments in cognitive therapy for anxiety disorders and PTSD.**

Emma Warnock-Parkes, Graham R. Thew, Hannah Murray, Nick Grey, Jennifer Wild, Alice Kerr, Alisha Smith, Richard Stott, Anke Ehlers & David M. Clark

Cognitive Behaviour Therapy  
Published online: 26 Jun 2025

Behavioural experiments are experiential exercises used in Cognitive Behavioural Therapy to drive cognitive change by testing patients' idiosyncratic, emotionally linked beliefs. In this paper, we provide clinical guidance on how to deliver effective behavioural experiments that maximise cognitive change based on lessons learnt over the last 30 years from our work using Cognitive Therapy to treat Panic Disorder (CT-PD), Social Anxiety Disorder (CT-SAD) and Post-Traumatic Stress Disorder (CT-PTSD). We describe key steps for setting up and carrying out powerful experiments, including common blocks and barriers patients and therapists come across when using them.

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<https://doi.org/10.1001/jama.2025.7829>

## **Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths.**

Xiao, Y., Meng, Y., Brown, T. T., Keyes, K. M., & Mann, J. J.

JAMA  
Published Online: June 18, 2025

### **Key Points**

#### **Question**

Are addictive screen use trajectories associated with suicidal behaviors, suicidal ideation, and mental health outcomes in US youth?

#### **Findings**

In this cohort study of 4285 US adolescents, 31.3% had increasing addictive use

trajectories for social media and 24.6% for mobile phones over 4 years. High or increasing addictive use trajectories were associated with elevated risks of suicidal behaviors or ideation compared with low addictive use. Youths with high-peaking or increasing social media use or high video game use had more internalizing or externalizing symptoms.

### Meaning

Both high and increasing addictive screen use trajectories were associated with suicidal behaviors, suicidal ideation, and worse mental health in youths.

### Abstract

#### Importance

Increasing child and adolescent use of social media, video games, and mobile phones has raised concerns about potential links to youth mental health problems. Prior research has largely focused on total screen time rather than longitudinal addictive use trajectories.

#### Objectives

To identify trajectories of addictive use of social media, mobile phones, and video games and to examine their associations with suicidal behaviors and ideation and mental health outcomes among youths.

#### Design, Setting, and Participants

Cohort study analyzing data from baseline through year 4 follow-up in the Adolescent Brain Cognitive Development Study (2016-2022), with population-based samples from 21 US sites.

#### Exposures

Addictive use of social media, mobile phones, and video games using validated child-reported measures from year 2, year 3, and year 4 follow-up surveys.

#### Main Outcomes and Measures

Suicidal behaviors and ideation assessed using child- and parent-reported information via the Kiddie Schedule for Affective Disorders and Schizophrenia. Internalizing and externalizing symptoms were assessed using the parent-reported Child Behavior Checklist.

#### Results

The analytic sample ( $n = 4285$ ) had a mean age of 10.0 (SD, 0.6) years; 47.9% were female; and 9.9% were Black, 19.4% Hispanic, and 58.7% White. Latent class linear

mixed models identified 3 addictive use trajectories for social media and mobile phones and 2 for video games. Nearly one-third of participants had an increasing addictive use trajectory for social media or mobile phones beginning at age 11 years. In adjusted models, increasing addictive use trajectories were associated with higher risks of suicide-related outcomes than low addictive use trajectories (eg, increasing addictive use of social media had a risk ratio of 2.14 [95% CI, 1.61-2.85] for suicidal behaviors). High addictive use trajectories for all screen types were associated with suicide-related outcomes (eg, high-peaking addictive use of social media had a risk ratio of 2.39 [95% CI, 1.66-3.43] for suicidal behaviors). The high video game addictive use trajectory showed the largest relative difference in internalizing symptoms (T score difference, 2.03 [95% CI, 1.45-2.61]), and the increasing social media addictive use trajectory for externalizing symptoms (T score difference, 1.05 [95% CI, 0.54-1.56]), compared with low addictive use trajectories. Total screen time at baseline was not associated with outcomes.

#### Conclusions and Relevance

High or increasing trajectories of addictive use of social media, mobile phones, or video games were common in early adolescents. Both high and increasing addictive screen use trajectories were associated with suicidal behaviors and ideation and worse mental health.

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<https://doi.org/10.1001/jamapediatrics.2025.1718>

### **Role of Sleep and White Matter in the Link Between Screen Time and Depression in Childhood and Early Adolescence.**

Lima Santos, J. P., Soehner, A. M., Biernesser, C. L., Ladouceur, C. D., & Versace, A.

JAMA Pediatrics

Published Online: June 23, 2025

#### Key Points

##### Question

Could the positive association between screen time and depression be explained by effects of screen time on sleep and white matter integrity among adolescents?

##### Findings

In this study of 976 children, shorter sleep and worse white matter organization

mediated 36.4% of the associations between more screen time and depressive symptoms in early adolescence. Additionally, shorter sleep mediated 37.5% of the association between more screen time and worse white matter integrity.

### Meaning

Sleep is a modifiable behavior and a key component of the effect of screen time on the brain and depression, underscoring the importance of strategies that encourage a balanced lifestyle to mitigate the negative impact of screen time on sleep.

### Abstract

#### Importance

With the widespread adoption of screen-based devices among adolescents, there is growing concern that more screen time could contribute to mental health problems such as depression. It is thus critical to identify potential mediating factors that could help explain this potential risk relationship. Recent evidence indicates that more screen time could impact sleep duration and brain structural connectivity (ie, white matter organization), which are critical for emotional health. Notably, sleep duration is a modifiable behavior that health care providers can easily target.

#### Objective

To identify the association between screen time during late childhood and depressive symptoms in early adolescence, and to investigate whether these associations are mediated by sleep duration and white matter organization.

