

CDP



Research Update -- August 14, 2025

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<https://doi.org/10.1016/j.beth.2024.07.003>

Body Dissatisfaction Is Central to Military Eating Disorder Pathology: A Multi-Time-Point Network Analysis.

Highlights

- Body dissatisfaction was central across three networks of eating disorder symptoms.
- Overexercise, binge eating, and diuretics use were central across multiple networks.
- Military eating disorder interventions should address body dissatisfaction.

Abstract

Military membership may put individuals at risk for eating disorders (EDs) due to military specific risk factors such as strict physical fitness requirements, increased salience of weight, and exposure to trauma. Current ED assessments and treatments do not account for these military-specific risk factors. Empirically identifying maintaining factors for EDs can clarify which specific ED symptoms may be efficacious treatment targets for service members and veterans. Thus, we employed network analysis within a military sample to identify central ED symptoms and compare if these symptoms changed across three time-points. We hypothesized that body dissatisfaction and overexercise would be identified as central symptoms across all three time-points. Individuals in the military (73.7% male, 84.8% active duty, $M_{age} = 30.74$) completed the Eating Pathology Symptom Inventory (EPSI; Forbush et al., 2013) at baseline ($n = 216$), and at 1-month ($n = 191$) and 3-month follow-up ($n = 176$). We computed cross-sectional graphical LASSO networks and found that the most central symptoms were related to body dissatisfaction, overexercise, binge eating and diet pill/diuretics; these symptoms were largely stable across multiple time-points. Body dissatisfaction was identified as central across all three time-points and overexercise, binge eating, and diet pill/diuretics were identified as central across two timepoints. These findings are in line with network studies among men and clinical patients that find weight/shape concerns consistently emerge as central ED symptoms. Given that overexercise and diuretics are both central symptoms and frequently employed by military populations, providers should assess these symptoms and work to treat them in a culturally responsive way when they arise.

<https://doi.org/10.1001/jamanetworkopen.2025.24498>

Cognitive Behavioral Therapy App, Resting State Functional Connectivity, and Anxiety.

Jaywant, A., Bress, J. N., Lynch, C. J., Mir, Z., Schier, M. M., Bukhari, H., Brown, H., Falk, A., Bennett, S., Perlis, R. H., Liston, C., Lee, F. S., & Gunning, F. M.

JAMA Network Open

Published Online: July 31, 2025

Anxiety disorders are prevalent among young adults. Cognitive-behavioral therapy (CBT) is an effective treatment, but many individuals have difficulty accessing CBT due to cost and limited availability. Digital applications (hereafter, apps) may increase accessibility. We recently showed that use of a mobile CBT app (Maya) was associated with reductions in anxiety symptoms in young adults.

However, only 50% to 60% of individuals respond to CBT. Identifying brain mechanisms associated with differential treatment response could advance understanding of what makes patients likely to respond to CBT. We examined whether baseline resting state functional connectivity (rsFC) was associated with improvement in anxiety after use of the app.

<https://doi.org/10.1001/jamanetworkopen.2025.28532>

Psychopathology and Gaming Disorder in Adolescents.

Falcione, K., & Weber, R.

JAMA Network Open

Published Online: July 29, 2025

Question

Is preexisting psychopathology associated with subsequent gaming disorder among adolescents, or is compulsive gaming associated with the development of psychopathology?

Findings

In this cohort study of 4289 adolescents, longitudinal models revealed that higher baseline levels of psychopathology were significantly associated with an increased risk of developing gaming disorder 1 year later. However, there was no significant association between gaming disorder and the development or worsening of psychopathology.

Meaning

These findings suggest that preexisting psychopathology is associated with the development of gaming disorder among adolescents.

Abstract

Importance

Although gaming disorder is recognized as a diagnosable behavioral addiction, uncertainty remains regarding its directional association with adolescent psychopathology. Clarifying this association is crucial for refining diagnostic frameworks and developing targeted interventions.

Objective

To examine directional longitudinal associations between psychopathology and gaming disorder among adolescents using the Interaction of Person-Affect-Cognition-Execution model as a theoretical framework.

Design, Setting, and Participants

This cohort study used data from the Adolescent Brain Cognitive Development Study (release 5.1), analyzing 4289 adolescents in the US who played video games and completed 3 waves of data collection (at ages 11-12, 12-13, and 13-14 years) between January 1, 2018, and December 31, 2022. Statistical analysis was performed from December 2024 to March 2025.

Main Outcomes and Measures

Psychopathology was assessed using caregiver reports from the Child Behavior Checklist, which provided measures of depression, attention-deficit/hyperactivity disorder (ADHD), social problems, anxiety, and conduct disorder or aggression. Additional person-centered core characteristics (eg, negative life events, family conflict, bullying, and impulsivity) were incorporated. Gaming disorder was measured using the Video Game Addiction Questionnaire, which aligns with the DSM-5 criteria for internet gaming disorder.

Results

This cohort comprised 4289 adolescents (mean [SD] age, 168.8 [8.2] months; 2391 of 4288 [56%] males). Household income varied widely, with 1374 of 3877 households (35%) reporting an income from \$100 000 to \$199 000. Cross-lagged panel models (CLPMs) demonstrated that higher baseline levels of psychopathology were associated with an increased risk for subsequent gaming disorder from the 2-year to the 3-year follow-up ($\beta = 0.03$ [95% CI, 0.002-0.06]; $P = .003$) and from 3-year to the 4-year follow-up ($\beta = 0.07$ [95% CI, 0.04-0.10]; $P < .001$). Even when controlling for other personal core characteristics associated with increased risk, there was still a small to medium effect size of psychopathology associated with gaming disorder from the 3-year to the 4-year follow-up ($\beta = 0.04$ [95% CI, 0.002-0.07]; $P = .04$). In contrast, gaming disorder was not associated with later increases in psychopathology. Hierarchical mixed-effects models that accounted for both the panel structure and grouping of the data corroborated the results from the CLPMs.

