CDP

Uniformed Services University

Research Update -- February 5, 2026

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- Interpersonal and Trauma-Related Guilt moderate the relationship between intensity of combat experiences and suicidality.
- Links of Interest
- Resource of the Week:
    - Medical Surveillance Monthly Report - September 2025 - Defense Health Agency
    - Medical Surveillance Monthly Report - December 2025 - Defense Health Agency

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https://doi.org/10.1007/s11414-025-09945-3

Firearm Suicide Prevention in the Military Health System: A Qualitative Study of Clinician Training, the "Lock to Live" Decision Aid, and Connection to Out-of-Home Firearm Storage.

Kennedy, S. R., Stanley, I. H., Friedman, K., Meza, K., Johnson, M. L., Villarreal, R. I., & Betz, M. E.

The Journal of Behavioral Health Services & Research
Volume 52, pages 621–634, (2025)

Suicide remains a leading cause of death in the U.S. military, with the majority of suicides enacted by firearm. A recommended intervention for suicide prevention in clinical settings, including in the Military Health System (MHS), is counseling at-risk patients about reducing access to firearms and other lethal means of suicide. The team sought to examine MHS clinicians' views on a firearm suicide prevention toolkit that included (1) clinician training, (2) the "Lock to Live" (L2L) decision aid, and (3) connection to out-of-home firearm storage options. The study team conducted one-on-one, semi-structured qualitative interviews with MHS clinicians, administrators, and other stakeholders (January–October 2022). Interviewees viewed the toolkit items and completed a brief questionnaire. The study used a team-based, mixed deductive-inductive approach to qualitative analysis. The study had institutional review board approval. Across interviews (n = 18), there was general support for the lethal means safety counseling toolkit, including clinician training, L2L use, and connection to out-of-home storage options. Participants also provided recommendations for optimal uptake in the MHS, including military-specific messaging. Firearm suicide prevention is a key focus within the Department of Defense, and the findings from this qualitative study can support incorporation of tools for MHS clinicians and patients.

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It's better to run towards the fire: The experience of reserve duty for reservists with PTSD prior to re-enlistment.

Harwood-Gross, A., Elias, S., Amit Zivan, D., & Davis, R.

International Journal of Clinical and Health Psychology
Volume 25, Issue 3, July–September 2025, 100621

Background
Little research exists delineating the experience of serving in the military with PTSD despite longitudinal studies indicating that a small percentage of deployed combat soldiers have PTSD prior to deployment. Following a mass re-enlistment of reserves, during the Iron Swords war, the current qualitative study aimed to describe the experience of fifteen reservists with pre-existing PTSD and explore the clinical difficulty or utility of their service.

Methods
Reservists were interviewed by trained clinicians and interviews were transcribed and analyzed using a grounded descriptive phenomenological approach.

Results
Findings demonstrated a key theme of a reparative experience in addition to the differentiation between functioning on the domestic and military front and the differentiation between the fantasy of success versus the reality of re-enlistment with PTSD. The experience of re-enlistment as a reservist compared to the original PTSD-inducing service was described in terms of enhanced capability, a greater awareness of emotional needs by seniors and the establishment in general, enhanced choice (including that to re-enlist) and the utility of PTSD symptoms such as hyperawareness, on the battlefield compared to the futility at home.

Conclusions
The study highlighted the unknown nature of repeated duty and the potential for increased difficulty of transition between military and domestic spheres while acknowledging the potential for a positive experience of re-enlistment with PTSD. The findings reinforced the need for clear clinical guidelines within the military and importance of monitoring for risk of deterioration of symptoms both on the battlefield and following discharge when enlisting those with PTSD.

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https://doi.org/10.1016/j.jval.2025.06.016

Provider Differences in Costs, Utilization, and Quality of Primary Care for Traumatic Brain Injury in the Military.

Richard, P., Gedeon, D., Yoon, J., Gibson, N., Narcisse, M. R., McCants, K., Ligonde, S., Keshav, T., & DeGraba, T.

Value in Health
Volume 28, Issue 10, p1506-1516, October 2025

Highlights

- Differences in cost, utilization, and quality of care provided by primary care physicians (PCPs), nurse practitioners (NPs), and physician assistants (PAs) for mild traumatic brain injury (mTBI) were examined.
- NPs and PAs care for mTBI at lower costs than PCPs; mixed results were found for quality of care provided by PAs and NPs compared to PCPs.
- There may be savings when substituting physician assistants and nurse practitioners for primary care physicians to address the shortage of primary care physicians.