#### Design, Setting, and Participants

This prospective study was conducted from January 2024 to June 2024. Data from the Adolescent Behavior Cognitive Development (ABCD) Study were used to identify clinical and neuroimaging characteristics of participants at late childhood (T1; defined as aged 9-10 years) and early adolescence (T2; defined as age 11-13 years). Children and their parent/caregiver were recruited across 21 US cities. Participants with no past/current psychiatric disorders at T1 were selected for analyses. Initial analyses were conducted in 2024 and finalized in February 2025.

#### Main Outcomes and Measure

Outcomes included screen time assessed using a self-report questionnaire, sleep duration assessed using the Munich Chronotype Questionnaire, and depressive symptoms characterized using the Child Behavior Checklist. Neurite orientation dispersion and density imaging and a tract profile approach were used to characterize the orientation dispersion index of 3 white matter tracts that are known to be implicated with depression: cingulum bundle, forceps minor, and uncinate fasciculus.



## Results

Analyses included 976 participants (460 children [47.1%] were female, mean [SD] age was 9.9 [0.6] years at T1 and 11.9 [0.6] years at T2). Each additional hour of daily screen time at T1 was associated with a 0.12-point (95% CI, 0.04-0.20;  $P = .008$ ) increase in Child Behavior Checklist depressive score at T2. Shorter sleep duration and worse cingulum bundle organization (greater orientation dispersion index) at T2 mediated 36.4% (95% CI, 18.2%-63.6%) of the association between more screen time and more depressive symptoms.

## Conclusions and Relevance

Results of this study show that more screen time in late childhood was associated with more depressive symptoms, potentially due to shorter sleep and worse white matter organization during early adolescence. These findings emphasize the importance of promoting healthy habits and balancing screen time with adequate sleep.

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<https://doi.org/10.1001/jamanetworkopen.2025.16459>

## **Transcranial Electrical Stimulation in Treatment of Depression: A Systematic Review and Meta-Analysis.**

Ren, C., Pagali, S. R., Wang, Z., Kung, S., Boyapati, R. B., Islam, K., Li, J. W., Shelton, K. M., Waniger, A., Rydberg, A. M., Hassett, L. C., Croarkin, P. E., Lundstrom, B. N., Pascual-Leone, A., & Lapid, M. I.

JAMA Network Open

Published Online: June 18, 2025

## Key Points

### Question

What is the role of transcranial electrical stimulation (tES) in depression treatment in individuals with major depressive disorder (MDD), depression with psychiatric comorbidities (DPC), and depression with medical comorbidities (DMC)?

### Findings

This systematic review and meta-analysis of 88 randomized clinical trials (5522 participants) found transcranial direct current stimulation and transcranial alternating current stimulation was associated with positive outcomes among patients with MDD

and DPC or DMC, while transcranial random noise stimulation had insufficient evidence. Transcranial direct current stimulation combined with medication showed larger effect sizes in DMC and DPC, with smaller benefits in MDD, while transcranial alternating current stimulation was associated with improved depressive symptoms and response rates in MDD.

### Meaning

These findings suggest that tES is well-tolerated overall, with only mild to moderate adverse events; future studies should explore how to individualize tES interventions in patients with depression.

### Abstract

#### Importance

The role and safety of transcranial electrical stimulation (tES) for treating depressive disorders remain under evaluation.

#### Objective

To evaluate tES treatment in patients with major depressive disorder (MDD) and comorbid depressive conditions.

#### Data Sources

A search of MEDLINE, Embase, Cochrane, APA PsycINFO, and Scopus databases was conducted from inception to September 17, 2024.

#### Study Selection

Randomized clinical trials (RCTs) of adults with MDD, depression with psychiatric comorbidities (DPC), or depression with medical comorbidities (DMC), treated with transcranial direct current stimulation (tDCS), transcranial alternating current stimulation (tACS), or transcranial random noise stimulation (tRNS), compared with sham or other treatments were included.

#### Data Extraction and Synthesis

Independent reviewers extracted data in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 guidelines, with random-effects meta-analysis used for pooling.

#### Main Outcomes and Measures

Primary outcomes were depression severity, response and remission rates, and adverse events. Standardized mean differences (SMDs) were reported for continuous outcomes, and odds ratios (ORs) were reported for categorical outcomes. Quality of

evidence (QOE) was assessed using the Grading of Recommendations Assessment, Development, and Evaluation criteria.

## Results

The meta-analysis included 5522 participants from 114 study groups from 88 RCTs (3198 female [58.9%]; mean [range] age, 43.1 [19.4-76.9] years). Most studies (104 study groups from 79 RCTs [91.2%]) evaluated tDCS, while 7 study groups from 6 RCTs (6.1%) evaluated tACS, and 3 study groups from 3 RCTs (2.7%) evaluated tRNS. tES was associated with reduced depressive symptoms (SMD = -0.59; 95% CI, -0.83 to -0.35; low QOE) and improvement in DMC (SMD = -1.05; 95% CI, -1.67 to -0.43; low QOE) and DPC (SMD = -0.78; 95% CI, -1.27 to -0.29; low QOE) compared with MDD (SMD = -0.22; 95% CI, -0.44 to 0.01; low QOE). tDCS was associated with reduced depression in DMC (SMD = -1.05; 95% CI, -1.70 to -0.40; very low QOE) and DPC (SMD = -0.88; 95% CI, -1.40 to -0.36; low QOE) but not MDD. tACS was associated with improved MDD symptoms (SMD = -0.58; 95% CI, -0.96 to -0.20; high QOE) and response rates (OR, 2.07; 95% CI, 1.34 to 3.19; high QOE). Combined tDCS and medication was associated with reduced symptoms (SMD = -0.51; 95% CI, -0.90 to -0.13; moderate QOE) and increased response (OR, 2.25; 95% CI, 1.08 to 4.65; high QOE) in MDD. tDCS combined with psychotherapy was not associated with improvement. Subgroup analysis showed that anodal left dorsolateral prefrontal cortex DCS was associated with improved outcomes. Mild to moderate adverse events were more frequent in tES groups.

