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Uniformed Services University

Research Update -- October 2, 2025

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https://doi.org/10.1093/milmed/usaf286

Identifying Priorities in Behavioral Health for Military Youth and Families.

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Military Medicine
Volume 190, Issue Supplement_2, September/October 2025, Pages 616–622

Military youth experience several stressors and barriers to behavioral health care similar to their civilian counterparts. However, these are often amplified by aspects of military life that further complicate seeking and receiving treatment for mental health, emotional, developmental, and/or behavioral health disorders (MEDB). As a result, ongoing efforts are needed to improve care access for vulnerable and high-risk military youth with

MEDB concerns. One of these efforts is hosting convening events to bring together experts, providers, policymakers, and stakeholders to discuss military youth behavioral health care and support needs. Following the first 2 meetings, event leaders identified a central theme emphasizing how care is best accessed: “the right care, at the right time, in the right location, delivered by the right person.” Seven additional themes described potential barriers in the way this care is accessed. The backbone organization supporting the convenings has identified a set of solutions to address these barriers, organized under 4 guiding principles of Connection, Communication, Coordination, and Collaboration. The themes and recommendations identified during these meetings will guide future efforts to improve access to and the quality of behavioral health care for military youth and their families.

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Alcohol Consumption Per Capita and Suicide: A Meta-Analysis.

Guo, K., Jiang, H., Shield, K. D., Spithoff, S., & Lange, S.

JAMA Network Open
Published Online: September 22, 2025

Key Points
Question
Is alcohol consumption per capita associated with suicide mortality and, if so, does the association differ by sex?

Findings
This meta-analysis included 13 studies and found that a 1-L increase in alcohol consumption per capita was associated with a 3.59% increase in the suicide mortality rate. There was no evidence of a sex difference in this association.

Meaning
These findings suggest that alcohol consumption per capita may be a useful target to consider within comprehensive national suicide prevention strategies.

Abstract
Importance
At the individual level, alcohol use is an established risk factor for suicide; however, it is

unclear whether this is reflected at the population level. If alcohol consumption per capita (APC), a population-level metric of total alcohol consumption used in international frameworks to measure progress in reducing the harmful use of alcohol, is associated with suicide, it could prove to be a useful target for suicide prevention initiatives.

Objective
To examine whether there is an association between APC and suicide mortality, and if there is, to evaluate whether it differs by sex.

Data Sources
Embase, Medline, PsycINFO, and Web of Science were searched from database inception to February 24, 2025, for original quantitative studies that measured the association between APC and suicide.

Study Selection
Included studies consisted of (1) original quantitative studies with a longitudinal observational or cross-sectional ecological design, including pre-post designs; and (2) studies that provided a measure of association. A total of 304 records were initially identified.

Data Extraction and Synthesis
Data extraction was completed by 1 reviewer and cross-checked by a second review. Risk of bias was assessed using the Risk of Bias in Nonrandomized Studies of Exposure tool, and evidence quality was assessed using Grading of Recommendations, Assessment, Development, and Evaluations. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guideline was followed. A random-effects meta-analysis was conducted to obtain a pooled estimate of the association between APC and suicide mortality. The presence of a sex difference was assessed using a random-effects meta-regression.

Main Outcomes and Measures
The association between APC, measured as alcohol consumed in liters per person, and the suicide mortality rate.

Results
A total of 13 studies were included in the main analysis. It was found that, on the population level, every 1-L increase in APC was associated with an increase of 3.59% (95% CI, 2.38%-4.79%) in the suicide mortality rate. There was no evidence of a sex difference in the association of interest.

Conclusions and Relevance
In this systematic review and meta-analysis, an increase in APC was associated with an increase in the suicide mortality rate at the population level and that the association was similar across sexes. As such, APC may be a useful target to consider within comprehensive national suicide prevention strategies.

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Cognitive Behavioral Therapy for Insomnia in People With Chronic Disease: A Systematic Review and Meta-Analysis.

Scott, A. J., Correa, A. B., Bisby, M. A., Chandra, S. S., Rahimi, M., Christina, S., Heriseanu, A. I., & Dear, B. F.

JAMA Internal Medicine
Published Online: September 22, 2025

Key Points
Question
Is cognitive behavioral therapy for insomnia (CBT-I) effective and acceptable for treating insomnia in individuals with chronic disease?

Finding
This systematic review and meta-analysis of 67 randomized clinical trials including 5232 participants found that CBT-I was significantly associated with improved insomnia severity, sleep efficiency, and sleep onset latency with moderate to large effect sizes. Treatment associations were moderated by a variety of sample, treatment, and methodological factors, and treatment acceptability and satisfaction were high.

Meaning
These findings suggest that CBT-I is an acceptable and efficacious intervention for managing insomnia in chronic disease populations, supporting its use as a first-line treatment across diverse patient groups.

Abstract
Importance
Insomnia is highly prevalent among individuals with chronic disease (eg, chronic pain, cardiovascular disease, and cancer) and results in poorer disease outcomes and quality

of life. Cognitive behavioral therapy for insomnia (CBT-I) is recommended as first-line treatment for insomnia. However, concerns remain about its applicability and efficacy in people with chronic disease.

Objective
To evaluate the nature, efficacy, and acceptability of CBT-I in adults with chronic disease, and to identify moderators of treatment outcomes.

Data Sources
Systematic searches were conducted in PsycINFO, Medline, Embase, and CENTRAL from database inception to June 5, 2025. Additional records were identified from reference lists of relevant reviews and studies.

Study Selection
Eligible studies were randomized clinical trials (RCTs) involving adults (aged ≥18 years) with chronic disease and insomnia. Studies using CBT-I with measured sleep outcomes were included.

