

CDP



Research Update -- August 7, 2025

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<https://doi.org/10.1080/23727810.2025.2497102>

Collective Impact: A Practitioner-Scholar Framework for Serving Military-Connected Youth.

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Journal of Child and Adolescent Counseling

Published online: 27 May 2025

Nationally, children and adolescents are experiencing rising rates of mental health diagnoses, but many face barriers to accessing treatment. Although military-connected youth and their nonmilitary counterparts appear to have comparable rates of diagnosis and access to care, military affiliation may create unique conditions that influence family functioning and access to mental health services. Accordingly, university, government, and nonprofit organizations established the Department of Defense Child Collaboration Study (DODCCS), a research Collaboratory comprised of more than 70 organizations, working together for the shared purpose of improving mental health, emotional, developmental, and behavioral health (MEDB) outcomes for military-connected youth. The DODCCS utilizes a collective impact model to provide the structure for inter-organizational collaboration in the complex mental health care delivery environment for youth. In this article, the authors describe the rationale for their systemic approach, the structure of the collective impact Collaboratory, and the primary activities designed to address MEDB outcomes with military-connected youth.

<https://doi.org/10.1080/16506073.2025.2456479>

Benefits of the “worst-case scenario”: a multi-level examination of the effects of confronting the feared outcome during imagery-based exposure.

Jessup, S. C., Armstrong, T., Rast, C. E., Woronko, S. E., Jackson, M., Anwyl-Irvine, A. L., ... Olatunji, B. O.

Cognitive Behaviour Therapy
2025; 54(5), 644–663

Exposure therapy is an efficacious treatment for anxiety-related disorders. Yet, fear often returns after treatment. Occasional reinforcement, in which the feared stimulus is intermittently presented during extinction, increases safety learning and slows fear renewal in conditioning paradigms and analogue samples, but no studies to date have examined this strategy in clinical samples. The present study examined the effects of vicarious occasional reinforcement on fear renewal in a snake-phobic sample across multiple levels of analysis. Fear was intermittently reinforced by providing reminders of the feared outcome (a snake bite) throughout a two-session analogue video exposure manipulation. Snake-phobic adults were randomized to one of three conditions: a single-cue [S], multiple-cue [M], or multiple-cue+fear-outcome [M+FO] exposure group. Results showed the three groups did not significantly differ in threat expectancy or

attentional bias for threat at follow-up. Despite sustained anxiety, however, the M+FO condition completed significantly more steps on a visual avoidance task at follow-up than the M and S conditions and heightened mean distress during exposure mediated this effect. The M and S groups did not significantly differ in visual avoidance at follow-up. These findings suggest incorporating reminders of the feared outcome into exposure may be an effective strategy for increasing inhibitory retrieval.

<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

2025; 334(3), 219–228

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.

See also: [Beyond Screen Time—Addictive Screen Use Patterns and Adolescent Mental Health](#) (Editorial)

<https://doi.org/10.1001/jama.2025.11178>

Telehealth and Online Cognitive Behavioral Therapy-Based Treatments for High-Impact Chronic Pain: A Randomized Clinical Trial.

DeBar, L. L., Mayhew, M., Wellman, R. D., Balderson, B. H., Dickerson, J. F., Elder, C. R., Justice, M., Keefe, F. J., McMullen, C. K., Owen-Smith, A. A., Rini, C., Von Korff, M., Waring, S., Yarava, A., Shen, Z., Thompson, R. E., Clark, A. E., Casper, T. C., & Cook, A. J.

JAMA

Published Online: July 23, 2025

Key Points

Question

How effective are remote, scalable cognitive behavioral therapy skills training programs for chronic pain (CBT-CP) for individuals with high-impact chronic pain?

Findings

In this randomized clinical trial that included 2331 participants, both the telephonic/video health coach-led and the online self-completed CBT-CP programs resulted in a significantly greater proportion of participants achieving at least 30% improvement from baseline in pain severity at 3 months compared with usual care. Intervention benefits were sustained at 12 months, and the 3-month outcome was better for those in the health coach group vs the online self-completed program.

Meaning

These remote, scalable CBT-CP programs are effective for treating individuals with high-impact chronic pain.

Abstract

Importance

Cognitive behavioral therapy (CBT) skills training interventions are recommended first-line nonpharmacologic treatment for chronic pain, yet they are not widely accessible.

Objective

To examine effectiveness of remote, scalable CBT-based chronic pain (CBT-CP) treatments (telehealth and self-completed online) for individuals with high-impact chronic pain, compared with usual care.