Conclusions and Relevance

The results of this cohort study suggest that psychopathology is significantly associated with the development of gaming disorder among adolescents. Clinical efforts to address underlying mental health issues, particularly for internalizing symptoms such as depression, anxiety, social problems, and ADHD, may reduce the incidence and severity of gaming disorder.

<https://doi.org/10.1080/16506073.2025.2542364>

Absolute and relative rates of treatment non-initiation, dropout, and attrition in internet-based and face-to-face cognitive-behavioral therapy: a meta-analysis of randomized controlled trials.

Linardon, J., Messer, M., Reid, R., Bolger, T., & Andersson, G.

Cognitive Behaviour Therapy

Published online: 04 Aug 2025

Internet-based cognitive-behavioral therapy (ICBT) appears to produce comparable clinical benefits to face-to-face CBT. However, whether these two CBT modalities are equally accepted by patients remains unclear. We conducted a meta-analysis examining absolute and relative rates of treatment non-initiation, dropout, and attrition in ICBT and face-to-face CBT. Thirty trials comparing ICBT to face-to-face CBT for

psychiatric and somatic disorders were included. Pooled event rates were calculated to estimate absolute rates of treatment non-initiation, dropout, and attrition. Risk ratios (RR) were computed to compare relative rates between modalities. Absolute rates of treatment non-initiation for ICBT were 8.7% (95% CI = 5.0–14.5) compared to 11.9% for face-to-face CBT (95% CI = 8.3–16.8), which produced a significant RR of 0.58. This effect remained significant in various sensitivity analyses. Absolute rates of treatment dropout were 16.3% (95% CI = 11.8–22.2) for ICBT and 12.0% (95% CI = 7.6–18.5) for face-to-face CBT, while absolute rates of post-treatment and follow-up attrition were 15.2% (95% CI = 11.1–20.4) and 22.3% (95% CI = 16.9–28.8) for ICBT and 14.1% (95% CI = 10.3–19.0) and 23.1% (95% CI = 17.5–29.7) for face-to-face CBT, respectively. These RRs were non-significant. Findings suggest that while ICBT is more readily initiated than face-to-face CBT, both modalities demonstrate comparable rates of treatment completion and study retention across diverse clinical contexts.

<https://doi.org/10.1016/j.amepre.2025.108016>

Crisis Circumstances in Adult U.S. Suicide Deaths: A Latent Class Analysis.

Amanda M. Sursely, Emily K. Roberts, Sarah H. Nash, Anne G. Sadler, James C. Torner, Jonathan M. Platt

American Journal of Preventive Medicine
Available online 5 August 2025, 108016

Introduction

Suicide is a critical public health issue in the United States, where it ranks as the 11th leading cause of death. Precipitating crises are life events that occur prior to a suicide and increase risk. This study aimed to identify distinct groupings of precipitating crises in adults who died by suicide.

Methods

Data from the National Violent Death Reporting System (NVDRS) included 55,448 suicides from 2013–2021, where the decedent had experienced a precipitating crisis in the two weeks surrounding death. Crisis variables were used to model latent classes of circumstances via Latent Class Analysis (LCA). Models were fit with 2 to 10 classes, the optimal solution was selected via fit statistics, entropy, and interpretability. Logistic regression was used to assess the associations between demographic characteristics

(age, sex, race, ethnicity, military status, rurality) and class membership. All analyses were performed in 2024.

Results

A six-class model best fit the data, including (1) co-occurring substance use, alcohol, relationship, and eviction (2) physical health (3) “other” (4) criminal legal (5) co-occurring job, financial, and intimate partner, and (6) intimate partner crises. There was significant variation in class membership by demographic characteristics. For example, adults ages 55-65 had higher odds of belonging to Class 2 than younger adults (AOR=18.53 (13.12, 26.93)).

Conclusions

This study identified six crisis profiles with patterns of life events that can be recognized by healthcare providers. Individuals experiencing single-circumstance crises may benefit from addressing the specific stressor, whereas those in multifaceted crisis profiles likely require comprehensive interventions that tackle overlapping stressors simultaneously.

<https://doi.org/10.1177/27536130251358757>

Complementary and Integrative Health Therapies and Pain: Delivery Through Veterans Affairs and Community Care.

Calvert, C., Taylor, S. L., Olson, J., Coggeshall, S. S., Frochen, S., Zeliadt, S. B., Taylor, B. C., & Burgess, D. J.

Global Advances in Integrative Medicine and Health

First published online July 8, 2025

Background

Complementary and Integrative Health (CIH) services are a national priority for the Department of Veterans Affairs (VA) healthcare system and can be effective in reducing chronic pain. Eligible VA patients can receive their CIH care through a VA clinic, or through community care (CC) funded by the VA. The present study compares the effectiveness of 3 CIH services (acupuncture, chiropractic, and medical massage therapy) delivered in direct care by VA vs CC providers at improving veterans' chronic pain.

Methods

Data were analyzed from the Complementary and Integrative Health Therapy Patient Experience Survey, a longitudinal, self-administered survey of CIH use and health outcomes. Mixed models were used to evaluate the relationship of higher CIH therapy visits delivered by the VA vs CC with pain interference and pain severity, using both raw counts of visits and clinically meaningful groupings of visits.

Results

Among veterans with chronic pain who engaged in CIH services, more CIH visits were associated with lower levels of pain severity and pain interference. VA acupuncture and chiropractic had a stronger beneficial relationship with pain than CC acupuncture and chiropractic, while CC medical massage therapy had a stronger beneficial relationship than VA medical massage.

Conclusions

CIH therapies delivered through the VA and through CC both offer potentially effective means of reducing chronic pain. Some therapies may be more effective when delivered through the VA vs CC, or may indicate lack of full implementation, but the limitations of observational data preclude any causal statements.

<https://doi.org/10.1136/ip-2024-045611>

Systematic review of the impact of interventions changing access to lethal means on suicide attempts and deaths.