## Conclusions and Relevance

In this systematic review and meta-analysis, tDCS was associated with improvement in depression among patients with DMC and DPC (with smaller benefits in MDD), tACS was associated with improved MDD outcomes (while tRNS had insufficient evidence) in smaller samples, and combined tDCS and medication was associated with improvement in depression. These findings suggest that tES is well-tolerated overall, with only mild to moderate adverse events, and that future research should optimize stimulation parameters and individualize tES interventions.

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<https://jaapl.org/content/53/2/160>

## **Predictors of Child and Parent Offender Removal in Incidents of Child Neglect in U.S. Army Families.**

Ogle, C. M., Nemcek, S. P., Zhou, J., & Cozza, S. J.

This study examined predictors of child and parent offender removal from the home following substantiated incidents of child neglect in U.S. Army families. Case records (n = 390) were coded to identify neglect types and incident characteristics associated with removal in prior studies. Results indicate that the removal of a child and the removal of a parent from the home following an incident of neglect are associated with distinct neglect types and incident characteristics. In bivariate analyses, failure to provide physical needs (FTP), family mental health problems, and co-occurring abuse were each associated with higher odds of child removal. In multivariate analyses, offender substance use, co-occurring abuse, and early parenting, but not FTP, were associated with child removal. Interaction models indicated that high-severity FTP incidents in families with mental health problems were more likely to result in child removal compared with other neglect incidents. In contrast, incidents involving emotional neglect and service member offenders were associated with higher odds of parent removal. Findings advance understanding of the characteristics of neglect incidents associated with family separations, which can improve the judiciousness of legal decisions regarding removal actions and inform prevention efforts that effectively protect children from harm while minimizing disruptions to family integrity.

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<https://doi.org/10.1093/milmed/usaf069>

## **Parental Mental Health Conditions and Infant Health Outcomes Among Military Families.**

Bukowinski, A. T., Gumbs, G. R., Hall, C., Khodr, Z. G., Richardson, S., & Conlin, A. M. S.

Military Medicine

Published: 12 March 2025

### **Introduction**

Little is known about the effects of parental mental health burdens during pregnancy on infant health among military families, who are subject to various stressors unique to military life. The present study leveraged infant data from the DoD Birth and Infant

Health Research (BIHR) program and self-reported parental survey data from the Millennium Cohort Study (MCS) to examine associations of parental mental health conditions with adverse infant health outcomes.

### Materials and Methods

Subjects included singleton infants captured in BIHR program data, born between July 2001 and December 2012, to MCS women and men who completed a baseline or follow-up survey from 1 year before pregnancy start through infant birth date. Survey assessment included mental health screenings and behavioral health measures (e.g., smoking and alcohol use). Mental health exposures included post-traumatic stress disorder, major depression, and panic/anxiety disorder and were assessed as “any mental health condition” (yes or no) and “count of mental health conditions” (0, 1, 2, or 3). Infant outcomes included birth defects, low birth weight, and preterm birth and were assessed individually and as a composite measure of “any adverse outcome.”

Descriptive statistics were calculated for the maternal and the paternal study populations stratified by exposure status. Log-binomial models estimated risk ratios (RRs) and confidence intervals (CIs) for all outcomes.

### Results

Among 9489 infants born to MCS women, 1006 (10.6%) were born to women who screened positive for any mental health condition; 571 (6.0%), 268 (2.8%), and 167 (1.8%) were born to women who screened positive for 1, 2, and 3 mental health conditions, respectively. Of the 9377 of these infants included in analyses, 256 (2.7%) had a birth defect, 331 (3.5%) were low birth weight, and 596 (6.4%) were born preterm. Among 19,149 infants born to MCS men, 1433 (7.5%) were born to men who screened positive for any mental health condition; 838 (4.4%), 351 (1.8%), and 244 (1.3%) were born to men who screened positive for 1, 2, and 3 mental health conditions, respectively. Of the 18,983 of these infants included in analyses, 54 (2.8%) had a birth defect, 649 (3.4%) were low birth weight, and 1,359 (7.2%) were born preterm. Infants born to men or women who screened positive for all 3 mental health conditions vs. none exhibited elevated risk estimates for each individual infant outcome, but CIs included the null. Increased risk for any adverse infant outcome, however, was observed for women with all 3 mental health conditions (RR = 1.70, CI, 1.12-2.59), but not men (RR = 1.29, CI, 0.89-1.88).

### Conclusions

Findings suggest an association between parental mental health and adverse infant health outcomes, particularly for maternal mental health. Future research would benefit from larger sample sizes to detect potentially small effects of parental mental health on birth outcomes.

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<https://doi.org/10.1111/cfs.13269>

**Posttraumatic Stress and Mentalization in Accounting for Veteran Parents' Use of Corporal Punishment: Parental Over-Certainty Matters for Multiracial Children.**

Olivia D. Chang, Xiafei Wang

Child & Family Social Work

First published: 05 February 2025

Posttraumatic stress symptoms have been closely linked with the use of harsh parenting practices in veteran families. This study was aimed at assessing the potential added importance of parent mentalization in predicting the use of corporal punishment among US veterans. A hypothesized hierarchical regression model in which parent mentalization dimensions (i.e., prementalizing, over-certainty, and interest and curiosity) were examined as predictors of corporal punishment was analysed in monoracial (n = 318) and multiracial (n = 182) US veteran families. For veteran parents in both monoracial and multiracial families, parent mentalization emerged as a significant predictor of corporal punishment, even after accounting for parent posttraumatic stress. While the prementalizing dimension of mentalization was associated with greater corporal punishment among veteran parents in both monoracial and multiracial families, the over-certainty dimension was associated with greater corporal punishment exclusively in multiracial families. The present findings clarify dimensions of parent mentalization that confer risk for the use of corporal punishment in US veteran families, above and beyond the predictive role of posttraumatic stress. Implications of the present findings for social workers working with monoracial and multiracial veteran families are discussed.