Data Extraction and Synthesis
Two assessors extracted data from RCTs. Hedges g was used to calculate effect sizes, and random effects meta-analyses were conducted. Heterogeneity was assessed via I2. Subgroup analyses examined whether outcomes varied by delivery format, chronic condition type, or control group.

Main Outcomes and Measures
Primary outcomes included insomnia severity, sleep efficiency, and sleep onset latency. Secondary outcomes included treatment acceptability and adverse effects.

Results
Sixty-seven RCTs (5232 participants) met inclusion criteria, including chronic diseases such as cancer, chronic pain, irritable bowel syndrome, and stroke. CBT-I was associated with significantly improved outcomes for insomnia severity (g = 0.98; 95% CI, 0.81-1.16) and moderate effect sizes regarding sleep efficiency (g = 0.77; 95% CI, 0.63-0.91) and sleep onset latency (g = 0.64; 95% CI, 0.50-0.78). Subgroup analyses revealed some sample, treatment, and methodological moderators (eg, longer treatment yielded better outcomes for sleep efficiency and sleep onset latency). Satisfaction with CBT-I was high, with a mean dropout rate of 13.3%. Treatment-related adverse effects were rare.

Conclusions and Relevance
This systematic review and meta-analysis showed that CBT-I demonstrated strong efficacy and acceptability in chronic disease populations, with moderate to large effect sizes that appear comparable to those in non–chronic disease populations. Efficacy of CBT-I was similar across a range of disease subgroups. Future research should explore the role and nature of treatment adaptations for specific populations and increase access to CBT-I in medical settings.

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Eye Movement Desensitization and Reprocessing Therapy in Persons With Personality Disorders: A Randomized Clinical Trial.

Hofman, S., Hafkemeijer, L., de Jongh, A., & Slotema, C. W.

JAMA Network Open
Published Online: September 25, 2025

Key Points
Question
Does eye movement desensitization and reprocessing (EMDR) therapy reduce personality disorder (PD) symptoms, regardless of posttraumatic stress disorder status?

Findings
In this randomized clinical trial including 159 patients with PD, results of EMDR therapy were superior to those of a waiting-list control group in reducing PD symptoms post treatment and at follow-up. PD remission was significantly more common in the EMDR group compared with the control group at both time points.

Meaning
In this study, EMDR therapy demonstrated clinically meaningful reductions in PD symptoms, with nearly one-half of participants achieving diagnostic remission, supporting its potential as an effective intervention for PDs.

Abstract
Importance
Adverse childhood experiences contribute to the development of personality disorders

(PDs). Although trauma-focused interventions are effective for posttraumatic stress disorder (PTSD), their effect on PD symptoms is less established.

Objective
To evaluate the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy in reducing PD symptoms compared with a waiting list, regardless of PTSD status.

Design, Setting, and Participants
This 2-arm, multicenter, single-blind, randomized clinical trial was performed in the specialized outpatient departments of 2 clinics in the Netherlands from February 22, 2021, to October 2, 2024. Participants included 159 patients with PD diagnosed using the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD). Data were analyzed based on intention to treat.

Intervention
Ten 90-minute EMDR sessions for 5 weeks, targeting traumatic and adverse memories linked to PD symptoms.

Main Outcomes and Measures
Pretreatment, posttreatment, and 3-month follow-up assessments using the Assessment of DSM-IV Personality Disorders (ADP-IV), SCID-5-PD, Level of Personality Functioning Scale (LPFS), and Difficulties in Emotion Regulation Scale (DERS).

Results
Among the 159 patients included in the analysis, mean (SD) age was 35.4 (12.0) years, and 130 were female (81.8%). Seventy-nine participants were randomized to the EMDR group and 80 to the waiting-list control group. Four participants (5.1%) dropped out of the EMDR group, and 16 (20.3%) were early completers, without adverse events. EMDR therapy outperformed the waiting-list condition for ADP-IV post treatment (β, −37.93 [95% CI, −52.54 to −23.33]; P < .001; Cohen d = 0.31 [95% CI, −0.05 to 0.66]) and at follow-up (β, −45.73 [95% CI, −64.90 to −26.56]; P < .001; Cohen d = 0.46 [95% CI, 0.10-0.82]), SCID-5-PD post treatment (β, −3.65 [95% CI, −5.87 to −1.42]; P = .002; d = 0.48 [95% CI, 0.14-0.82]) and at follow-up (β, −3.70 [95% CI, −7.10 to −0.30]; P = .03; Cohen d = 0.61 [95% CI, 0.25-0.97]), LPFS post treatment (β, −3.13 [95% CI, −4.86 to −1.41]; P < .001; Cohen d = 0.31 [95% CI, −0.05 to 0.67]) and at follow-up (β, −3.62 [95% CI, −5.96 to −1.28]; P = .003; Cohen d = 0.43 [95% CI, 0.06-0.79]), and DERS post treatment (β, −9.03 [95% CI, −14.90 to −3.15]; P = .003; Cohen d = 0.35 [95% CI, −0.01 to 0.71]) and at follow-up (β, −11.73 [95% CI, −19.90 to −3.55]; P = .005;

Cohen d = 0.62 [95% CI, 0.25-0.98]). PD remission was more common in the EMDR than control groups both post treatment (ADP-IV, 38.3% vs 6.8%; SCID-5-PD, 33.3% vs 7.8%) and at follow-up (ADP-IV, 45.4% vs 5.9%; SCID-5-PD, 44.1% vs 15.8%).