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Injury Prevention

Published Online First: 04 April 2025

Objective

The study objective was to examine if interventions changing access to lethal means are associated with changes in suicide deaths and/or attempts by conducting a systematic review of controlled intervention studies.

Methods

Authors searched key databases (PubMed, PsycInfo, CINAHL) from inception to March 2024 for longitudinal controlled intervention studies with at least one contemporaneous comparator group evaluating the impact of interventions changing access to lethal means on suicide attempts and/or deaths in a primarily adult population. Reviewers dually screened articles, then extracted study characteristics and assessed methodological quality.

Results

Researchers screened 8522 studies and 36 articles met eligibility for inclusion. Most studies evaluated the impact of population-level firearm interventions on suicide deaths and found that stricter regulations were associated with a small reduction, if any, in total and/or firearm-specific suicide deaths. The ecological level of analysis precluded individual-level causal inference. Findings within interventions targeting methods other than firearms were limited, mixed and/or inconclusive. Notably, no high-quality randomised controlled trials (RCTs) were identified that met our eligibility criteria.

Conclusion

Future studies should use an RCT design or advanced statistical causal inference techniques to further elucidate the effectiveness of these interventions on suicide deaths and/or attempts.

<https://doi.org/10.1001/jamanetworkopen.2025.25064>

Regulation of Cues vs Cognitive Behavioral Therapy for Binge Eating and Weight Loss Among Veterans: A Feasibility and Randomized Clinical Trial.

Boutelle, K. N., Afari, N., Obayashi, S., Eichen, D. M., Strong, D. R., Pasquale, E. K., & Peterson, C. B.

JAMA Network Open

Published Online: August 4, 2025

Key Points

Question

Can the regulation of cues (ROC) treatment reduce binge eating and weight among veterans more than cognitive behavioral therapy (CBT)?

Findings

In this randomized clinical trial with 129 veterans with binge eating and overweight or obesity, analysis showed that ROC reduced binge eating and weight more than CBT during the 5 months of treatment, and the binge eating reductions, but not weight reductions, were maintained at the 6-month follow-up. Results were more pronounced in individuals with binge eating disorder.

Meaning

These findings suggest that the ROC program targeting appetitive traits could be an effective treatment to reduce binge eating among veterans, although trials with longer follow-up are needed.

Abstract

Importance

Cognitive behavioral therapy (CBT) has the most empirical support for treatment of binge eating. Appetitive traits, including food responsiveness and satiety responsiveness, impact how individuals interact with the current obesogenic environment. The regulation of cues (ROC) plus behavioral weight loss (BWL) intervention was specifically developed to target food responsiveness, satiety responsiveness, and energy reduction.

Objective

To evaluate the feasibility and efficacy of ROC+BWL and CBT over 5 months of treatment and 6 months of follow-up and to explore whether clinical binge eating was a moderator of outcomes.

Design, Setting, and Participants

This randomized clinical trial was conducted from March 2019 to April 2023 among veterans at a university clinic. Eligible participants were veterans who met criteria for Binge Eating Disorder (BED) or subthreshold BED, had a body mass index (BMI; calculated as weight in kilograms divided by height in meters squared) of 25 to 45, were aged 18 to 65 years, and were free of other exclusionary criteria. Data were analyzed from January 2024 to June 2025.

Intervention

The ROC+BWL intervention uniquely targets food responsiveness, satiety responsiveness, and energy reduction. CBT focuses on disrupting the dietary restraint/binge eating cycle by changing maladaptive thoughts and behaviors. Participants were randomized to receive either ROC+BWL or CBT for 5 months.

Main Outcomes and Measures

The main outcomes were feasibility and change in binge eating (measured as loss of control) and body weight, assessed at midtreatment (2.5 months), posttreatment (5 months), and a 6-month follow-up (11 months).

Results

A total of 1853 veterans inquired about participation and 1724 were excluded or declined to participate. The final sample included 129 veterans (mean [SD] age, 47.1 [11.3] years; 76 [59%] male; mean [SD] BMI, 34.8 [4.7]), with 63 randomized to ROC+BWL and 66 to CBT. A total of 123 veterans (95%) provided data posttreatment, and 115 veterans (89%) provided data at the 6-month follow-up. Attendance and acceptability ratings did not differ between treatments. ROC+BWL resulted in a greater reduction in risk of binge eating than CBT at midtreatment (difference in probability, -0.20 ; 95% credible interval [CrI], -0.30 to -0.11), posttreatment (difference in probability, -0.23 ; 95% CrI, -0.22 to -0.19), and at the 6-month follow-up (difference in probability, -0.21 ; 95% CrI, -0.21 to -0.18). ROC+BWL also resulted in greater weight loss at midtreatment (difference in BMI change, -0.68 ; 95% CrI, -1.23 to -0.12) and posttreatment (difference in BMI change, -0.71 ; 95% CrI, -1.40 to -0.01) assessments than CBT, but significant differences were no longer observed at the 6-month follow-up (difference in BMI change, -0.22 ; 95% CrI, -0.98 to 0.54). Results were more pronounced among veterans with BED.

Conclusions and Relevance

In this randomized clinical trial among veterans with binge eating and obesity, ROC+BWL resulted in greater decreases in binge eating compared with CBT. Although ROC+BWL resulted in greater weight loss compared with CBT during treatment, these differences were not maintained. Thus, ROC+BWL could be an alternate model to treat BED among veterans, but effects on weight need further research.

Trial Registration ClinicalTrials.gov Identifier: [NCT03678766](https://clinicaltrials.gov/ct2/show/study/NCT03678766)

<https://doi.org/10.1016/j.amepre.2025.04.012>

Military Veterans' Psychological Health and Physical Activity After Separation From Service.

Waldhauser, K. J., Hives, B. A., Liu, Y., Puterman, E., Sharifian, N., Castañeda, S. F., Carey, F. R., Rull, R. P., Beauchamp, M. R., & Millennium Cohort Study Team

Introduction

The transition from military to civilian life can bring about substantive challenges for U.S. veterans. The purpose of this study was to examine veterans' trajectories of psychological health prior to and after separation, and to examine whether veterans who engaged in more physical activity would report better psychological health over time.