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<https://doi.org/10.1080/28367472.2025.2474923>

**Education and Support Program Design for Reserve-Connected Children: A Systematic Review.**

Phonyiam, R., Bian, W., & Wilmoth, M. C.

## Introduction

Military Reserve Component (RC) children have less access to Department of Defense child and youth programs due to policy-related restrictions and geographic distance. Yet, they experience the same, and oftentimes, more stresses when a parent is deployed. Since schools are known to provide stability for children at times of stress, having school-based support programs designed for these children is important. This systematic review identified and analyzed education and support programs available through schools designed for RC connected children in the United States between 2001 and 2024.

## Methods

We followed the PRISMA guideline to screen the related publications that were identified from six databases, including PubMed, Scopus, CINAHL, PsycInfo, ERIC, and Education. 1,118 publications were screened for eligibility, and 72 full-text publications were assessed. Four publications that met all the criteria were extracted and synthesized for this systematic review.

## Results

Findings revealed only two programs designed specifically for RC children were found in the literature. These included: 1) After Deployment, Adaptive Parenting Tools and 2) Staying Strong With Schools. This review further categorized the identified measures into three outcomes included child adjustment and behavior, child social support, and parenting practice.

## Conclusions

Findings underscore a need for school systems to collaborate with experts to develop education and support programs specifically designed to support RC connected children.

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<https://doi.org/10.1002/jts.23143>

**Changes in pain and related health outcomes after cognitive processing therapy in an active duty military sample.**



Hass, N. C., Wachen, J. S., Straud, C. L., Checko, E., McGeary, D. D., McGeary, C. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Yarvis, J. S., Peterson, A. L., Resick, P. A., & STRONG STAR Consortium

Journal of Traumatic Stress

First published: 05 March 2025

This study explored the association between changes in pain and related health outcomes and posttraumatic stress disorder (PTSD) symptoms following cognitive processing therapy (CPT) in an active duty military sample. Based on the mutual maintenance model, we hypothesized that PTSD symptom reductions would be associated with improvements in pain and health symptoms following CPT. This secondary, intent-to-treat analysis included data from a parent trial of 127 active duty U.S. Army soldiers diagnosed with PTSD who were receiving variable-length CPT. We used mixed-effect regression models with repeated measures to examine whether treatment responders (i.e., individuals with a reduction of 11 points or more on the PCL-5) demonstrated improvements in pain and health outcomes posttreatment. Models included fixed effects of visit (baseline and 1-month follow-up), clinically significant PTSD improvement classification (present or absent), and the respective interaction. There were significant interactions on pain interference,  $F(1, 75.92) = 6.32, p = .014$ ; perceived life control,  $F(1, 95.59) = 5.17, p = .025$ ; affective distress,  $F(1, 83.15) = 9.77, p = .002$ ; mental health,  $F(1, 96.27) = 20.75, p < .001$ ; physical health,  $F(1, 84.97) = 3.98, p = .049$ ; and somatic symptoms,  $F(1, 80.64) = 6.08, p = .016$ . These interactions revealed that participants with clinically significant PTSD improvement following CPT also demonstrated certain better pain and health outcomes compared to nonresponders. Service members with pain and health issues in addition to PTSD who respond to CPT may also report improvements in these issues posttreatment, increasing the value of connecting them to treatment.

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<https://doi.org/10.1093/milmed/usae400>

### **Longitudinal Assessment of Selective Motor Dysfunction in Service Members With Combat-Related Mild TBI.**

Coppel, D., Barber, J., Temkin, N. R., & Mac Donald, C. L.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1534–e1542



## Introduction

Evaluations of clinical outcomes in service members with mild traumatic brain injury (TBI) sustained in combat have largely focused on neurobehavioral and somatic symptoms, neurocognitive functioning, and psychological/psychiatric health. Questions remain regarding other domains, such as gross or fine motor abilities, that could be impacted and are mission-critical to functional warfighters.

## Materials and Methods

The objective of the current study was to evaluate longitudinal motor function in U.S. Military personnel with and without mild TBI sustained in combat to assess the possible long-term impact. Data from the EVAluation Of Longitudinal outcomes in mild TBI active duty military and VETerans (EVOLVE) study were leveraged for analysis. The EVOLVE study has evaluated and followed service members from combat and following medical evacuation with and without blast-related mild TBI, as well as blunt impact mild TBI, and noninjured combat-deployed service members, tracking 1-, 5-, and 10-year outcomes. Longitudinal demographic, neuropsychological, and motor data were leveraged. Cross-sectional differences in outcomes at each year among the 4 injury groups were assessed using rank regression, adjusting for age, education, sex, branch of service (Army vs. other), subsequent head injury exposure, and separation from service. To understand the possible performance impact of time on all the measures, mixed-effects rank regression was employed, assessing time with adjustments for group, age, education, subsequent head injury exposure, and service separation status, followed by Benjamini–Hochberg correction for multiple comparisons.

## Results

Evaluation for cognitive performance across 19 primary measures of interest at 1, 5, and 10 years did not identify any significant differences; however, gross motor function was found to be significantly different across groups at all time points (adjusted  $P < .001$  at 1 year,  $P = .004$  at 5 years, and  $P < .001$  at 10 years) with both TBI groups consistently performing slower on the 25-Foot Walk and Grooved Pegboard than the nonblast control groups. While there were no cross-sectional differences across groups, many cognitive and motor measures were found to have significant changes over time, though not always in the direction of worse performance. Selective motor impairment in both TBI groups was identified compared to nonblast controls, but all groups were also found to exhibit a level of motor slowing when comparing performance at 1- to 10-year follow-ups.