Conclusions and Relevance
In this randomized clinical trial of 159 patients with PD, EMDR therapy led to significant reduction in PD symptoms, with 30 (44.1%) achieving remission. These findings support the potential of EMDR therapy for PD treatment and encourage further confirmatory research.

Trial Registration
Netherlands Trial Register: NL9078

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https://doi.org/10.1001/jamanetworkopen.2025.33505

Screening and Risk Algorithms for Detecting Pediatric Suicide Risk in the Emergency Department.

Aseltine, R. H., Jr, Sacco, S. J., Rogers, S., Wang, F., Schwartz, H., & Chen, K.

Key Points
Question
How does the performance of in-person screening compare with risk algorithms in identifying youths at risk of suicide?

Findings
In this cohort study of 19 653 youths, a risk algorithm using patients' clinical data significantly outperformed universal screening instruments in identifying pediatric patients in the emergency department at risk of subsequent suicide attempts. The risk algorithm uniquely identified 127% more patients with subsequent suicide attempts than screening.

Meaning
These findings suggest that clinical implementation of suicide risk algorithms will improve identification of at-risk patients and may substantially assist health care organizations' efforts to meet the Joint Commission's suicide risk reduction requirement.

Abstract

Importance

The Joint Commission requires hospitals and behavioral health care organizations to identify patients at risk of suicide (National Patient Safety Goal 15.01.01). Risk algorithms and in-person screening for suicide risk show utility in identifying patients at risk of suicidal behavior, yet there is little research examining their comparative performance in children and adolescents.

Objective

To assess the performance of suicide risk screening and risk algorithms in identifying the risk of suicide attempts among pediatric patients in the emergency department (ED).

Design, Setting, and Participants

This retrospective cohort study included youths aged 10 to 18 years presenting to the ED of a northeastern US state between September 1, 2019, and August 31, 2021. Patients were screened for suicide risk using the Ask Suicide-Screening Questions survey and the Columbia–Brief Suicide Severity Rating Scale. Electronic health records from this same cohort containing data from May 31, 2017, to the date of their first encounter within this period were extracted to train a risk algorithm. To observe the presence or absence of a suicide attempt, patients were followed up from their first ED encounter for a minimum of 6 months and a maximum of 2.5 years, through March 2, 2022. Data were analyzed from May 2023 to December 2024.

Exposure

Assessments from suicide risk screening and a risk algorithm.

Main Outcomes and Measures

The occurrence of a suicide attempt following a patient's first suicide risk screening or first visit in the screening period, if not screened.

Results

Among 19 653 patients included in the analysis, the median age was 14.3 (IQR, 12.1-16.2) years, and 10 007 (50.9%) were female. Four hundred ninety-five patients (2.5%) were treated for a suicide attempt. Among patients screening positive for suicide risk in testing samples (mean, 8.1% [95% CI, 7.6%-8.6%]) and patients in the top 8.1% of the distribution on the algorithm, the algorithm correctly identified a mean of 50.7% (95% CI, 47.3%-54.1%) of those who attempted suicide in contrast to 36.5% (95% CI, 31.9%-41.2%) identified by screening. The algorithm uniquely identified 127% more youths who attempted suicide (125) than did screening (55).

Conclusions and Relevance
In this cohort study of pediatric patients, the risk algorithm was superior to screening across all performance metrics and could substantially assist health care organizations' efforts to meet the Joint Commission's National Patient Safety Goal to reduce the risk of suicide.

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Poison Center Calls About Self-Harm or Suicidal Intent and Other Exposure Reasons in 6- to 12-Year-Old Children.

Ruge, M. J., Hays, H. L., Kistamgari, S., Rine, N. I., Zhu, M., Ding, K., & Smith, G. A.

Pediatrics
September 8, 2025; e2024069753

OBJECTIVE
To investigate the characteristics and trends of exposures to medications, dietary supplements, and psychoactive substances among children aged 6 to 12 years reported to US poison centers (PCs) with a focus on exposures associated with suspected self-harm or suicidal intent.

STUDY DESIGN
National Poison Data System data from 2000 to 2023 were analyzed.

RESULTS
There were 1 541 565 primary substance exposures among 6- to 12-year-old children reported to US PCs from 2000 to 2023. Most involved a single substance (90.1%), involved boys (58.2%), or occurred in a residence (95.8%). Although most exposures were associated with minimal medical consequences, 3.5% of children were medically admitted, 4.0% experienced moderate effects, and 0.3% had major effects; there were 95 reported deaths. Therapeutic errors accounted for 48.6% of exposures. Although exposures associated with suspected self-harm or suicidal intent represented 4.7% of exposures overall, they accounted for 25.8% of exposures among 12-year-old children. Exposures associated with suspected self-harm or suicidal intent were more likely to be medically admitted (risk ratio [RR], 14.32; 95% CI, 14.10–14.56) or experience a serious medical outcome (RR, 8.04; 95% CI, 7.91–8.17) than other reasons for exposure. The

overall rate of exposure increased by 53.8% from 2000 to 2023, whereas the exposure rate associated with suspected self-harm or suicidal intent increased by 311.2%.

CONCLUSIONS
The rate of exposure to medications, dietary supplements, and psychoactive substances among children aged 6 to 12 years increased from 2000 to 2023, especially exposures associated with suspected self-harm or suicidal intent. Additional targeted research and interventions are needed to prevent substance exposures among 6- to 12-year-old children, especially exposures associated with suspected self-harm or suicidal intent among 11- to 12-year-old children.

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https://doi.org/10.1007/s11199-025-01585-3

Social Role Violations in a Greedy Institution: Gender, Spouses' Military Status, and Servicemembers' Marital Problems.