Design, Setting, and Participants

This comparative effectiveness, 3-group, phase 3 randomized clinical trial enrolled 2331 eligible patients with high-impact chronic musculoskeletal pain from 4 geographically diverse health care systems in the US from January 2021 through February 2023. Follow-up concluded in April 2024.

Interventions

Participants were randomized 1:1:1 to 1 of 2 remote, 8-session, CBT-based skills training treatments: health coach–led via telephone/videoconferencing (health coach; n = 778) or online self-completed program (painTRAINER; n = 776); or to usual care plus a resource guide (n = 777).

Main Outcomes and Measures

The primary outcome was attaining or exceeding the minimal clinically important difference (MCID) in pain severity score ($\geq 30\%$ decrease; score range, 0-10) on the 11-item Brief Pain Inventory–Short Form from baseline to 3 months; 6 and 12 months from baseline were secondary time points. Secondary outcomes at 3, 6, and 12 months included pain intensity, pain-related interference, PROMIS (Patient-Reported Outcomes Measurement Information System) social role and physical functioning; and patient global impression of change.

Results

Among 2331 eligible randomized individuals (mean age, 58.8 [SD, 14.3] years; 1712 [74%] women; 1030 [44%] rural/medically underserved), 2210 (94.8%) completed the trial. At 3 months, the adjusted percentage of participants achieving 30% or greater decrease in pain severity score was 32.0 (95% CI, 29.3-35.0) in the health coach group,

26.6 (95% CI, 23.4-30.2) in the painTRAINER group, and 20.8 (95% CI, 18.0-24.0) in the usual care group. Both intervention groups were significantly more likely to attain an MCID in pain severity compared with control (health coach vs usual care: relative risk [RR], 1.54 [95% CI, 1.30-1.82]; painTRAINER vs usual care: RR, 1.28 [95% CI, 1.06-1.55]), and the health coach program was more effective than the online self-completed painTRAINER program (health coach vs painTRAINER: RR, 1.20 [95% CI, 1.03-1.40]). Statistically significant benefits were observed for both intervention groups vs usual care at 6 and 12 months after randomization for the pain severity outcomes and for other secondary pain and functioning outcomes.

Conclusions and Relevance

Remote, scalable CBT-CP treatments (delivered either via telehealth or self-completed modules online) resulted in modest improvements in pain and related functional/quality-of-life outcomes compared with usual care among individuals with high-impact chronic pain. These lower-resource CBT-CP treatments could improve availability of evidence-based nonpharmacologic pain treatments within health care systems.

Trial Registration ClinicalTrials.gov Identifier: [NCT04523714](https://clinicaltrials.gov/ct2/show/study/NCT04523714)

<https://doi.org/10.1001/jamanetworkopen.2025.22591>

Childhood Suicide Risk in the Emergency Department.

Pagliaccio, D., Kirshenbaum, J. S., Keyes, K. M., & Auerbach, R. P.

JAMA Network Open

Published Online: July 22, 2025

Key Points

Question

What are the risk factors for suicide thoughts and behaviors among children aged 8 to 12 years presenting to the emergency department (ED)?

Findings

In this cohort study of 627 517 electronic health records from children aged 8 to 12 years who presented to ED across 12 states from 2010 to 2020, those with suicide thoughts and behaviors exhibited sociodemographic differences from those with

nonsuicide–related mental health concerns. Approximately 10% of patients with suicide risk returned for multiple suicide-related ED visits.

Meaning

These findings suggest that suicide risk is common and recurrent among children in the ED, underscoring the importance of screening, intervention, and follow-up care for these high-risk youth.

Abstract

Importance

Suicide rates have increased in recent years to the third leading cause of death among youths. Children presenting to the emergency department (ED) for suicide thoughts and behaviors (STB) are at high risk for recurrent mental health (MH) concerns.

Objective

To quantify rates of STB among children presenting to EDs across the US and to identify risk factors for return ED visits for STB.

Design, Setting, and Participants

This cohort study examined electronic health records of children who presented to the ED from January 2010 to December 2020 using the State Emergency Department Database within the Healthcare Cost and Utilization Project. All ED visits were screened among children aged 8 to 12 years in 12 states with data linking patients across visits. International Classification of Disease (ICD) codes separated non-STB MH and STB-related visits. Data were analyzed from August 2024 to January 2025.

Main Outcomes and Measures

Analyses examined characteristics of visits for MH vs STB and patients returned for subsequent ED visit(s) for STB. Analyses compared visits for MH vs. STB and examined factors related to subsequent ED return visit(s) for STB. This included sociodemographic, clinical, and temporal factors derived from electronic health records.