## Conclusions

Assessment of gross motor function reflected a consistent pattern of significantly slower

performances for blast and nonblast TBI groups compared to controls, over all follow-up intervals. Fine motor function performance reflected a similar significant difference pattern at 1- and 5-year follow-up intervals, with a reduced difference from control groups at the 10-year follow-up. Maintenance of high-level motor functions, including overall motor speed, coordination, and reaction time, is a primary component for active warfighters, and any motor-related deficits could create an increased risk for the service member or unit. While the service members in this longitudinal study did not meet criteria for any specific clinical motor-related diagnoses or movement disorders, the finding of motor slowing may reflect a subclinical but significant change that could be a focus for intervention to return to preinjury levels.

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<https://doi.org/10.1097/NNR.0000000000000827>

**Urine Metabolites as Indicators of Chronic Pain and Related Symptoms in Active-Duty Service Members: A Secondary Data Analysis of a Pragmatic Clinical Trial With SMART Design.**

Wi, D., Choi, H., Tintle, N., Ieronimakis, N., Flynn, D. M., Ransom, J. C., Orr, K. P., McQuinn, H. M., Snow, T. J., & Doorenbos, A. Z.

Nursing Research

74(4): p 272-279, 7/8 2025

Chronic pain is a major cause of distress and disability, and biomarkers may aid in the assessment and treatment of it. Urine metabolites may be valuable bioindicators that can provide biological insight regarding chronic pain.

**Objectives**

To investigate the relationship between a multimarker composite measure of metabolites and patient-reported outcomes scores in adults with chronic pain, using data from a pragmatic clinical trial with a sequential, multiple-assignment randomized trial design.

**Methods**

Self-reported measures and urine samples from 169 active-duty service members with chronic pain were collected. Urine was analyzed using a preestablished panel of metabolites, including four previously identified biomarkers of pain: kynurenic acid, pyroglutamic acid, ethylmalonic acid, and methylmalonate. Multivariable linear

regression models—adjusted for participant characteristics such as age and sex—were used to cross-sectionally examine the relationship between 11 patient-reported outcomes (fatigue, sleep-related impairment, anxiety, depression, anger, pain catastrophizing, physical function, pain interference, satisfaction with participation with social roles, pain intensity, and pain impact score) and the four urine metabolites both individually and as a composite (urine metabolite pain indicator, or UMPI). Given the study's small sample size and exploratory nature, a significance threshold of  $p \leq .10$  was used for all analyses.

## Results

The UMPI showed statistically significant associations with five self-reported measures (fatigue, anxiety, depression, physical functioning, and pain impact score); adjusted Pearson correlations ranged from .18 to .25. Individual metabolite analyses supported these findings, with all relationships between individual metabolites and self-reported measures showing positive associations. Kynurenic acid and ethylmalonic acid showed the strongest associations, each having statistically significant relationships with four individual self-reported measures, while pyroglutamic acid had statistically significant relationships with three self-reported measures and methylmalonate with none. The UMPI demonstrated feasible reliability.

## Discussion

Our finding of associations between the UMPI and components of the self-reported measures supports the development of the UMPI and these four urine metabolites as biomarkers for chronic pain outcomes. Further research is planned and will be essential for establishing mechanistic insight and guiding biomarker development within the context of pain management.

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<https://doi.org/10.1093/milmed/usae513>

## **Fatigue and Sleep-related Impairment as Predictors of the Effect of Nonpharmacological Therapies for Active duty Service Members With Chronic Pain: A Secondary Analysis of a Pragmatic Randomized Clinical Trial.**

Wi, D., Steffen, A. D., Flynn, D. M., Ransom, J. C., Orr, K. P., McQuinn, H. M., Snow, T. J., Burke, L. A., Park, C., & Doorenbos, A. Z.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1458–e1464

## Introduction

First-line treatments for chronic pain include selected complementary and integrative health therapies, including spinal manipulation, acupuncture, yoga, and massage; and standard rehabilitative care, including physical and occupational therapies. This study aimed to uncover critical factors that contribute to pain impact and the effectiveness of complementary and integrative health therapies and standard rehabilitative care among people with chronic pain, with a focus on the role of sleep-related impairment.

## Materials and Methods

We conducted a secondary analysis of data from a pragmatic randomized clinical trial of 280 U.S. active duty service members with chronic pain.

## Results

Our study's multiple mediation analysis examined the indirect effect of complementary and integrative health therapies on pain impact through fatigue ( $\beta = -0.43$ ; 95% CI,  $-0.99$  to  $-0.07$ ). When stratified by sleep-related impairment, participants with T scores above the median of 62 demonstrated a significant negative indirect effect of complementary and integrative health therapies through fatigue ( $\beta = -0.80$ ; 95% CI,  $-2.31$  to  $-0.14$ ). This negative indirect effect was not significant for participants with sleep-related impairment T scores below the median ( $\beta = -0.64$ ; 95% CI,  $-1.48$  to  $0.07$ ).

## Conclusion

These findings suggest that complementary and integrative health therapies are particularly effective in reducing pain impact for individuals with higher levels of sleep-related impairment, and that the effect of complementary and integrative health therapies is supported primarily by reducing fatigue.

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<https://doi.org/10.1093/milmed/usae550>

## **Sibling and Parental Military Service and Suicidality Among Adolescents in the United States.**

London, A. S., & Antshel, K. M.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages 1637–1645

## Introduction

This study aims to examine whether having a sibling and/or a parent on active duty in the military is associated with suicidality—think about death, better off dead, think about suicide, plan suicide, and attempt suicide—among 12- to 17-year-old adolescent girls and boys in the United States.