Methods

Longitudinal data between 2001 and 2016 from the Millennium Cohort Study were analyzed, which consisted of U.S. military personnel who separated from service, followed up every 3–5 years. Veterans ($N=37,464$, $M_{age}=36.3$ years, $SD=10.9$ at baseline) who had self-report data collected prior to and on at least 2 time points after separation were analyzed. Psychological health was operationalized via measures of self-reported mental health-related quality of life, depressive symptoms, and post-traumatic stress disorder symptoms. Physical activity was measured using self-reported minutes per week of moderate-to-vigorous physical activity. Parallel process latent growth modeling was used to examine the relationship between physical activity and psychological health.

Results

Results revealed decreases in psychological health after separation. Veterans with higher pre-separation physical activity were more likely to display steeper trajectories of decreased physical activity and psychological health after separation. In contrast, veterans who engaged in higher levels of physical activity after separation displayed increases in psychological health after separation.

Conclusions

Findings suggest that high levels of physical activity during service may not protect against worsened psychological health trajectories after separation. However, the results provide support for the potential protective factor of physical activity after separation on psychological health symptoms after separation.

Physician Moral Injury During the COVID-19 Pandemic.

Djukic, N. A., Ranney, R. M., & Maguen, S.

Journal of General Internal Medicine

Published: 15 July 2025

Background

Moral injury is defined as lasting distress due to perpetrating, failing to prevent, or witnessing acts that transgress or deeply violate one's moral or ethical code. Previous research has demonstrated that during the COVID-19 pandemic, healthcare workers were at increased risk of moral injury. However, there is a lack of studies that explore how physician social identity may affect experiences of moral injury.

Objectives

To identify the main sources of moral injury during the COVID-19 pandemic in a physician cohort, and how moral injury may be experienced differently based on physician social identity.

Methods

Participants were 13 physicians who reported caring for COVID-19 patients at a major metropolitan university hospital system during the COVID-19 pandemic (March 2020–May 2023). Physicians were asked about experiences of moral injury and how their social identities affected their experience of caring for COVID-19 patients. Rapid thematic qualitative analysis was used to evaluate interview data.

Results

Four main sources of moral injury were identified in interview analysis, including (1) insufficient resources, (2) conflict between patient autonomy and institutional constraints, (3) balancing patient care and personal/family safety, and (4) witnessing inequality. One prominent theme emerged regarding social identity, with physicians with marginalized identities expressing that self-identification with marginalized patients contributed to their experience of moral injury.

Conclusions

In our sample, physicians who cared for COVID-19 patients during the pandemic experienced various sources of moral injury. Identification of these sources, and the role

of social identity, can assist with greater targeted individual and systemic support of physicians.

<https://doi.org/10.1111/sltb.70036>

Posttraumatic Stress Symptoms Relate to Acquired Suicide Capability Through Dissociation and Alcohol Use in the National Guard.

O'Brien, E. J., Buerke, M., Bauer, B. W., Anestis, M. D., & Capron, D. W.

Suicide and Life-Threatening Behavior

First published: 24 July 2025

Introduction

National Guard members face unique challenges of psychological trauma and rapid transitions between military and civilian life. These challenges may partially explain Guard members' increased likelihood of developing Posttraumatic Stress Disorder (PTSD) and higher suicide rates compared to other military and civilian populations. These challenges may prompt the use of dissociation and alcohol to cope, which can exacerbate PTSD symptoms and increase tolerance of painful experiences, such as suicide. Despite these connections, the interplay among dissociation, alcohol, PTSD symptoms, and suicide capability in Guard members remains unknown.

Methods

This study assessed how dissociation and alcohol use may indirectly explain the relationship between PTSD symptoms and acquired suicide capability in 144 Guard members. Two alternative models, including psychological reactance and depression, were tested to assess model fit.

Results

Using Structural Equation Modeling, we found that PTSD severity related to acquired suicide capability through dissociation and alcohol use. The base model had a significantly better fit than the alternative models.

Conclusion

This work could contribute to necessary research on why Guard members are disproportionately affected by suicide. The results of this study may have implications

for suicide prevention and intervention strategies among Guard members with PTSD symptoms, alcohol use, and dissociation.

<https://doi.org/10.55460/Q007-46XH>

Use of an Intraoral Neuroprosthesis for the Treatment of Posttraumatic Stress Disorder (PTSD)-Associated Nocturnal Behavior Disorder: Case Series of Four Patients.

Moeller, D. R., & Davidson, K. P.

Journal of Special Operations Medicine
2025 Jun 1; 25(2): 47-51

There is a noted bidirectional relationship between sleep and posttraumatic stress disorder (PTSD), often associated with nocturnal behavior disorders contributing to sleep disturbances and impaired daytime functioning. Furthermore, disruptive nocturnal behavior (DNB) significantly impairs quality sleep among servicemembers and their sleep partners. Psychotherapy, pharmacotherapy, and alternative, integrative health interventions, such as meditation, are not particularly useful in achieving significant and durable remission of DNB. The use of oral dental appliances has demonstrated clinical success in the role of adjunctive management of sleep disorders. However, the use of these devices in managing the symptoms of mental health issues most often seen in this patient cohort has not been elucidated. This case series describes the attenuation of DNB while using a highly modified intraoral mandibular splint for the treatment of nightmares, sleep disruptions, and other sleep parasomnias associated with PTSD and PTSD / traumatic brain injury. Four Special Forces Veterans and Operators previously diagnosed with PTSD and experiencing disruptive nocturnal behaviors, including night terrors, and having failed first-line, traditional intervention, were included in this case series. A custom-designed, intraoral neuroprosthesis was used as the intervention. All four patients demonstrated a notable and significant reduction in DNB. Subjective assessments and observations indicated enhanced sleep quality and reduced PTSD-related nocturnal disturbances. Patients reported overall improvement in daytime functioning and reduction in PTSD symptom severity. These first-of-their-kind findings support the intraoral neuroprosthesis as a novel, innovative therapeutic approach for managing two pathologies simultaneously: sleep disturbances and DNB with PTSD. This device shows promise as a non-pharmacological intervention to enhance mission readiness and improve treatment compliance.