Results

A total of 10 131 432 ED visits were screened, and 627 517 visits (6%) among 374 118 unique patients implicated ICD codes for non-STB MH causes (534 654 visits [5%]; mean [SD] age, 10.25 [1.41] years; 189 701 female [35%]) or STB (92 863 visits [1%]; mean [SD] age, 10.87 [1.27] years; 50 679 female [55%]). MH and STB visits increased from 36 623 ED visits (5%) in 2010 to 22 443 ED visits (10%) in 2020. Compared with non-STB MH visits, patients with STB were more likely to have private insurance and reside in areas with higher income and less deprivation (via linkage to social deprivation

index). There was an age-by-sex interaction ($z = 48.22$; $P < .001$); a greater percentage of STB patients were female at older ages vs younger ages. Suicide behaviors mostly implicated injury by ingestion (7121 [43%]) or sharp or blunt object (6518 [39%]). Additionally, 68 897 patients had multiple ED visits (18%), 6537 with multiple STB visits (10%); 117 377 of 187 864 return ED visits were within 3 months (62%). STB was strongly associated with ED return for STB (aOR, 9.71 [99% CI, 9.66-9.76]; $z = 127.93$). Return STB visits within 1-year were more common for females and patients with more MH comorbidity, longer initial visits, and without private insurance.

Conclusions and Relevance

Suicide risk is common but remains understudied among children. Early suicide risk was associated with recurrent STB, particularly in the months following ED discharge. Understanding risk and protective factors among children can enhance ED screening, intervention, and follow-up care.

<https://doi.org/10.1001/jamanetworkopen.2025.22406>

Prescription and Nonprescription Drug Use Among People With Eating Disorders.

Rodan, S. C., Maguire, S., Meez, N., Greenstien, K., Zartarian, G., Mills, K. L., Suraev, A., Bedoya-Pérez, M. A., & McGregor, I. S.

JAMA Network Open

Published Online: July 22, 2025

Question

Which prescription and nonprescription drugs are used by individuals with eating disorders (EDs), and how are they associated with ED symptoms?

Findings

In this survey study that recruited 7648 respondents self-reporting various EDs, cannabis and psychedelics were among a small set of drugs rated positively for relief of ED symptoms. Prescribed psychotropics were rated positively for overall mental health, while alcohol, nicotine, and tobacco were rated as having the greatest adverse effects.

Meaning

The findings of this study suggest that few drugs have self-perceived benefits of

treatment among individuals with EDs, while the therapeutic benefits of cannabis and psychedelics deserve further investigation.

Abstract

Importance

There are few effective pharmacotherapies for treating eating disorders (EDs). High rates of substance use among individuals with EDs suggest potential self-medication of symptoms.

Objective

To explore the experiences of individuals with EDs regarding use of prescribed and nonprescribed drugs.

Design, Setting, and Participants

This survey study assessed responses to the Medications and Other Drugs for Eating Disorders (MED-FED) survey, which was advertised internationally using social media, online forums, and clinical services and recruited adults who self-reported an ED or disordered eating from November 10, 2022, to May 31, 2023. The online survey queried about recent prescribed and nonprescribed drug use as well as the perceived benefits and harms of each substance.

Exposures

EDs or disordered eating and co-occurring mental health conditions. Substances evaluated included caffeine, alcohol, nicotine, cannabis, prescription psychotropics, psychedelics, ketamine, 3,4-methylenedioxymethamphetamine (or ecstasy), stimulants, opioids, and other drugs.

Main Outcomes and Measures

Respondents described drug use over the past 12 months. For each drug used, they rated their agreement or disagreement on a 5-point Likert scale (−2, strongly disagree; −1, disagree; 0, neutral; 1, agree; or 2, strongly agree) with the following 3 statements: (1) this medication/drug makes my eating disorder symptoms better; (2) this medication/drug has overall benefits for my mental health; and (3) this medication/drug has unpleasant side effects.

Results

There were 7648 participants recruited, of whom 6612 completed the demographic portion, and 5123 completed the entire survey. Among the 6612 respondents (mean [SD] age, 24.3 [7.7] years), the sample was predominantly female (6217 [94.0%]), and most resided in Australia (1981 [30.0%]), the UK (1409 [21.3%]), or the US (1195

[18.0%]). Diagnosed EDs included 2696 (40.8%) individuals with anorexia nervosa, 1258 (19.0%) with bulimia nervosa, 757 (11.4%) with binge-eating disorder, and 589 (8.9%) with avoidant/restrictive food intake disorder. Many respondents (2493 [37.7%]) were undiagnosed. Psychiatric comorbidities were highly prevalent; depression was reported by 4333 respondents (65.5%). Cannabis and psychedelics were highest-rated for improving ED symptoms. Prescription antidepressants were rated highly for overall mental health but not for ED symptoms, with the exception of fluoxetine for bulimia nervosa and lisdexamfetamine for binge-eating disorder. Alcohol, nicotine, and tobacco were rated as the most harmful drugs.