## Materials and Methods

Descriptive and multivariable logistic regression analyses were conducted using pooled cross-sectional public-use data from the 2016–2019 National Survey of Drug Use and Health. Analyses were weighted and standard errors were adjusted for the complex sampling design.

## Results

Having a sibling on active duty increases the likelihood of reporting all five suicidality outcomes. Having a parent on active duty increases the likelihood of each of the suicidality outcomes except think about death for both adolescent boys and girls relative to adolescents without a parent in the military. Adolescent girls who have a parent serving in the military are more likely to report suicidal ideation (better off dead, think about suicide) than adolescent boys who have a parent currently serving in the military but are equally likely to report suicide planning and attempt.

## Conclusions

Those working clinically with military families should be mindful of the association between suicidality and sibling military service, as well as parental military service. Programs aiming to reduce the negative impact of sibling deployment need to be developed and tested empirically. The current findings suggest the need for targeted family-centered approaches to suicide prevention among youth with siblings, parents, and potentially other relatives currently serving in the armed forces.

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<https://doi.org/10.1080/07481187.2024.2370468>

**Female military service members and veterans: Understanding treatment seeking behavior and previous suicide risk among suicide decedents.**

Bond, A. E., Houtsma, C., Shapiro, M. E., Bandel, S. L., Mocerri-Brooks, J., & Anestis, M. D.

To examine the differences in treatment seeking behaviors, previous suicidal thoughts, previous suicide attempts, and disclosure of suicidal thoughts among female service members (SM)/Veteran suicide decedents who used a firearm and those who used another method. Data was acquired from the National Violent Death Reporting System which is maintained and monitored by the Center for Disease Control and Prevention. Data included in the present study were from suicide deaths that occurred between 2003–2018. Female SM/Veterans who died by firearm suicide had lower proportions of current mental health or substance use treatment, lifetime mental health or substance use treatment, and previous suicide attempts compared to those who used another method. Female SM/Veterans who die by firearm suicide are less likely to encounter mental health services than those who use another method. Conversations on secure firearm storage need to occur outside of the health care setting.

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<https://doi.org/10.1093/milmed/usaf191>

### **Effect of Serious Mental Health and Physical Injuries and Their Treatment on Career Trajectories for Military Service Members.**

Mullinax, M., Sorensen, I., Dintaman, J., & Hisle-Gorman, E.

Military Medicine

Published: 19 June 2025

#### **Introduction**

Research suggests injury/disability type and individual demographic factors both impact return-to-work trajectories of those with injuries/disabilities. These questions of disability and return to work/service are particularly relevant to the military where service members are at increased risk of experiencing work-related physical and mental health injuries. The Army Warrior Care and Transition Program (WCTP) is a comprehensive rehabilitation program launched in 2007 to address injured service members' needs. We sought to understand the WCTP's efficacy in returning soldiers with physical and mental health injuries to military service (including active duty, Reserve, and Guard).

#### **Materials and Methods**

This retrospective cohort study utilized the WCTP tracking database (Medical

Operations Data System-Warrior Transition, MODS-WT) to explore outcomes for soldiers who participated in the program 2005-2018. The type of injury at program entry was categorized as being a purely physical injury, a purely mental health injury, or both a physical and mental health injury, the impact of injury type on return to military service was explored. Chi-squared and Wilcoxon rank-sum test compared covariates of length of time in the program, sex, age, and marital status by group. Adjusted Logistic regression analysis calculated odds of returning to service, and Joinpoint analysis identified trends in data.

## Results

A total of 83,274 soldiers who went through and completed the program 86,529 times 2005-2013 were included. A total of 54,032 program entries were for physical injuries, 7,898 entries for mental health injuries, and 24,599 entries were for both physical and mental health injuries. Odds of returning to military service were increased with officer and warrant officer rank (vs. enlisted), and decreased with age, female sex, and total months in the program. After adjustment for these factors, odds of returning to military service were 68% decreased for those with mental health injuries (OR 0.32 [95% CI 0.31-0.24]) and 72% decreased for those with physical and mental health injuries (OR 0.28 [95% CI 0.27-0.29]) as compared to those with purely physical injuries.

For those with physical injuries, odds of returning to military service decreased 15% with every 3 months in the program. For those with purely mental health injuries, odds of returning to military service decreased dramatically the first 6 months, the decline was gradual from 6 to 18 months in the program, from 18 to 36 months in the program the rate of return to military service remained statistically consistent with a slight upward trend. For those with mental health and physical injuries, odds of return to military service declined by 40% over the first 6 months and by 12.5% thereafter.

## Conclusions

Mental health injuries and time in the Warrior Care program were associated with decreased likelihood of return to military service. Longer periods of care for those with mental health issues may relate to less standardized, tested, or known efficacious mental health treatments. The study is limited by inclusion of only those with serious injury, and an inability to assess injury severity, but strengthened by equal access to high-quality care and a large population of injured service members.

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## **Risk and protective factors for suicide-related outcomes among serving military personnel: a systematic review of cohort studies.**

Bayliss, L. T., Hawgood, J., Jenkins, Z., Jamieson, N., Heffernan, E., Wild, J., & Kőlves, K.

BMJ Military Health

First published June 24, 2025.

### **Introduction**

Understanding risk and protective factors for suicide-related outcomes (suicidal ideation, attempts, and deaths) among military personnel is key to the development and design of suicide prevention initiatives. Current literature has predominantly focused on ex-serving or a combination of ex-personnel and serving-personnel. Therefore, factors that may be pertinent for serving personnel are less understood. This review aims to identify risk and protective factors for suicide-related outcomes comprising serving military personnel.

### **Methods**

The review adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and was registered on PROSPERO. A systematic literature search of academic databases on military personnel and suicide from 2004 was conducted. Two independent reviewers conducted study selection. Inclusion criteria included serving personnel, cohort study design, and suicide-related outcomes. Exclusion criteria were National Guard or reservists, and studies not in English. Data on study and participant characteristics, military-specific variables, and suicide-related outcomes were extracted. All studies were critically appraised.