<https://doi.org/10.1080/20008066.2025.2534310>

Longitudinal predictors of alcohol use and problems during the COVID-19 pandemic in an at-risk veteran sample.

Zaur, A. J., Shin, D., Lewis, J., Perera, R. A., Walker, W. C., Agyemang, A., Austin, T., Hodges, C., Martindale, S. L., Pugh, M. J., Amstadter, A. B., & Sheerin, C. M.

European Journal of Psychotraumatology

Published online: 04 Aug 2025

Background:

Individuals with pre-existing heavy alcohol use, prior traumatic exposures, and psychiatric disorders were considered an at-risk group for increased alcohol use and problems in the context of the COVID-19 pandemic.

Objective:

This study recruited from a multi-centre longitudinal cohort study of US military service members/veterans with combat exposure to examine the trajectories of alcohol use and problems in the context of a prolonged stressor.

Methods:

Individuals who endorsed heavy drinking and completed a measure of PTSD symptoms prior to the pandemic were invited to participate in a longitudinal survey study at three time points, three months apart, during the second year of the pandemic. Participants (N = 44) completed surveys assessing alcohol consumption and alcohol-related problems (via the AUDIT), PTSD symptoms (via the PCL-5), and infection mitigation behaviours (via a COVID-19 specific survey). Random intercept models were fitted to the longitudinal data for each of these outcomes, covarying for demographics, pandemic quarantine/physical distancing experience, pre-pandemic baseline alcohol consumption and PTSD symptoms, and time-varying alcohol consumption and alcohol-related problems as well as PTSD symptoms.

Results:

We did not find an increase in alcohol consumption or problems over time. However, pre-pandemic alcohol consumption predicted alcohol consumption over time (B = 0.52, SE = 0.11, $p < .01$). Time-varying alcohol consumption and PTSD symptoms predicted

alcohol problems over time ($B = 0.84$, $SE = 0.18$, $p < .01$; $B = 0.04$, $SE = 0.02$, $p < .05$, respectively).

Conclusions:

Findings highlight the relevance of pre-existing hazardous alcohol consumption prior to stressors as well as ongoing consumption and PTSD symptoms as risk factors for alcohol-related problems. Findings captured more chronic impacts of pandemic stressors and demonstrated that heavy drinking and PTSD are notable risk factors for alcohol-related problems even if in the context of stabilizing, albeit still high, alcohol use.

HIGHLIGHTS

- With the ability to leverage pre-pandemic data, we did not find an increase in alcohol consumption or problems over time suggesting the importance of this consideration to prevent overestimates in outcomes.
- Time-varying PTSD symptoms were associated with alcohol problems over time, in line with the self-medication model.
- Findings of the importance of pre-stressor alcohol consumption and PTSD symptoms on alcohol problems highlight the importance of monitoring considering preventive interventions in the context of stressors and for those at greatest risk.

<https://doi.org/10.1037/tra0002014>

Moral injury front and center: The relationship between event centrality and moral injury.

James, K. E., McKimmie, B. M., & Maccallum, F.

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

Objective:

Moral injury is a potentially deleterious mental health outcome arising from unresolved distress associated with exposure to events that transgress an individual's moral code. Primarily characterized by guilt and shame, moral injury also shares some features with posttraumatic stress disorder (PTSD). However, treatments that are effective for PTSD may be limited in their effectiveness for moral injury, indicating the importance of understanding factors that distinguish the two. Research indicates that the extent to

which a potentially traumatic event comes to dominate an individual's self-identity (event centrality) is associated with PTSD severity. We sought to identify whether, and to what extent, a similar association exists between event centrality and moral injury.

Method:

In this cross-sectional study, we examined the extent to which event centrality was associated with outcomes following exposure to potentially morally injurious events. Adults (N = 232) exposed to a potentially morally injurious event completed validated measures of event centrality and event-related distress, traumatic stress, depression, anxiety, guilt, and shame.

Results:

Greater event centrality was associated with more severe event-related distress and traumatic stress, though the association was significantly larger for traumatic stress. Further, the relationship between event centrality and event-related distress was fully mediated by guilt and shame, whereas the relationship with traumatic stress was only partially mediated by guilt and shame.

Conclusion:

These findings indicate that the extent to which a potentially morally injurious event dominates an individual's self-identity is important to moral injury outcomes, and shed light on features that distinguish moral injury from PTSD.

Clinical Impact Statement

The findings of this study suggest that while the centrality of a disruptive life event to self-identity is an important factor in both moral injury and traumatic stress, it may be of greater importance to traumatic stress. Further, the relationship between the centrality of a morally injurious event and moral injury severity may be influenced more strongly by the moral emotions of guilt and shame. These findings present potential directions for future intervention studies, suggesting that the treatment of moral injury could be enhanced by targeting different underlying mechanisms from those typically targeted in the treatment of traumatic stress.

<https://doi.org/10.1038/s44184-025-00151-9>

Moral injury is independently associated with suicidal ideation and suicide attempt in high-stress, service-oriented occupations.

Griffin, B. J., Maguen, S., McCue, M. L., Pietrzak, R. H., McLean, C. P., Hamblen, J. L., Jendro, A. M., & Norman, S. B.

npj Mental Health Research
4, 32 (2025)

This study explores the link between moral injury and suicidal thoughts and behaviors among US military veterans, healthcare workers, and first responders (N = 1232). Specifically, it investigates the risk associated with moral injury that is not attributable to common mental health issues. Among the participants, 12.1% reported experiencing suicidal ideation in the past two weeks, and 7.4% had attempted suicide in their lifetime. Individuals who screened positive for probable moral injury (6.0% of the sample) had significantly higher odds of current suicidal ideation (AOR = 3.38, 95% CI = 1.65, 6.96) and lifetime attempt (AOR = 6.20, 95% CI = 2.87, 13.40), even after accounting for demographic, occupational, and mental health factors. The findings highlight the need to address moral injury alongside other mental health issues in comprehensive suicide prevention programs for high-stress, service-oriented professions.