Erika L. King, Elissa M. Hack, Graeme C. Bicknell, Brynn N. Crownover & Mark A. Oliver

Sex Roles
Volume 91, article number 33, (2025)

Due to social role expectations, individuals who work in "gender atypical" occupations (i.e., occupations primarily comprised of workers of a different gender) often face unique job strains that may impede healthy intimate relationships (Yu & Kuo, 2021). At the same time, "greedy institutions" (i.e., those that expect total commitment from members, e.g., family, the military), demand members' full commitment and may increase risk for marital problems. Women's higher marriage rates to fellow strained professionals likely also contribute to work/family tension (Yu & Kuo, 2021). Still, little is known about how one's gender and their spouse's career are associated with specific marital problems in gender atypical, greedy institutions like the military. This study utilized the United States Air Force Community Feedback Tool (N = 28,745) to examine rates of and associations between gender, spouse military status, and types of marital problems endorsed by active-duty members (e.g., communication, divorce, abuse, living apart). Rate comparisons revealed that servicewomen endorsed higher rates of all types of marital problems than servicemen. After controlling for potential confounding variables, spouse military status moderated the relationship between gender and two problems likely exacerbated in greedy military institutions: changing roles and living apart. This finding

suggests that servicewomen are bearing more marital burden overall, and only when men's spouses serve do they experience similar marital problems. Results indicate that human resource policies and leadership practices are warranted that support dual-military/career couples (e.g., reducing unnecessary moves, providing targeted transitional assistance) as well as preventative and clinical interventions to mitigate severe problems disproportionately faced by women (e.g., community efforts to identify and mitigate risks of abuse and divorce).

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https://doi.org/10.3390/bs15060719

Furthering Our Understanding of Post-Traumatic Mental Health Conditions and Intimate Relationship Outcomes in Veterans of the Wars in Afghanistan and Iraq.

Azubuike, C. A. T., Crenshaw, A. O., & Monson, C. M.

Behavioral Sciences
2025, 15(6), 719

Objective:
Although there has been substantial research on post-traumatic stress disorder and its commonly comorbid conditions, the unique associations among these mental health symptoms and relationship adjustment have not been investigated. The purpose of this paper is to extend understanding of the associations among PTSD and relationship adjustment for female and male veterans, as well as to account for the impact of comorbid symptoms of depression and problematic alcohol use in a large sample.

Method:
Participants were 2325 (n = 1122 men and 1203 women) veterans of the wars in Iraq and Afghanistan from a larger study exploring wartime experiences and post-deployment adjustment. Chi-square analyses and regressions tested the associations among mental health symptoms (PTSD symptom severity, depressive symptoms, and problematic alcohol use) and relationship status and adjustment.

Results:
For both men and women, those with probable PTSD were less likely to be in an intimate relationship than those without probable PTSD, and those in intimate relationships had lower PTSD symptom severity compared with those not in intimate relationships. However, when accounting for PTSD, depression, and problematic

alcohol use simultaneously, only depression emerged as a significant negative predictor of relationship adjustment.

Conclusions:
Shared variance among these common post-traumatic mental health conditions comorbidities may be most responsible for PTSD's negative association with relationship adjustment. Unique remaining variance of depression is also negatively associated with relationship adjustment. Treatment implications of these findings for individual and couple therapy post-trauma are provided.

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https://doi.org/10.1007/s11606-025-09570-y

"They'll Talk About Everything Else… But Suicidal Ideation": Clinician Experiences Addressing Non-Disclosure of Suicidal Ideation Among Military-Affiliated Clients.

Litschi, M. A., Lancaster, S. L., Linkh, D. J., & Lafferty, M.

Journal of General Internal Medicine
Published: 28 May 2025

Background
More than half of people experiencing suicidal thoughts and behaviors may never disclose their experiences to another person. Veterans are more likely to die by suicide than their civilian counterparts and report barriers to disclosure of suicidal thoughts and behaviors during screenings. While studies of veteran and service member perspectives offer recommendations to facilitate disclosure, little is known about clinician perspectives and strategies.

Objective
Describe clinician perspectives on non-disclosure among military-affiliated clients and strategies to address potential non-disclosure in this at-risk population.

Design
Qualitative analysis of transcript summaries from semi-structured interviews.

Participants
Seventeen clinicians serving military and veteran clients participated. Professional

backgrounds and credentials were diverse, with 71% having 5 or more years of clinical experience. Roughly half of the participants treated clients with suicidal ideation three or more times per week.

Approach
Interviews focused on clinicians' approaches and decision-making processes during suicide risk stratification and treatment planning, including barriers and facilitators. This paper focuses on identified challenges of non-disclosure. Transcripts were analyzed using rapid qualitative analysis.

Key Results
Clinicians described their experiences with non-disclosure of suicidal ideation among military-affiliated clients, including perspectives on disclosure barriers and communication strategies used to facilitate disclosure. When discussing the challenge of non-disclosure clinicians reported (1) experiencing guardedness and non-disclosure among their clients, and (2) perceiving stigma and fear of negative consequences as disclosure barriers. Based on these experiences, clinicians modified their approaches to suicide risk assessment to facilitate disclosure by (1) normalizing suicidal thoughts and behaviors as safe topics, (2) educating clients to address fears, (3) collaborating with clients to promote acceptance of safe firearm storage, and (4) deliberately using standardized measures to overcome disclosure challenges.

Conclusions
Proactively implementing communication strategies that address perceived barriers to disclosure of suicidal thoughts and behaviors among military-affiliated psychotherapy clients may facilitate disclosure.

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https://doi.org/10.1093/milmed/usaf299

Factors Associated With Contraception Use Among Active Duty Service Members at a Large Military Base.