### **Results**

A total of 53 studies were included. Most studies were published in the past 10 years, comprised army personnel from the USA, and focused on suicide attempts. Overarching risk factor categories included adverse military experiences, deployment, repeated help seeking and support, junior rank, occupation and time in service and vulnerability factors within the military context. Since many of these risk factors are inherent to military service, they may potentially be considered non-modifiable. Despite a limited number of studies on protective factors, several studies found that unit cohesion reduced the likelihood of suicidal ideation and suicide attempts.



## Conclusions

Suicide prevention strategies within the military may be enhanced by targeting risk factors that are potentially modifiable. Less modifiable risk factors could potentially be targeted through improved personnel management practices, particularly in preparation for and after deployment among first-year personnel. Longitudinal research programmes that identify and examine risk and protective factors for serving military personnel are needed.

PROSPERO registration number CRD42024558183.

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<https://doi.org/10.3390/ijerph22060814>

## **The Roles of Dissociation and Depression in PTSD Among Soldiers Exposed to Combat.**

Shelef, L., Spira, N., Bechor, U., Rotschild, J., & Shadach, E.

International Journal of Environmental Research and Public Health  
2025, 22(6), 814

Exposure to severe combat situations significantly raises the risk of depression and post-traumatic stress disorder (PTSD). Trauma survivors may use dissociation as a defense mechanism, increasing the likelihood of PTSD. This study aims to explore the roles of dissociation and depression in PTSD among soldiers exposed to combat who sought help from the Israel Combat Stress Reaction Unit.

### Method:

This cross-sectional study involved 927 individuals who participated in a particular military operation in 2014 [98.5% male (n = 906); mean age = 27.08 (SD = 5.93)]. Participants completed three questionnaires: the Dissociative Experiences Scale (DES), the Beck Depression Inventory (BDI), and the Post-Traumatic Stress Symptom Checklist (PCL-5) for PTSD.

### Results:

Our results showed that severe PTSD (PCL score  $\geq 33$ ) was found in 30.4% of participants, and 76.6% showed dissociative symptoms (DES score  $\geq 30$ ). Additionally, 23.5% experienced moderate depression, while 19.1% reported severe depressive symptoms. A Generalized Linear Model revealed that both depression and dissociation

significantly contribute to PTSD. Individuals with depression were three times more likely to experience post-traumatic symptoms compared to 1.23 times for those with dissociative symptoms.

#### Conclusions:

Life-threatening situations significantly predicted higher PTSD symptoms, serving as a risk factor for depression and dissociation, which play important roles in PTSD, with depression having notably greater impact.

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<https://doi.org/10.1093/milmed/usae507>

### **Negative Social Exchanges are Associated With More Severe Depressive Symptoms Above and Beyond the Effects of Positive Social Exchanges in Male U.S. Service Members and Veterans.**

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1367–e1372

#### Introduction

Risk for depression is heightened among male service members/veterans relative to civilians. Research suggests social support protects service members/veterans from depressive symptoms, but most studies focus on positive social support. Negative social support, which can include unwanted emotional involvement or social negativity, could be more impactful on depressive symptoms than positive; however, this has not been examined in military samples. Moreover, it is unclear whether positive interactions buffer the effects of negative interactions.

#### Materials and Methods

SM/Vs (N = 508) were recruited online using convenience sampling and completed demographics, and measures of depression and social exchange frequencies, a metric of positive and negative social support. This secondary data analysis was drawn from a parent study that was approved by an institutional review board. A correlation comparison calculator compared the strength of bivariate associations of positive social exchanges and negative social exchanges with depression. Linear regression examined the simultaneous effects of positive and negative social exchanges, and subsequently examined whether positive social exchanges moderated the association of negative social exchanges and depression.

## Results

The positive bivariate association of negative exchanges and depression ( $r = 0.48$ ,  $P < .001$ ) was statistically stronger than the negative bivariate association of positive exchanges and depression ( $r = -0.40$ ,  $P < .001$ ). A regression analysis revealed that higher negative exchanges were positively associated with depression (partial  $r = 0.40$ ,  $P < .001$ ) and higher positive exchanges were negatively associated with depression (partial  $r = -0.32$ ,  $P < .001$ ) after accounting for covariates, but positive exchanges did not mitigate the association of negative exchanges and depression ( $P > .05$ ).

## Conclusions

Decreasing the frequency of negative social exchanges is associated with lower depressive symptoms and may have a stronger relationship with depression than positive exchanges, suggesting independent pathways to depression. Longitudinal assessments are needed to determine the potential directionality of these relationships and to address the limitations associated with convenience sampling and cross-sectional data collection.

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<https://doi.org/10.1080/08995605.2024.2376931>

## **Should I stay or should I go? The collective effects of work, family, and mental health on military career intentions among active-duty and national guard and reserve soldiers.**

Tidwell, A. L., & Lucier-Greer, M.

Military Psychology

Volume 37, 2025 - Issue 4

This study examined diverse predictors of military career intentions, specifically whether to stay in the military or leave, and differences based on duty status (i.e. active-duty versus National Guard or Reserve [NG/R] Service members). The combined perspectives of the personal choice model of military retention and family systems theory suggest that work factors (i.e. unit support, morale), family factors (i.e. work-family balance, romantic relationship quality), and mental health (i.e. depressive symptoms) simultaneously influence Service members' military career intentions. Understanding how these factors together impact different dimensions of retention, namely, intentions to stay and intentions to leave, and whether they have a similar impact based on duty status are needed next steps.