Conclusions and Relevance

The findings of this survey study of prescription and nonprescription drug use suggest that cannabis and psychedelics were perceived by survey respondents as efficacious in alleviating their ED symptoms, which supports further research in this area. Prescription psychotropics were perceived as being relatively ineffective for ED symptoms but beneficial to general mental health.

<https://doi.org/10.1016/j.amepre.2025.107994>

Medical Cannabis Use Across Ages 19-65: U.S. Young and Middle Adults, 2018-2023.

Yvonne M. Terry-McElrath MSA, Megan E. Patrick PhD

American Journal of Preventive Medicine
Available online 26 July 2025, 107994

Introduction

This study provides national data on cannabis use type (medical vs. recreational-only) across ages 19-65 and associations with overall cannabis use prevalence and frequency, including developmental and historical trends and sociodemographic and policy associations.

Methods

Data collected in 2018-2023 from individuals (N=33,647) ages 19-65 participating in the Monitoring the Future Panel study were analyzed in 2024-2025. Developmental and historical trends and regression analyses examined past 12-month cannabis use type:

no use, recreational-only, or any medical cannabis used from their own written medical recommendation/prescription (with or without recreational use).

Results

Medical use was reported by 2.6% [2.3%, 2.8%] of all respondents and 9.8% [9.0%, 10.6%] of those reporting past 12-month use. Among all respondents, medical use prevalence did not evidence significant developmental trends; among those reporting past 12-month use, there was an age-graded increase in medical use ($p < .001$) corresponding to an age-graded decrease in recreational-only use ($p < .001$). Medical use prevalence increased across time in states with medical use only policy ($p = 0.002$) but not in other states, and was associated with being male ($p < .001$). Past 30-day cannabis prevalence and frequency were higher among medical than recreational-only use groups across ages ($p < .001$).

Conclusions

Among U.S. young and middle adults, the proportion reporting medical use was consistent across age; observed age-graded increases in medical use among those reporting past 12-month cannabis use were due to decreasing recreational-only use. Medical use was associated with higher past 30-day frequency across age, indicating it acts as a consistent risk factor for daily or near-daily use.

<https://doi.org/10.1089/10.1177/25785125251363122>.

Polysubstance use disorders in individuals with cannabis use disorder: Results from a nationally representative sample (National epidemiologic survey on alcohol and related conditions)

Wilkialis L, Kim S, Hassan AN, Le Foll B

Cannabis and Cannabinoid Research

Published Online: 25 July 2025

Objective:

Cannabis use disorder (CUD) is one of the most common substance use disorders (SUDs) worldwide and is frequently associated with high rates of polysubstance use; however, despite rising rates of polysubstance use disorders (PUD), the characteristics of individuals with both CUD and PUD remain unclear. This study, therefore, aims to examine social and clinical characteristics of adults diagnosed with CUD and comorbid

PUD. It also aims to assess whether psychiatric disorders are linked to higher odds of PUD among individuals with CUD.

Methods:

Using a nationally representative U.S. dataset, we assessed 972 individuals with past-year DSM-5 CUD, grouped as CUD only, CUD individuals with one additional SUD (CUD + 1), and CUD individuals with two or more SUDs (CUD + 2). Descriptive statistics summarized social and clinical presentations; multivariate logistic regression examined factors contributing to PUD, controlling for clinical diagnoses and childhood maltreatment.

Results:

Among CUD individuals, 89.3% (n = 868) used at least one other substance in the past year, with 34.2% (n = 332) using two or more. Both the CUD + 1 and CUD + 2 groups experienced significantly more severe childhood maltreatment than CUD only. After adjusting for controls, personality disorders were associated with membership in the CUD + 1 group (odds ratio [OR]: 1.88, p = 0.01); mood disorders were associated with a higher likelihood of being in the CUD + 1 group (OR: 1.50, p = 0.049) and CUD + 2 group (OR: 2.58, p = 0.005).

Conclusion:

Mood and personality disorders were highly prevalent and linked with PUD in CUD cases. We recommend screening for these disorders in complex CUD cases.

<https://www.gao.gov/products/gao-25-107354>

Military Discharge: Actions Needed to Help Ensure Consistent and Timely Upgrade Decisions

Government Accountability Office

GAO-25-107354

Published: Jul 24, 2025. Publicly Released: Jul 24, 2025.