Takeshita, S. L., Yocom, E. A., Moyer, R. K., Hicks, Z. H., Salazar, A. J., Sunder, P., Roberts, C. M., Thornton, J. A., & Klein, D. A.

Military Medicine
Published: 20 June 2025

Introduction
Active duty service members (ADSMs) experience higher rates of unintended pregnancy compared to the general population. While the military has introduced programs aimed at improving access to sexual and reproductive healthcare services (SRH), significant barriers to care remain.

Materials and Methods
A survey was completed by ADSMs with access to no-cost, walk-in SRH. Descriptive statistics, univariable analyses, and multivariable logistic regression analyses examined the association of ADSM characteristics with SRH outcomes.

Results
Of 1,077 participants (72% male, 61% <25 years), 49% reported intercourse that could result in pregnancy in the past 3 months, and 21% reported that they or their partners used emergency contraception in the past year. Overall, 51% of those who sought SRH reported barriers, such as feeling judged, lack of knowledge of available services, difficulty booking appointments, and/or work schedules. Female ADSMs (n = 133/228, 58%) were more likely than male ADSMs (n = 133/296, 45%) to report experiencing a barrier (Odds Ratio (OR) = 1.8, 95% Confidence Interval (CI), 1.3–2.6; P = .001).

In univariable logistic regression analysis, ADSMs who experienced barriers getting SRH (OR=1.6, 95% CI, 1.1–2.5) or believed that receiving SRH care can negatively affect their careers (OR=3.7, 95% CI, 1.9–7.2) were more likely to use emergency contraception than those who did not. In multivariable logistic regression analysis of ADSMs with a history of sexual intercourse, adjusting for race, ethnicity, reported SRH barriers, use of a military clinic, and current contraceptive use, emergency contraception use by an ADSM or their partner in the past year was associated with being <25 years old (aOR = 2.8, 95% CI, 1.6–4.8) and believing that seeking SRH could negatively impact their career (aOR = 4.7, 95% CI, 1.5–14.7).

Conclusions
Active duty service members commonly perceive judgment and systemic barriers when accessing SRH. Active duty service members may benefit from additional efforts to destigmatize SRH and facilitate access to patient-centered SRH.

See: Correction

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https://doi.org/10.1080/08995605.2025.2497573

Engage: A bystander intervention training for U.S. Army soldiers.

Gutierrez, I. A., Anderson, S. N., Crouch, C. L., & Adler, A. B.

Military Psychology
Published online: 06 Jun 2025

Drug and alcohol misuse, sexual misconduct, and suicidal behaviors can negatively affect the well-being of personnel in high-risk occupations and compromise organizational effectiveness. While the U.S. Army has established policies, programs, and a professional prevention workforce to reduce the occurrence of these behaviors, soldiers who are in the presence of their at-risk peers are best positioned to intervene. Thus, to leverage the impact of peer-based bystander intervention, the Army developed a two-hour training entitled “Engage.” Engage provides soldiers with instruction on fostering awareness of risky behaviors, taking responsibility in situations where such behaviors may occur, and having a plan of action for intervening on behalf of those at risk. A longitudinal quasi-randomized evaluation of Engage was conducted with active-duty soldiers over a nine-month period. Eight companies were assigned to receive Engage, and eight companies were assigned to a control condition. Surveys assessed training acceptability, knowledge related to bystander behaviors, confidence in intervening, and perceptions of unit engagement. Soldiers found the training to be acceptable, evidenced improved knowledge of bystander intervention concepts following training, and perceived their units to be more engaged in bystander practices over time. Longitudinal assessment of soldiers’ confidence in intervening was moderate to high at baseline; while confidence remained stable over multiple follow-up assessments, no significant changes were observed due to training. These findings highlight the potential value of tailoring bystander intervention training for service members. Results also provide direction for improving such training for the military and other high-risk occupations.

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https://doi.org/10.1016/j.pedhc.2025.03.006

National Guard and Reserve Families: A Parent-Led Educational Intervention.

Bednarski, J. E., Coddington, J., Sorg, M., & Wadsworth, S. M.

Journal of Pediatric Health Care
Volume 39, Issue 4, P550-561,July-August, 2025

Introduction
The purpose of this study was to evaluate the effectiveness of an educational module on improving parent's ability to identify National Guard and Reserve children at-risk for mental health abnormities.

Methods
A pre-post study design was used. The sample consisted of 51 National Guard and Reserve parents. Participants were recruited online from a Military Ministry Network, email list servs, and social media. Baseline data was collected on the preintervention survey. The educational module included signs/symptoms of abnormal mental health in children and the Pediatric Symptom Checklist 35. Postintervention data collection included the same data collected at baseline except demographics.

Results
The intervention increased parents' confidence and knowledge but failed to change the types of services parents used to access care. All children were at low-risk.

Discussion
Parent-led education about mental health disorders, symptoms, causes, and treatments is an important first step in helping families take charge of treatment and management.

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https://doi.org/10.1177/08862605251345462

Assessing Personal and Family Strengths Among Active-Duty Military Members to Predict Self-Directed Harm and Interpersonal Violence.

Jensen, T. M., King, E. L., & Bowen, G. L.