<https://doi.org/10.1007/s40279-024-02168-0>

Factors Associated with Persisting Post-Concussion Symptoms Among Collegiate Athletes and Military Cadets: Findings from the NCAA-DoD CARE Consortium.

Rooks, L. T., Bertò, G., Pasquina, P. F., Broglio, S. P., McAllister, T. W., McCrea, M. A., Pestilli, F., Port, N. L., & CARE Consortium Investigators

Sports Medicine
Volume 55, pages 1743–1755, (2025)

Background

Persisting post-concussion symptoms (PPCS) is a condition characterized by prolonged recovery from a mild traumatic brain injury (mTBI) and compromised quality of life. Previous literature, on the basis of small sample sizes, concludes that there are several risk factors for the development of PPCS.

Objective

We seek to identify protective and risk factors for developing slow recovery or persisting

post-concussion symptoms (PPCS) by analyzing medical history, contact sport level, setting, and the Sport Concussion Assessment Tool (SCAT) and Brief Symptom Inventory (BSI-18) assessments at baseline and post-injury.

Patients and Methods

We studied 47,860 unique collegiate athletes and Military Service Academy (MSA) cadets enrolled in the 30-site National Collegiate Athletic Association and Department of Defense (NCAA-DoD) Concussion Assessment Research and Education (CARE) Consortium prospective cohort study of baseline and post-injury data from 2014 to 2019. Medical histories and preseason baselines ($n = 60,720$), along with SCAT and BSI-18 examinations ($n = 5379$) conducted within 48 h post-injury, were analyzed. PPCS is defined as cleared for return to play (RTP) > 29 days.

Results

Of 5073 concussions, the median (95% CI) and mean (SD) RTP were 15.2 (4.8–82.6) days and 22.2 (23.0) days, respectively, with 891 developing PPCS. Sex, high SCAT score, high BSI-18 score, and delayed reporting produced small effect sizes on RTP ($d = 0.22$ – 0.44). Adjusted odds ratios (OR) of developing PPCS indicated the following risk factors: SCAT total score > 45 (OR = 1.91, 95% CI: 1.58–2.30), female sex (OR = 1.80, 95% CI: 1.53–2.13), concussion history (OR = 1.80, 95% CI: 1.29–2.52), and delayed reporting (OR = 1.42, 95% CI: 1.20–1.67). In contrast, protective factors against developing PPCS were: being a limited-contact (OR = 0.34, 95% CI: 0.25–0.47), noncontact (OR = 0.35, 95% CI: 0.24–0.51) or contact sport athlete (OR = 0.34, 95% CI: 0.28–0.41); and receiving the concussion at practice (OR = 0.64, 95% CI: 0.53–0.77) or in competition (OR = 0.44, 95% CI: 0.34–0.56). Athletes diagnosed with a learning disability and taking a neurostimulant were more protected than those who were not (OR = 0.44, 95% CI: 0.26–0.76 versus OR = 0.72, 95% CI: 0.49–1.05, respectively). A prognostic model using these variables offers poor sensitivity (9%) but high specificity (98%) in identifying PPCS (AUC = 0.72).

Conclusions

This study of 5073 concussions indicates that female sex, high symptom burden, and prior concussion are risk factors for slow recovery. In addition, learning disability, contact sport, and concussion in competition are protective against slow recovery. The neurostimulant results suggest that clinicians should keep their attention deficit disorder (ADD) and attention-deficit/hyperactivity disorder (ADHD) patients on their current neurostimulant medication after a concussion. A prognostic logistic regression model based on behavioral clinical findings did a poor job of identifying PPCS.

<https://doi.org/10.1093/milmed/usaf361>

Exploring the Protective Properties of Perceived Military and Non-Military Social Support in Relation to Perceived Substance Abuse Among Veterans With Chronic Pain.

Dreelin, D., Stanley, T. B., Blaine, S. K., Tharp, D. F., & Robinson, J. L.

Military Medicine

Published: 30 July 2025

Introduction

Perceived social support serves as a protective factor in the course of chronic pain and substance use disorders in civilian populations, but the role of support from civilians versus other military personnel for combat veterans experiencing chronic pain has not yet been explored. The current study examined differences in the protective properties of perceived social support from (1) military personnel and (2) civilians, regarding substance use and perceived substance abuse for combat veterans experiencing chronic pain. We hypothesized that higher endorsement of both types of perceived social support would be associated with lower odds of self-reported, perceived substance abuse, and support from military personnel would be associated with lower odds of perceived substance abuse after controlling for the role of non-military social support.

Materials and Methods

The current study evaluated military personnel who were deployed to a combat zone for more than 1 month. Participants completed an online, anonymous survey including questions regarding experiences with chronic pain, cannabis, and illegal substance use, their beliefs regarding alcohol or prescription pill abuse, and their perceived military and non-military social support. We conducted a series of binary logistic regressions to evaluate whether perceived military and non-military social support predicted the odds of endorsing substance use, with several sociodemographic variables and chronic pain entered as covariates for each model. The Auburn University Institutional Review Board approved all study procedures.

Results

Contrary to our hypotheses, participants reporting higher levels of non-military social support were more likely to endorse using cannabis or other illegal substances and report perceived alcohol or prescription medication abuse, even when controlling for

sociodemographic and chronic pain covariates. Our hypothesis that greater support from military personnel would predict lower odds of perceived substance abuse after controlling for the role of non-military social support was not supported.