Without an honorable discharge, military veterans may have trouble getting jobs and accessing valuable educational and medical benefits. If veterans believe there was an error or injustice in the process, they can apply to have a DOD board consider whether to upgrade their discharge.

The boards have guidance on how to consider cases in which a veteran may have a mental health condition or experienced sexual harassment or assault that led to their discharge. However, boards have inconsistently applied this guidance. They've also inconsistently explained their decisions to veterans.

<https://doi.org/10.1080/16506073.2025.2540922>

Associations of insecure adult attachment style, trauma-related social cognition, and emotion regulation difficulties with PTSD symptom severity among first responders who served during Hurricane Harvey.

Leonard, S. J., Venta, A., Derrick, J., Anderson-Fletcher, E., & Vujanovic, A. A.

Cognitive Behaviour Therapy
Published online: 29 Jul 2025

First responders play a vital role in the response to natural disasters and are at a disproportionate risk for developing post-traumatic stress disorder (PTSD) symptoms following these events. The association between attachment style and PTSD is well-established and has been documented among first responders. Understanding the social cognitive and affective factors implicated in the association between insecure adult attachment style and PTSD symptoms among first responders has the potential to inform specialized treatments for this population. The present investigation examined the serial indirect effect of insecure adult attachment style (i.e. attachment avoidance; attachment anxiety) on PTSD symptom severity through trauma-related social cognition and emotion regulation difficulties (ERD). The sample was comprised of 115 first responders ($M_{age} = 42.25$, $SD = 10.38$, 80.0% male) who served during Hurricane Harvey and were recruited to complete an online survey in 2022. Attachment avoidance was indirectly related to PTSD symptom severity via the sequential effects of trauma-related social cognition and ERD ($\beta = .13$, $SE = .07$, $CI = .02-.29$). The model including attachment anxiety as a statistical predictor was not significant ($\beta = .10$, $SE = .07$, $CI = -.01-.27$). These findings suggest that there is value in examining the role of social processes and emotion regulatory factors among first responders to inform evidence-based PTSD intervention efforts.

Incidence of Medical Complexity in Military-Connected Children.

Leyenaar, J. K., Lanning, J., Romano, C. J., Goodman, D. C., Schaefer, A. P., Taylor, J. A., Bukowski, A. T., Gumbs, G. R., Perkins, E. M., Lutgendorf, M. A., O'Malley, A. J., S Conlin, A. M., & Hall, C.

Pediatrics
2025; 155(5)

Background and objectives:

Children with medical complexity (CMC) are at substantially increased risk for adverse health outcomes and mortality, justifying programs and policies to support their specialized needs. To inform such efforts, this study estimated the cumulative incidence of CMC-defining diagnoses by age 60 months in a cohort of live births among US military families and measured associations between birth outcomes and these diagnoses.

Methods:

This retrospective cohort study analyzed Department of Defense Birth and Infant Health Research program data from 2005 to 2020. Health care claims were used to identify CMC born between 2005 and 2015 and diagnosed from birth until age 60 months using the Complex Chronic Condition Classification System and Pediatric Medical Complexity Algorithm. The cumulative incidence of medical complexity was estimated, and Fine-Gray regression models calculated adjusted hazard ratios (aHRs) and 95% CIs for associations between birth outcomes and CMC-defining diagnoses.

Results:

Among 975 233 live births, the estimated cumulative incidence of CMC-defining diagnoses by age 60 months was 12.0% (95% CI, 11.9-12.1, n = 108 133), with one-third diagnosed during the neonatal period and almost two-thirds diagnosed during infancy. Risk was highest for children born with vs without congenital anomalies (aHR = 25.2; 95% CI, 24.4-25.9), very preterm vs nonpreterm (aHR = 17.6; 95% CI, 17.0-18.2), and very low birthweight vs normal/high birthweight (aHR = 13.7; 95% CI, 13.3-14.2).

Conclusions:

Approximately 1 in 9 military-connected children were diagnosed with complex medical conditions by age 5, with risk highly associated with preterm delivery, congenital

anomalies, and low birthweight. These findings can inform clinical counseling and justify resource allocation to support this population.

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<https://doi.org/10.1093/milmed/usaf099>

Launching! To Adulthood, A Culturally Adapted Treatment Program for Military-Dependent Autistic Young Adults and Their Military Parents: A Pilot Study.

Pagán, A. F., Kenemore, J., Ahlenius, M. M., Hernandez, L., Armstrong, S., Loveland, K. A., & Acierno, R.