Journal of Interpersonal Violence
First published online June 6, 2025

United States active-duty military members face elevated risk of self-directed harm and interpersonal violence. Prevention resources for family maltreatment in the military context have received notable investments in recent years, culminating in the development of the Personal and Family Strengths Inventory (PFSI), a strengths-based

prevention and treatment-planning tool aimed at inventorying key dimensions of individuals' formal supports, informal supports, family environment, individual fitness, and personal resilience. Research has showcased the utility of the holistic assessment of factors captured by the PFSI, with implications for predicting the perpetration of family maltreatment, broadly speaking, among active-duty members. The purpose of the current study was to assess the capacity of PFSI indicators, distinctly and in combination with each other, to predict other forms of self-directed harm and specific types of interpersonal violence that the U.S. military endeavors to prevent. Leveraging a representative sample of 30,187 active-duty Air Force members who had at least one child and were in a committed relationship, results from weighted regression models indicated that latent profiles marked by low scores across PFSI dimensions were associated with higher predicted probabilities of partner physical perpetration, child physical perpetration, child emotional perpetration, partner physical victimization, partner emotional victimization, suicidality, hazardous alcohol consumption, prescription drug misuse, illicit drug use, and non-suicidal self-harm. Moreover, almost without exception, there were significant standardized mean differences for all PFSI dimension scores between military members who did and did not report each indicator of self-directed harm or interpersonal violence. Taken together, the PFSI appears well positioned as an integrative prevention tool for use in numerous prevention settings, ultimately to promote the health and well-being of military-connected individuals and families. The PFSI could be embedded in various practice settings to support a multitude of prevention efforts and be used to inform broader base-specific, branch-specific, or military-wide policy directives.

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Understanding Intimate Partner and Family Distress as Risk Factors for Poor Warfighter Brain Health Following Mild Traumatic Brain Injury in Military Couples.

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

Journal of Head Trauma Rehabilitation
May 21, 2025

Objective:
Using a dyadic approach with military couples, the current study examined family risk

factors for chronic neurobehavioral symptoms in service members and veterans (SMVs) following a mild traumatic brain injury (MTBI).

Setting:
Military Treatment Facility. Participants: SMV (n = 122) and intimate partner (IPs, n = 122) dyads (N = 244). Design: Prospective cohort.

Main Measures:
SMVs completed seven neurobehavioral outcome measures. Their intimate partners completed 12 health-related quality of life (HRQOL) risk factor measures. Both members of the dyad completed three family relationships risk factor measures.

Results:
The number of neurobehavioral measures that were clinically elevated (≥60 T) were summed and used to classify SMVs into three outcome groups: (1) None/Few Symptoms [0–1 elevated scores]; (2) Several Symptoms [2–3 elevated scores]; and (3) Many Symptoms [4–7 elevated scores]. SMVs in the Many Symptoms group had significantly higher scores on nine family risk factor measures compared to the None/Few Symptoms group, and seven family risk factor measures compared to the Several Symptoms group. The Several Symptoms group had higher scores on one risk factor measure compared to the None/Few Symptoms group. The largest effect sizes were found for the SMV family relationships risk factor measures. SMVs were 4.2 to 13.0 times more likely to have poor neurobehavioral outcomes when they had negative versus positive family relationships.

Conclusion:
An important and unique addition to the literature was the finding that a range of risk factors in the SMV's family environment were strongly associated with clinically elevated chronic neurobehavioral symptoms following an MTBI. The establishment of the Family Wellness Program within the Defense Intrepid Network will open the door for family wellness to have a long-term place in military TBI treatment programs as a holistic, family-centered interdisciplinary model of care for warfighter brain health and return to duty following a TBI, and healthy, resilient, and military ready families.

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https://doi.org/10.1891/VV-2023-0154

Associations Between Interpersonal Trauma Histories, Perpetrator Characteristics, and Mental Health Symptom Profiles Among Veterans Seeking Treatment Associated With Military Sexual Trauma.

Bennett, D. C., Goodkind, M. S., Grau, P. P., Shaw, R. J., Rauch, S. A. M., & Sexton, M. B.

Violence and Victims
Volume 40, Issue 2, May 2025

Military sexual trauma (MST), an unfortunately common experience reported by U.S. service members and veterans, frequently leads to symptoms of posttraumatic stress disorder (PTSD) and other related conditions. However, little is known about how contextual features of MST correlate with specific clinical phenotypes and symptom presentations. The current study examined correlations between contextual factors of MST and cumulative interpersonal trauma history with diverse clinical outcomes, including PTSD symptom clusters, depressive symptoms, worry, and posttraumatic cognitions in a sizeable treatment-seeking sample (N = 472). Nuanced patterns emerged. Generally, additional exposure to childhood sexual abuse and adult intimate partner violence (IPV; describing nonsexual violence perpetrated by an intimate partner) was associated with elevations in particular negative posttraumatic cognitions as were multiple perpetrator MST events. In contrast, recurrent MST and additional sexual trauma in adulthood were not predictive. Multiple perpetrator MST and adult IPV were also associated with distinct PTSD symptom cluster profiles. Lifetime emotional and physical abuse were related to multiple deleterious outcomes and evidenced the strongest effects. Fewer relationships were identified between cumulative trauma exposure and elevated worry and depression. A better understanding of cumulative and contextual trauma experiences and phenotypic variability in clinical presentation may inform effective tailoring of and innovations in treating trauma-related symptoms.

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https://doi.org/10.1001/jamapsychiatry.2025.2689

Measures of General Intelligence and Risk for Alcohol Use Disorder.

Capusan, A. J., Davis, C. N., Thern, E., Rehm, J., Gelernter, J., Kranzler, H. R., & Heilig, M.

JAMA Psychiatry
Published Online: October 1, 2025

Key Points

Question

Is there an association between IQ and risk for alcohol use disorder, and if so, what is the nature of this association?

Findings

In a male Swedish cohort including 573 855 participants, IQ at age 18 years was associated with subsequent alcohol use disorder risk. Mendelian randomization analyses suggest a causal association, albeit with context-dependent differences; genetic liability for cognitive performance also predicted alcohol use disorder in a US-based sample.