Abstract

Objectives

Differences in costs, utilization, and quality of care provided by primary care physicians (PCPs) versus nurse practitioners (NPs) and physician assistants (PAs) for mild traumatic brain injury (mTBI) were examined to determine savings and address PCPs shortage.

Methods

The Military Data Repository, which includes claims records for beneficiaries in the Military Health System, was used. Active-duty service members, retirees, and military dependents diagnosed with mTBI from 2011 to 2021 were included. Total cost, relative value units, and quality indicators of primary visits were dependent variables. The sample was stratified into patient-risk categories (high, low) and evaluation and management services (new and established patients).

Results

Per military patient, PAs and NPs provided care at a lower cost than PCPs, with savings of $53.2 to $99.9 and $72.0 to $275.5, respectively. Per dependent patient, PAs provided care at a lower cost than PCPs, with savings of $64.3 to $91.1; NPs provided care at a lower cost than PCPs, with savings of $71.4 and $81.6. For quality for military patients, PAs ordered fewer brain and spine imaging (4.2%) and conducted fewer depression assessments (6%) than PCPs for patients with “new/high” risk. NPs conducted a higher proportion of neuropsychological testing (1.6%) for patients with “existing/high” risk compared with PCPs. For dependents, PAs conducted more health

risk assessments and physical exams (2.5%) for patients with “existing/low” risk compared with PCPs. A total of 7.5% of patients with “new/low” risk treated by NPs compared to PCPs experienced fewer readmissions.

Conclusions
NPs and PAs provide services for mTBI at lower costs than PCPs, with mixed results for quality.

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https://doi.org/10.1016/j.apmr.2025.04.009

Echoes of the Battlefield: Five-Year Longitudinal Cognitive Trajectories Show Trend of Recovery for Deployment-Related Mild TBI in the LIMBIC-CENC Cohort.

Martindale, S. L., O'Connor, V. L., Walker, W. C., Bailie, J. M., Allen, C., Pastorek, N. J., Tate, D., Wilde, E. A., & Rowland, J. A.

Archives of Physical Medicine and Rehabilitation
Volume 106, Issue 10, p1523-1530, October 2025

Objective
To evaluate the association between deployment-related mild traumatic brain injury (TBI) and longitudinal changes in cognitive performance in the Long-term Impact of Military-relevant Brain Injury Consortium-Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC) Prospective Longitudinal Study (PLS) cohort.

Design
Longitudinal observational study.

Setting
United States Veteran Affairs and Department of Defense Medical Centers.

Participants
Active duty service members and Veterans who completed at least 3 annual Brief Test of Adult Cognition by Telephone (BTACT) assessments (N=1012).

Interventions
Not applicable.

Main Outcome Measures
Both BTACT composite and individual test scores were evaluated as outcomes. Effect of deployment-related mild TBI on changes in cognitive function was evaluated using multilevel modeling. Probable PTSD diagnosis, time since PLS-derived index event, and demographic characteristics were evaluated as confounding factors.

Results
Veterans with a history of deployment-related mild TBI consistently performed worse on the BTACT over the observation period than those without such history. In addition, participants with deployment TBI history demonstrated a slower rate of improvement in the domain of executive function.

Conclusions
The findings suggest that deployment-related mild TBI and PTSD are associated with cognitive performance over time. However, results more importantly demonstrate general improvement of cognitive function in individuals with PTSD or TBI history. This is encouraging and supports an overall trajectory of recovery, rather than brain health decline.

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https://doi.org/10.1097/ADM.0000000000001445

Diagnosis of Alcohol Use Disorder and Deaths Related to Alcohol, Drug Overdose, or Suicide Among Post-9/11 Active Duty Service Members and Veterans Following Traumatic Brain Injury.

Song, K., Amuan, M. E., Adams, R. S., Kennedy, E., Gordon, A. J., Carlson, K. F., Pogoda, T. K., Meyer, E. G., Cochran, J., Spevak, C., & Pugh, M. J.

Journal of Addiction Medicine
19(5):p 536-544, September/October 2025

Objectives:
The association between traumatic brain injury (TBI) and alcohol use disorder (AUD) is known, but the extent of TBI's role in developing AUD remains unclear. This study examines the association between TBI severity with subsequent AUD diagnosis, and hazard for death due to alcohol, drug overdose, or suicide.