Conclusions

Our results add to the mixed literature regarding the association between substance use with increased social support among combat veterans, while providing more detail on the role of specific social support sources in relation to drug use as well as alcohol use. Our findings may be because of combat veterans engaging in social drinking with members of their support system or utilizing substances for pain management purposes, but more research is needed on this topic. Results suggest researchers and clinicians should be mindful to inquire of one's social support sources, the quality of these relationships, and what adaptive or maladaptive behaviors may occur within the individual's social support network.

<https://doi.org/10.1080/23279095.2023.2280807>

Subjective cognitive complaints and objective cognitive functioning in combat veterans: Effects of PTSD and deployment mild TBI.

Ord, A. S., Martindale, S. L., Jenks, E. R., & Rowland, J. A.

Applied Neuropsychology: Adult
Volume 32, 2025 - Issue 5

Objectives

(1) Examine the relationship between subjective cognitive complaints and objective cognitive functioning in combat veterans; and (2) evaluate conditional effects of posttraumatic stress disorder (PTSD) and deployment-related mild traumatic brain injury (TBI) within that relationship.

Method

Combat veterans (N = 225, 86.22% male) completed a lifetime TBI interview, a structured interview assessing PTSD symptoms, a neuropsychological assessment battery, and a self-report measure of cognitive symptoms.

Results

All correlations between subjective cognitive complaints and objective cognitive

measures were not statistically significant. Hierarchical linear regression indicated that cognitive performance was not significantly related to cognitive complaints, but both PTSD diagnosis and history of deployment mild TBI explained a significant amount of unique variance in self-reported cognitive symptoms. Interactions between the studied variables were not significant.

Conclusions

PTSD and history of deployment mild TBI were uniquely related to cognitive complaints, but cognitive test performance was not. No confounding effects of PTSD or deployment mild TBI were observed in the relationship between cognitive performance and cognitive complaints. This provides support that symptom distress may be a better explanatory factor for perception of lower cognitive functioning than actual cognitive performance.

<https://doi.org/10.1111/sltb.70032>

Self-Awareness as a Measure of Exteroception and Its Relationship to Suicide and Military Performance.

Lusich, R., Smith, A., Keans, N. T., Ganulin, M., Osgood, J. M., Fawver, B., Dretsch, M. N., & Trachik, B.

Suicide and Life-Threatening Behavior

First published: 30 July 2025

Background

As the Army continues to modernize in the domains of technology, strategy, and training, there remains a need for research that intersects across research fields to promote the identification of transdiagnostic mechanisms that impact both psychological health and performance by designing more efficient and effective interventions. Bodily awareness (i.e., interoception and exteroception) has significant implications in military contexts, whereby both psychological health (e.g., suicide) and physical performance are key components to training, readiness, and wellbeing. However, although promising research exists focused on the etiological impacts of interoception on suicide, no work has directly examined exteroception—awareness of the body with respect to space and movement—within a military sample.

Objective/Purpose

The current study aimed to address this gap by examining the impact of bodily awareness on measures of suicide and military performance.

Methods

A total of 1462 ADSM completed surveys assessing exteroception, suicidal ideation, readiness, and specific job related performance indicators.

Results

Awareness of one's body in space (i.e., exteroception) was associated with suicidal ideation, over and above thwarted belongingness and perceived burdensomeness. Notably, exteroception was significantly associated with all measures of military performance.

Conclusion

The results of this study suggest that improving exteroception may be an appropriate transdiagnostic target for interventions designed to improve mental health while simultaneously optimizing performance among ADSM.

<https://doi.org/10.1007/s00127-025-02825-3>

Case management for suicide prevention: a rapid review and evidence map.

Milligan, T., Boyd, C., Bellanti, D. M., Shank, L., Chari, S., Kotzab, D., Smolenski, D., Evatt, D. P., & Kelber, M. S.

Social Psychiatry and Psychiatric Epidemiology
Volume 60, pages 1799–1809, (2025)

Purpose

Suicide is one of the top ten leading causes of death for the general population and for members of the United States military. Despite substantial resources invested in preventing suicide in both civilian and governmental agencies, identifying effective approaches remains a challenge.

Methods

Consistent with the continued need to identify effective strategies, a military stakeholder requested a rapid review of suicide prevention programs which incorporated trained,

non-provider personnel (e.g., case managers, care navigators). We found a lack of comprehensive reviews on this topic and developed an evidence map to characterize the current state of the research on case management programs for suicide prevention. The elements for this evidence map included characteristics and components of the relevant programs, role of the case manager, outcomes measured, and any indications of effectiveness.

Results

We included four systematic reviews and 30 articles representing 27 studies in this review. Case management as a service was applied differently across settings and populations and the results on suicide-related outcomes were mixed. Models or approaches with multiple studies showing some evidence of effectiveness included intensive case management (ICM) and multilevel, population-based programs. Other programs showed some evidence of effectiveness but were represented by just one study.

Conclusions

To help advance our understanding of the effectiveness of suicide prevention programs that incorporate case management, future studies should provide comprehensive descriptions of case management, including clear definitions of the service and descriptions of the role (e.g., educational background, specific tasks performed, duration, and type of patient involvement).

<https://doi.org/10.1037/neu0001008>

Posttraumatic stress symptomatology rather than mild traumatic brain injury is related to atypical early neural processing during cognitive control.

Stevens, K. L., Marquardt, C. A., Tong, M. A., Davenport, N. D., & Sponheim, S. R.

Neuropsychology
39(6), 503–516 (2025)

Objective:

Many veterans with posttraumatic stress disorder (PTSD) or a history of mild traumatic brain injury (mTBI) report disruptions in cognition; however, the neurophysiological underpinnings of these cognitive difficulties are not well understood. It is also unknown

whether PTSD symptomatology or past mTBIs uniquely impact functions important to adaptation such as cognitive control.

Method:

We examined event-related potentials elicited by a flanker task to evaluate brain responses during conflict monitoring in a sample of 192 U.S. military veterans with combat-zone experience and exposure to explosive blasts. Clinical assessments characterized diagnoses as well as the severity of PTSD symptoms and mTBI so that we could parse overlapping syndromes and directly contrast effects of the two conditions.