Meaning

Results suggest that there was a clear impact of genetic liability for cognitive performance on alcohol disorder risk, but the association varies based on the sociocultural context.

Abstract

Importance

Associations among general intelligence (IQ), educational attainment (EA), and alcohol use disorder (AUD) are not well understood.

Objective

To examine the relationship between IQ, EA, and AUD risk.

Design, Setting, and Participants

The association between IQ and AUD risk was examined in a Swedish national conscription cohort. Potential causality was explored using mendelian randomization (MR) analyses, and the association of polygenic scores (PGS) for cognitive performance with AUD diagnosis was assessed. Participant data were obtained from cross-linked Swedish national registers, genome-wide association study (GWAS) summary statistics, and the US Yale-Penn cohort.

Exposures

IQ and genetic variants associated with cognitive performance.

Main Outcomes and Measures
Hazard ratios (HRs; time-to-event analyses) or odds ratios (ORs) for AUD.

Results
Included in this study was a national cohort of 645 488 males, born between 1950 and 1962, from the Swedish Military Conscription Register, of whom 573 855 individuals were included in this analysis. All individuals were aged 18 years at IQ assessment with no substance use disorder diagnosis at conscription, and mean (SD) follow-up time (SD) was 60.5 (7.9) years. Summary statistics from GWAS of cognitive performance (n = 257 481) and AUD (total = 753 248; cases = 113 325) in individuals of European-like genetic ancestry (EUR), with FinnGen AUD GWAS as a replication sample (total = 500 348; cases = 20 597), were used for MR analyses. PGS analyses were conducted using the data of EUR individuals from the Yale-Penn cohort (n = 5424). IQ at age 18 years was inversely associated with AUD risk in Swedish males (adjusted HR, 1.43; 95% CI, 1.40-1.47; P < .001), adjusting for parental substance use disorder, probands' psychiatric disorders, socioeconomic factors, and birth year strata. MR analyses suggested a causal relationship between lower cognitive performance and AUD risk (β [SE], 0.11 [0.02]; P = 2.6 × 10−12). The mediating role of EA differed between national contexts. Higher cognitive performance PGS were associated with reduced odds of AUD in Yale-Penn participants (OR, 0.83; 95% CI, 0.78-0.89).

Conclusions and Relevance
IQ and cognitive performance have a significant but context-dependent association with AUD risk, highlighting the need for a better understanding of the interplay among genetic factors, cognitive traits, and sociocultural influences on AUD susceptibility.

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

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

Cognitive Behaviour Therapy
2025; 54(6), 712–728

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

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https://doi.org/10.1001/jamapsychiatry.2025.2579

Soft Drink Consumption and Depression Mediated by Gut Microbiome Alterations.

Edwin Thanarajah, S., Ribeiro, A. H., Lee, J., Winter, N. R., Stein, F., Lippert, R. N., Hanssen, R., Schiweck, C., Fehse, L., Bloemendaal, M., Aichholzer, M., Bouzouina, A., Uckermark, C., Welzel, M., Repple, J., Matura, S., Meinert, S., Bang, C., Franke, A., Leenings, R., … Hahn, T.

JAMA Psychiatry
Published Online: September 24, 2025

Key Points
Question
Is soft drink consumption related to depression diagnosis and severity, and is this association mediated by gut microbiome alteration?

Findings
In this cohort study, soft drink consumption was significantly associated with diagnosis of major depressive disorder, as well as depression severity, across a single-study

cohort of 932 clinically diagnosed patients and healthy controls. This association was significantly mediated by Eggerthela abundance in female patients and controls.

Meaning
Education, prevention strategies, and policies aiming to reduce soft drink consumption are urgently required to mitigate depressive symptoms; in addition, interventions for depression targeting the microbiome composition appear promising.

Abstract
Importance
Soft drink consumption is linked to negative physical and mental health outcomes, but its association with major depressive disorder (MDD) and the underlying mechanisms remains unclear.

Objective
To examine the association between soft drink consumption and MDD diagnosis and severity and whether this association is mediated by changes in the gut microbiota, particularly Eggerthella and Hungatella abundance.

Design, Setting, and Participants
This multicenter cohort study was conducted in Germany using cross-sectional data from the Marburg-Münster Affective Cohort. Patients with MDD and healthy controls (aged 18-65 years) recruited from the general population and primary care between September 2014 and September 2018 were analyzed. Data analyses were conducted between May and December 2024.

Main Outcomes and Measures
Primary analyses included multivariable regression and analysis of variance (ANOVA) models examining the association between soft drink consumption and MDD diagnosis and symptom severity, controlling for site and education, and Eggerthella and Hungatella abundance, controlling for site, education, and library size. Mediation analyses tested whether microbiota abundance mediated the soft drink–MDD link.

Results
A total of 405 patients with MDD (275 female patients [67.9%]; mean [SD] age, 36.37 [13.33] years) and 527 healthy controls (345 female controls [65.5%]; mean [SD] age, 35.33 [13.13] years) were included. Soft drink consumption predicted MDD diagnosis (odds ratio [OR], 1.081; 95% CI, 1.008-1.159; P = .03) and symptom severity (P < .001; partial η2 [ηp2], 0.012; 95% CI, 0.004-0.035), with stronger effects in women (diagnosis: OR, 1.167; 95% CI, 1.054-1.292; P = .003; severity: P < .001; ηp2, 0.036; 95% CI,

0.011-0.062). In women, consumption was linked to increased Eggerthella (P = .007; ηp2, 0.017; 95% CI, 0.0002-0.068), but not Hungatella abundance. Mediation analyses confirmed that Eggerthella significantly mediated the soft drink–MDD association (diagnosis: P = .011; severity: P = .005), explaining 3.82% and 5.00% of the effect, respectively.