Military Medicine

Published: 29 March 2025

Introduction

Military-dependent young adults (17-25 years old) with autism spectrum disorder (ASD) face significant barriers to accessing services during their transition to adulthood. Frequent relocations, disrupted care, and limited ASD-tailored interventions exacerbate the challenges for these families, with many young adults experiencing a “service cliff” as they age out of pediatric care and school-based services. Addressing these gaps is critical, particularly given the rising mental health challenges and executive dysfunction in this population. This study evaluates the preliminary efficacy of an adapted telehealth intervention, the Military-Launching! program, designed to support young adults with ASD and their military families.

Materials and Methods

A repeated measures design was used to evaluate changes in functioning, self-efficacy, and quality of life among 20 military-dependent young adults with ASD and 34 of their parents. Participants completed measures at baseline, mid-treatment, and post-treatment. Young adults met ASD diagnostic criteria and exclusion criteria included intellectual disability (IQ < 75) or severe mental health conditions. Recruitment was facilitated through military programs at bases in Texas.

Results

Significant improvements were observed in young adults’ social cognition ($\eta = 0.52$, $P = .016$) and executive functioning (BRIEF-A GEC, $\eta = 0.26$, $P = .016$). Parents reported

significant reductions in stress (BRIEF-A BRI, $\eta = 0.28$, $P = .004$) and enhanced quality of life in social relationships (WHOQOL-BREF, $P = .047$). While adaptive functioning improvements were limited to specific subscales, parent-perceived transition readiness showed a large effect size ($\eta = 0.36$).

Conclusions

Preliminary findings suggest that the Military-Launching! program improves social cognition, executive functioning, and family outcomes for military-dependent young adults with ASD. Tailored, evidence-based interventions addressing co-occurring mental health and military-specific stressors are essential for fostering successful transitions to adulthood.

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

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

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

Military Medicine

Published: 13 May 2025

Introduction

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

Materials and Methods

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

Results

A majority of respondents (96%) were satisfied with their experience in the study. The

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

Conclusions

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

<https://doi.org/10.1037/ser0000958>

The impact of patient suicide loss on mental health clinicians in Veterans Affairs health care facilities.

Sears, M. S., & Harrison, A. J.

Psychological Services

Advance online publication

Department of Veterans Affairs (VA) clinicians are at elevated risk of patient suicide loss due to the high rates of suicide in the veteran population. Clinician support structures and administrative procedures following patient suicides vary widely across facilities. The present study examined how mental health clinicians' experiences vary according to institutional responses to patient suicides. The authors disseminated an online survey to clinicians at 15 VA sites. Institutional responses such as supervisory support, postvention support services, and administrative postsuicide procedures were examined in relation to the clinicians' emotional and professional practice outcomes. The multidisciplinary sample included 87 licensed mental health providers who had experienced a VA patient suicide. Most were experienced clinicians (licensed for 6 or more years) who worked daily to weekly with patients who were suicidal. After their patient's suicide, over half of the participants reported self-doubt about their competency. Nearly three quarters of respondents reported changes in professional practice such as hypervigilance to suicide cues and an increased focus on documentation. Participants consistently described formal postvention supports and collegial outreach as constructive and helpful; however, experiences with supervisor outreach varied. Clinicians who experienced formal retrospective case reviews were

more likely to report feeling blamed for the suicide, lengthier periods of emotional distress, reduced willingness to work with suicidal patients, and consideration of leaving their position. Strategic postsuicide procedures that include emotional and instrumental support for clinicians as well as thoughtful, nonblaming retrospective review policies may reduce negative clinician outcomes related to patient care and staff burnout and turnover. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/tra0001889>

Intimate partner distress is strongly associated with worse warfighter brain health following mild traumatic brain injury.

Brickell, T. A., Ivins, B. J., Wright, M. M., Sullivan, J. K., Baschenis, S. M., French, L. M., & Lange, R. T.

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

Objective:

To examine (a) change in chronic neurobehavioral symptoms in service members/veterans (SMVs) with an uncomplicated mild traumatic brain injury (MTBI) at two time points over 3 years and (b) the influence of intimate partner (IP) health-related quality of life (HRQOL) risk factors for chronic neurobehavioral symptoms.

Method:

IPs (N = 175) completed measures of SMV neurobehavioral adjustment symptoms and 13 IP HRQOL risk factors at Time 1 (T1) \geq 12 months post-TBI and Time 2 (T2) 3 years later. Scores on the risk factor measures were classified into four IP HRQOL symptom trajectory categories based on clinically elevated (≥ 60 T) symptoms: (a) persistent (T1 + T2 ≥ 60 T), (b) developed (T1 < 60T + T2 ≥ 60 T), (c) improved (T1 ≥ 60 T + T2 < 60T), and (4) asymptomatic (T1 + T2 < 60T).