Results:

Across groups, participants performed worse on conflict trials (Incongruent distractors), particularly when preceded by a no-conflict (Congruent distractors) trial. We found that greater dysphoric PTSD symptomatology was related to a reduced early perceptual response (P1), while greater avoidance PTSD symptomatology predicted a larger early visual attention response (N1). Although late cognitive processes (N2, P3) were sensitive to cognitive control demands of the flanker task, posttraumatic symptomatology and mTBI severity were unrelated to them.

Conclusions:

Results provide evidence that the Avoidance and Dysphoria domains of PTSD symptomatology may differentially relate to early neural functions of perception and visual attention rather than later cognitive responses. Rehabilitation and treatment of individuals with PTSD and mTBI may be most productive when focused on perceptual and attentional processing, which could improve cognitive control. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Question:

We examined cognitive control among veterans with posttraumatic stress disorder (PTSD) and mild traumatic brain injury and assessed the effects on neural markers related to early perceptual processing or later conflict monitoring.

Findings:

Avoidance and Dysphoria PTSD symptom domains were associated with early perceptual and attentional evoked brain responses, while mild traumatic brain injury severity failed to be related to neural responses during cognitive control. Importance: The study highlights the importance of psychological consequences of trauma for basic

brain processes, even in the presence of mild brain injury, and can serve to shape effective clinical interventions.

Next Steps:

Future research may benefit from targeting brain processes related to early perception and attention to improve cognition among veterans with PTSD, including veterans with a history of mild brain injury. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Links of Interest

Staff Perspective: Language that Heals, Not Harms

<https://deploymentpsych.org/blog/staff-perspective-language-heals-not-harms>

Staff Perspective: Sleep Isn't Optional, It's Operational

<https://deploymentpsych.org/blog/staff-perspective-sleep-isn%E2%80%99t-optional-it%E2%80%99s-operational>

Staff Perspective: Through SPC Jones' Eyes - How Stigma Disrupts Mental Health Support for Service Members

<https://deploymentpsych.org/blog/staff-perspective-through-spc-jones%E2%80%99-eyes-how-stigma-disrupts-mental-health-support-service>

Technology May Make Life Tougher for Service Members Struggling with Problematic Patterns of Gambling

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Special-Populations-and-Topics/Technology-May-Make-Life-Tougher-for-Service-Members-Struggling-with-Problematic-Patterns-of-Gambling>

Lethal Means Safety Interventions for Suicide Prevention

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Mental-Health-Stigma-and-Suicide-Risk/Lethal-Means-Safety-Interventions-for-Suicide-Prevention>

USU Launches Specialized Simulation Course Launched for Disaster Mental Health Response

<https://news.usuhs.edu/2025/07/usu-launches-specialized-simulation.html>

Maryland veteran's death leads to law that requires doctors to ask about military service
<https://www.cbsnews.com/baltimore/news/maryland-veterans-death-matthew-fast-military-service/>

Taking Care: Promoting Well-being for Recovery and Behavioral Health Care Providers
<https://library.samhsa.gov/product/taking-care-promoting-well-being-recovery-and-behavioral-health-care-providers/pep25-08-009>

Five tips on how to help homeless Veterans
<https://news.va.gov/141377/five-tips-on-how-to-help-homeless-veterans/>

Military base shootings have ranged from altercations to workplace violence and terrorism
<https://apnews.com/article/military-bases-shootings-56b98c620ac5b12f9f9876a59da664ca>

BRAVE virtual mental health helps all service members get therapy
<https://www.dha.mil/News/2025/08/04/15/40/BRAVE-virtual-mental-health-helps-all-service-members-get-therapy>

ATAMMC Bridges the Gap with Mental Health Support for Military Youth
<https://www.dvidshub.net/news/544260/atammc-bridges-gap-with-mental-health-support-military-youth>

'No Purging on My Ship.' She Hid an Eating Disorder and Lost Her Navy Career. It Saved Her Life
<https://thewarhorse.org/military-service-members-eating-disorder/>

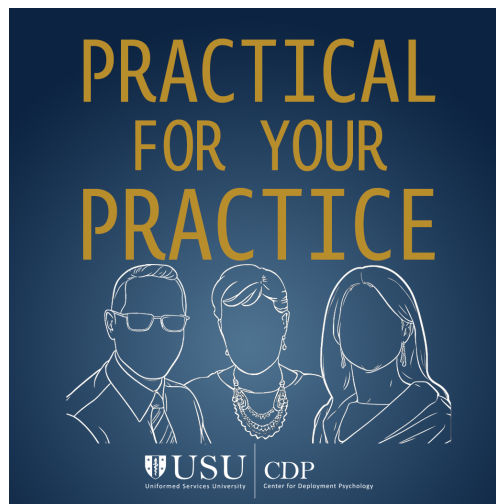
AI Chatbots Can Be Manipulated to Provide Advice on How to Self-Harm, New Study Shows
<https://time.com/7306661/ai-suicide-self-harm-northeastern-study-chatgpt-perplexity-safeguards-jailbreaking/>

After a Grisly Trial, Jurors Are Left With Mental Scars and Few Resources
People who serve on disturbing cases can suffer the effects for years after a trial ends.
https://www.nytimes.com/2025/08/10/well/the-hidden-trauma-of-jury-duty.html?unlocked_article_code=1.dE8.KNfY.c1tAkrP6XD8f&smid=nytcore-ios-share&referringSource=articleShare

Resource of the Week: [Practical for Your Practice Podcast](#)

From the Center for Deployment Psychology:

This bi-weekly podcast features stories, ideas, support and actionable intel to empower providers to keep working toward implementing EBPs with fidelity and effectiveness. Check out Drs. [Jenna Ermold](#), [Kevin Holloway](#), [Carin Lefkowitz](#) and national expert guests as they discuss practical issues between colleagues which can enhance the work you do. Don't forget to subscribe on your favorite platform!



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