With data from the Army Study to Assess Risk and Resilience (Army STARRS; N = 3,506 Soldiers), path models examined the direct and indirect paths through which these factors contributed to Soldiers' intentions to remain and intentions to leave. Then, a multigroup mediation analysis explored possible model differences based on duty status. Unit support and work-family balance directly and indirectly contributed to intentions to remain and/or leave through romantic relationship quality, depressive symptoms, and morale. Few differences emerged between active-duty and NG/R Soldiers. In sum, work factors, family factors, and depressive symptoms worked together simultaneously to explain Soldiers' military career intentions. Military leadership, at multiple levels, is encouraged to promote supportive work environments and work-family balance. Practitioners may reinforce mental health resources to promote retention.

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<https://doi.org/10.1093/milmed/usae368>

### **Religious Coping, Resilience, and Military Spouse Mental Health.**

Knobloch, S. G., Volk, F., Gopaul, M., & Murch, H.

Military Medicine

Volume 190, Issue 7-8, July/August 2025, Pages e1340–e1346

#### **Introduction**

Military spouses play a key role in the military family and contribute to military readiness. Despite their influence, they are an understudied population. Previous research has identified military spouses as a vulnerable group considering their unique life stressors and high mental distress; thus, it is critical to identify potential protective factors for military spouses. However, there is a lack of research exploring the role of religious coping and resilience in mental health outcomes of military spouses. The purpose of this study was to evaluate the effect of religious coping on depression, anxiety, and stress, and the extent to which the effect is mediated by resilience.

#### **Materials and Methods**

A total of 1,079 military spouses completed self-administered surveys online. The questionnaires assessed demographic factors, depression, anxiety, stress, religious coping, and resilience. Zero-order correlations and descriptive statistics were analyzed. Additionally, multiple linear regression was utilized to investigate the extent to which

resilience mediated the relationship between religious coping and mental health outcomes.

## Results

The results indicate high levels of depression, anxiety, and stress among military spouses. Religious coping had significant effects on mental distress, such that increases in religious coping corresponded to decreases in depression ( $\beta = -3.30$ ), anxiety ( $\beta = -1.89$ ) and stress ( $\beta = -1.58$ ). Mediation analyses indicated resilience significantly mediated the relationship between religious coping and depression (95% CI [-1.38, -.431]), anxiety (95% CI [-1.23, -.376]), and stress (95% CI [-1.328, -0.420]). For military spouses, religious coping was associated with increased resilience, which was subsequently associated with reduced mental distress.

## Conclusions

This study draws attention to the role of religious coping and resilience in mental health outcomes for military spouses. Considering the role of military spouses in supporting service members, future research should explore how to strengthen military spouses' religious coping and resilience to mitigate mental distress, thereby facilitating service member success and military readiness.

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## Links of Interest

2025 EBP Conference Presentations Archive

<https://deploymentpsych.org/2025-EBP-Conference-Archive>

Lonely Days, Restless Nights: New Study Looks at How Military Spouses Are Holding Up

<https://www.airandspaceforces.com/military-spouses-survey-loneliness-insomnia/>

- [The Military and Veteran Spouse Wellness Survey](#) (MVSWS)

VA enlists digital tool to help prevent Veteran suicide

<https://news.va.gov/140897/va-digital-tool-prevent-veteran-suicide/>

WRAIR-West begins recruitment for study of repetitive mild traumatic brain injury

<https://www.dha.mil/News/2025/06/16/14/50/WRAIR-West-begins-recruitment-for-study-of-repetitive-mild-traumatic-brain-injury>

## Veterans Fight to Fast-Track Study of 'Lifesaving' Psychedelic Therapy

<https://www.military.com/daily-news/2025/06/26/veterans-fight-fast-track-study-of-lifesaving-psychedelic-therapy.html>

'We need to be doing a better job': Veterans crisis line overwhelmed by volume of contacts, disruptive callers

<https://www.stripes.com/veterans/2025-06-26/veterans-crisis-line-senators-suicide-18251252.html>

Veterans Crisis Line: Actions Needed to Better Ensure Effectiveness of Communications with Veterans (US GAO)

<https://www.gao.gov/products/gao-25-108411>

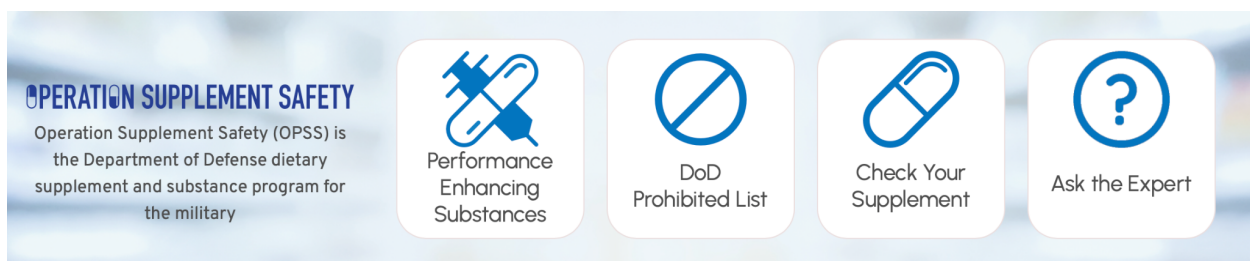
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### Resource of the Week: [Operation Supplement Safety](#) (OPSS)

From the [Consortium for Health and Military Performance](#) (CHAMP) at the [Uniformed Services University of the Health Sciences](#) (USU):

OPSS's mission is to provide the best evidence-based information about dietary supplements to Service Members, their families, healthcare providers, and leaders to achieve human performance optimization. Many Service Members use dietary supplements—to promote health, improve performance, bodybuilding, lose weight, and more. Unfortunately, some supplements can compromise rather than improve performance. Our goal is to provide the tools and resources to help users make informed decisions about dietary supplements to optimize their health, performance, and careers.

- [DoD Prohibited Dietary Supplement Ingredients](#)



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Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology

DoD and Uniformed Service Contractor

Phone: (727) 537-6160

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



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