Results:

There was little change in mean SMV adjustment scores or the percentage of clinically elevated scores from T1 to T2. The percentage of clinically elevated adjustment scores was 30% at T1 and T2; 14.3% at T1 only; and 5.7% at T2 only. The IP HRQOL symptom trajectories had a stronger effect on mean SMV adjustment than within-group change in adjustment, which was largely driven by the persistent and asymptomatic IP

HRQOL categories. The strongest effects were found for caregiving and social HRQOL risk factors, followed by psychological, and then physical HRQOL risk factors.

Conclusion:

A range of clinically elevated IP HRQOL constructs emerged as long-term risk factors for chronic neurobehavioral symptoms in SMVs post-MTBI. More attention to the role that family distress has on poor warfighter recovery and return to duty following an MTBI is required. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1097/HTR.0000000000001015>

Long-Term Family Needs After a Traumatic Brain Injury: A VA TBI Model Systems Study.

Tsen, J., Finn, J. A., Klocksieben, F. A., O'Neil-Pirozzi, T. M., Sander, A. M., Agtarap, S. D., Dreer, L. E., Cotner, B. A., Vargas, T. A., Dini, M. E., Perrin, P. B., & Nakase-Richardson, R.

Journal of Head Trauma Rehabilitation
40(4): p 258-268, July/August 2025

Objective:

To describe the self-reported needs of family caregivers of service members and veterans (SMVs) with traumatic brain injury (TBI) at 10 to 15 years post-injury and to identify unique predictors of unmet family needs. Setting: Five Department of Veterans Affairs Polytrauma Rehabilitation Centers.

Participants:

A total of 209 family caregivers of SMVs with TBI from the VA TBI Model Systems national database who completed a 10- or 15-year follow-up assessment. Design: Observational study. Main Outcome Measure: Family Needs Questionnaire-Revised (FNQ-R).

Results:

Item-, domain-, and total score-level descriptive analyses of FNQ-R responses were conducted. On average, 56.3% of the FNQ-R family caregiver needs were reported as met. Health information and involvement in care needs were the most often met, and emotional support and instrumental support needs were the least often met. Adjusted

multivariable regression models demonstrated that urban-dwelling SMVs (compared to suburban) and spouses/significant others (compared to parents) were associated with more unmet family needs. Distinct associations were identified between the 6 FNQ-R domains and SMV environmental factors (ie, urbanicity, rurality, and being active duty at follow-up), SMV comorbidities (ie, receiving mental health treatment in the year prior to the follow-up), and caregiver factors (ie, spouses/significant others).

Conclusion:

Family caregivers of SMVs with TBI reported multiple unmet needs at 10 to 15 years post-injury, emphasizing the importance of ongoing caregiver support after TBI. Policy and programming to support military caregivers should consider the current findings to direct resources to address the identified unmet needs.

<https://doi.org/10.3390/psycholint7020030>

A Large-Scale Survey of Barriers and Attractors to Mental Healthcare Utilization for Active-Duty Service Members in the U.S. Department of the Air Force.

Eddy, J. M., Heyman, R. E., Smith Slep, A. M., Lorber, M. F., Xu, S., Makin-Byrd, K. N., & Foster, R. E.

Psychology International
2025; 7(2), 30

Despite expanded mental health services and outreach within the military, most active-duty members who endorse mental health problems do not seek services. Little is known about why this is the case, but cognitions may play a key role. In this study, cognitions relevant to service seeking were compared among three subgroups of active-duty members: those who endorse one or more mental health problems and sought services, those who endorse problems and do not seek services, and those who do not endorse problems. To examine differences and similarities among these groups, a stratified random sample of 162,340 was drawn from all active-duty members of the U.S. Department of the Air Force serving at 91 installations around the world. Each selected member was invited to anonymously complete the Air Force Community Assessment, and 63,227 members (39% of those invited) participated. Of these, one in five reported at least one mental health problem, and one in three reported receiving services within the past two years. Participants reporting problems and who had not sought services perceived more peer and institutional stigma, reported more knowledge

and logistic barriers, reported more negative attitudes towards mental health services, and reported fewer attractors to mental health services compared with those who did not report problems. Those who reported problems and sought services reported more problems and more negative attitudes than those reporting problems who had not sought services. Nine of ten who reported problems but had not received services indicated they had no intention to seek them.

<https://doi.org/10.3390/bs15040537>

An Initial Examination of Couple Therapy for PTSD Outcomes Among Black/African American Adults: Findings from an Uncontrolled Trial with Military Dyads.