Conclusions and Relevance
In this cohort study, it was found that soft drink consumption may contribute to MDD through gut microbiota alterations, notably involving Eggerthella. Public health strategies to reduce soft drink intake may help mitigate depression risk, especially among vulnerable populations; in addition, interventions for depression targeting the microbiome composition appear promising.

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https://doi.org/10.1001/jamasurg.2025.3429

Child and Adolescent Firearm-Related Homicide Occurring at Home.

Rook, J. M., Orji, W., Walker, S. C., Mannava, S. V., Marsh, K. M., Hartman, H. A., Zallen, G., Henry, M. C., Knod, J. L., Baerg, J., Juillard, C., & Naik-Mathuria, B.

JAMA Surgery
Published Online: September 26, 2025

Key Points
Question
How often are child and adolescent victims of firearm-related homicide killed at home, and what characteristics are associated with this form of homicide?

Findings
In this national US cohort study, nearly one-quarter of 2196 pediatric firearm-related homicides and nearly two-thirds of homicides among young children (younger than 13 years) occurred at home. Intimate partner violence and child abuse were associated with more than one-quarter of in-home homicides.

Meaning
These findings suggest that unique factors precipitate firearm-related homicide occurring in children’s homes; policies such as domestic violence restraining orders and

extreme risk protection orders may aid in preventing these deaths by removing firearms from high-risk households.

Abstract

Importance

Firearms are the leading cause of death for children and adolescents in the United States. While mass shootings and community gun violence draw significant media attention, little research explores pediatric in-home homicide.

Objective

To analyze pediatric firearm homicides by location and sociodemographic characteristics. We hypothesized that young children are most likely to die by in-home firearm homicide.

Design, Setting, and Participants

This retrospective cohort study used data from the National Violent Death Reporting System Restricted Access Database, including 48 states and the District of Columbia from 2020 and 2021 and 14 states from 2005 through 2021. Child and adolescent victims of firearm-related homicide aged 0 to 17 years were included. Data were analyzed between September 13, 2024, and June 28, 2025.

Exposure

Age and child developmental stage.

Main Outcome and Measures

The main outcome was in-home homicide vs homicide elsewhere. Multivariable logistic regression was used to assess characteristics associated with in-home pediatric homicide. Temporal trends were assessed with linear regression.

Results

Among 2196 pediatric firearm-related homicides from 2020 through 2021, victims' median (IQR) age was 16 (14-17) years. Overall, 1790 (81.5%) were male and 406 (18.5%) were female. Of these homicides, 24.4% (n = 536) occurred at home and 75.6% (n = 1660) occurred outside the home. For younger children (aged 0-12 years; n = 391), 63.2% (n = 247) of firearm-related homicides occurred at home. Each 1-year increase in age was associated with a decrease in the odds of homicide occurring at home vs elsewhere (adjusted odds ratio, 0.83; 95% CI, 0.81-0.85; P < .001). Compared with firearm-related homicides occurring outside the home, in-home homicides were more often associated with murder-suicide (23.0% [n = 123] vs 1.6% [n = 27]; P < .001), child abuse (20.1% [n = 108] vs 2.3% [n = 38]; P < .001), and intimate partner violence

(16.8% [n = 90] vs 2.4% [n = 40]; P < .001). Of the 310 in-home homicides for which the assailant relationship was identified, a parent was reported in 41.6% (n = 129), an acquaintance in 18.1% (n = 56), a sibling in 13.5% (n = 42), and a parent's intimate partner in 11.3% (n = 35). From 2005 through 2021, the incidence of in-home homicide increased from its lowest rate of 0.18 homicides per 100 000 children and adolescents in 2010 to 0.38 homicides per 100 000 in 2021 (β, 0.02; 95% CI, 0.01-0.03; P < .001).

Conclusions and Relevance
This study found that nearly one-quarter of pediatric firearm-related homicides occurred at home. Young children were more often affected. These data point to domestic violence and child abuse as significant risk factors for in-home firearm homicide. Traditional safe storage laws may be inadequate preventive measures. Extreme risk protection orders and mandatory domestic violence–related firearm relinquishment may prevent these deaths and warrant further investigation.

Links of Interest

Report to Congress on Armed Forces Compensation During a Lapse in Appropriations
https://news.usni.org/2025/10/01/report-to-congress-on-armed-forces-compensation-during-a-lapse-in-appropriations

Identifying Warning Signs of Suicide on Social Media
https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles/Identifying-Warning-Signs-of-Suicide-on-Social-Media

Researchers push forward in breakthrough brain health study
https://health.mil/News/Dvids-Articles/2025/09/25/news549171

Mental Health and Substance Use Linked in New Survey
https://jamanetwork.com/journals/jama/fullarticle/2839505?guestAccessKey=f8587bc2-bd45-49ff-8b9c-89f0f259b34d

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Resource of the Week – [Military Personnel: More Guidance Could Help Address Service Member Gambling Problems]

New, from the U.S. Government Accountability Office (GAO):

> Gambling is widely available to military members, who may be more likely than the general population to have gambling problems due to being younger and more risk-taking.
>
> In 2025 the Defense Department updated its guidance to require additional actions for preventing and treating service member gambling problems. However, it did not fully define all the new responsibilities for tasks such as assigning staff trained to diagnose and treat service members with gambling problems. Also, the military services' have not updated their own policies to meet the new requirements in the department's guidance.
>
> Our recommendations address this issue.

Source: Angelov/stock.adobe.com.

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