Fredman, S. J., Gamaldo, A. A., Jenkins, A. I. C., Le, Y., Mogle, J. A., Monson, C. M., Gamaldo, C. E., Thorpe, R. J., Jr, Hall-Clark, B. N., Blount, T. H., Fina, B. A., Buxton, O. M., Engeland, C. G., Rhoades, G. K., Stanley, S. M., Macdonald, A., Dondanville, K. A., Taylor, D. J., Pruiksma, K. E., Litz, B. T., ... Consortium to Alleviate PTSD

Behavioral Sciences
2025; 15(4), 537

Black/African American individuals experience high rates of posttraumatic stress disorder (PTSD), which is frequently chronic and undertreated in this population. Intimate relationships are a salient resource for Black/African American adults' psychological well-being. To help advance health equity, this study serves as an initial, proof-of-concept investigation of patient outcomes among Black/African American adults who received a disorder-specific couple therapy for PTSD. Participants were a subsample of seven Black/African American adults (mean age = 40.56 years, SD = 10.18; 85.7% male) who participated in an uncontrolled trial of an abbreviated, intensive, multi-couple group version of cognitive-behavioral conjoint therapy for PTSD with 24 military dyads. Treatment was delivered over 2 days in a weekend retreat format. Assessments were administered at baseline, 1 month post-retreat, and 3 months post-retreat. There were large and significant decreases in patients' PTSD symptoms based on clinicians' and patients' ratings (d_s -1.37 and -1.36 , respectively) by the 3-month follow-up relative to baseline. There were also large and significant decreases in patients' depressive, anxiety, and anger symptoms (d_s -1.39 to -1.93) and a large, marginally significant decrease in patients' insomnia ($d = -0.85$; $p = 0.083$). Patients reported a medium, non-significant increase in relationship satisfaction ($d =$

0.68; $p = 0.146$) and a large, marginally significant increase in joint dyadic coping ($d = 0.90$; $p = 0.069$). Findings offer preliminary evidence that treating PTSD within a couple context is a relevant strategy to reduce PTSD and comorbid symptoms among partnered Black/African American adults and a promising approach to enhance relationships.

Links of Interest

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP, DEFENSE AGENCY, AND DOD FIELD ACTIVITY DIRECTORS (July 11, 2025)

[Medical Conditions Disqualifying for Accession into the Military](#)

See: [Pentagon tightens rules on getting medical waivers to join the military](#) (AP)

Research offers link between burn pit smoke and serious brain injuries

<https://www.militarytimes.com/veterans/2025/07/21/research-offers-link-between-burn-pit-smoke-and-serious-brain-injuries/>

- [Deployment to Military Bases with Open Burn Pits and Mental Health Conditions and Injury Mortality among U.S. Veterans](#)

A new era of weight loss: Mental health effects of GLP-1 drugs

<https://www.apa.org/monitor/2025/07-08/weight-loss-drugs-mental-health>

Live Whole Health #282: Finding stillness

<https://news.va.gov/141405/live-whole-health-282-finding-stillness/>

'I Came Home Different': What They Don't Tell You About Life After Service

<https://thewarhorse.org/marine-considers-service-after-retirement/>

It's Time to Think About (and Fear) Drones and Psychological Operations

<https://warontherocks.com/2025/07/its-time-to-think-about-and-fear-drones-and-psychological-operations/>

'Nobody to Watch My Twins.' Military Spouses Quit Jobs, Families Bust Budgets in Scramble for Child Care

<https://thewarhorse.org/military-family-childcare/>

Full-time pre-kindergarten expanding to more DODEA schools

<https://www.stripes.com/theaters/europe/2025-07-25/dodea-full-day-prekindergarten-18551117.html>

Nonprofit helps expand child care for military families in five states

<https://www.militarytimes.com/pay-benefits/mil-money/2025/07/29/nonprofit-helps-expand-child-care-for-military-families-in-five-states/>

SAMHSA Releases Annual National Survey on Drug Use and Health

<https://www.samhsa.gov/newsroom/press-announcements/20250728/samhsa-releases-annual-national-survey-on-drug-use-and-health>

See also: [Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health](#)

Resource of the Week: [Ground Combat Database](#)

600 cases of ground combat: 20 from World War II, 25 from the period between WWII and 2003, 423 from 2003-2022, and 125 modern cases analyzed but not coded for various reasons (e.g., inadequate evidence). The database also contains a detailed methodology sheet, data sheets, and code definitions.

GCD-V1 is intended to be used by historians, national security researchers, and military professionals to improve our collective understanding of warfare. Contact Ben Connable, PhD, for further information on the database:
ben@benconnable.com

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