Methods:
Data from a national US military/veteran cohort (October 1999–September 2016, followed until September 2020) were analyzed using Fine-Gray competing risk models to investigate the relationships between TBI exposure, subsequent AUD, and hazards of death due to specific causes (alcohol, drug overdose, or suicide).

Results:
TBI severity correlated with an increased likelihood of an incident AUD diagnosis: mild TBI (hazard ratio [HR]: 1.25, 95% confidence interval [CI] 1.22–1.27), moderate-severe TBI (HR: 1.34, 95% CI 1.32–1.37), and penetrating TBI (HR: 1.90, 95% CI 1.86–1.94). For those who developed AUD, TBI was associated with a higher hazard of death from specific causes such as alcohol, drug overdose, or suicide (HR: 2.47 (95% CI 2.03–3.02) for mild TBI, 4.25 (95% CI 3.49–5.17) for moderate-severe TBI, and 3.39 (95% CI 2.80–4.13) for penetrating TBI.

Conclusions:
Veterans with TBI were more likely to develop AUD and experience increased mortality, even after adjusting for demographic and clinical factors. Care strategies that are sensitive to the cognitive and/or emotional impairments associated with varying levels of TBI may lead to better outcomes, reducing both AUD and mortality rates. Further research is needed to develop evidence-based methods for integrating TBI and AUD care.

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https://doi.org/10.1186/s13011-025-00655-9

Unveiling binge drinking trends and triggers among army personnel: a cross sectional study.

Jayasinghe, L. V., Prathapan, S., & Semage, S.

Substance Abuse Treatment, Prevention, and Policy
Published: 01 October 2025

Background
Military populations are known to have higher prevalence and heavier alcohol use compared to the general population globally. This has serious negative implications to the military. The objective of this study was to describe the prevalence, patterns and

associated factors of binge drinking among male military personnel in the Sri Lanka Army.

Methods
A cross sectional study was conducted among 1337 male Army personnel in active service using multistage sampling. A self-administered questionnaire and the interviewer-administered Alcohol Use Disorders Identification Test which is a 10-item screening tool were used. Prevalence of binge drinking was summarised as a proportion with 95% Confidence Intervals (CI). Age specific prevalence rates and the age standardized prevalence rate of binge drinking were calculated. The standard measure of one unit of alcohol being equivalent to 10 g of pure alcohol was used as a reference to calculate the units of alcohol consumption. Binary logistic regression analysis was used to determine the factors associated with binge drinking.

Results
The overall prevalence of binge drinking was 51.2% (95% CI 48.5%-54.0%). The age standardized prevalence of binge drinking was 28.3%. The majority binge drank once a month (50.4%). Those engaged in binge drinking used 5.6 median units of alcohol on a typical day, 84% consumed arrack, 69.3% have ever thought or attempted to quit and median age of first alcohol consumption was 18 years. When controlled for confounding, those who had mental distress (AOR 2.46, 95% CI = 1.72–3.53), had sex with a commercial sex worker (AOR 1.92, 95% CI = 1.21–3.06), ever smoking (AOR 1.69, 95% CI = 1.27–2.25), had serious consequences (AOR 1.58, 95% CI = 1.13–2.20), currently used cannabis (AOR 1.39, 95% CI = 1.02–1.89) and had combat exposure (AOR 1.37, 95% CI 1.00-1.87) had a higher likelihood of binge drinking.

Conclusions
The high prevalence of binge drinking warrants immediate advocacy to the highest level of command of the Sri Lanka Army for support to implement sustainable evidence-based alcohol prevention programmes.

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https://doi.org/10.1097/ADM.0000000000001462

Stigmatizing Language in Substance Use-related International Classification of Diseases Codes.

Chhabra, N., Hu, H., Feinstein, R. T., & Karnik, N. S.

Journal of Addiction Medicine
19(5):p 621-623, September/October 2025

Objectives:
Healthcare-associated stigma is a critical barrier for treatment engagement for patients with substance use disorders. Although there are efforts to combat stigmatizing language in clinical documentation, little is known about the presence of substance use-related stigmatizing language in structured diagnosis codes ubiquitous in clinical medicine.

Methods:
We examined the presence of substance use-related stigmatizing terms contained within the International Classification of Diseases, 10th revision, clinical modification (ICD-10-CM) diagnosis code descriptions. Stigmatizing terms were compiled from guidelines authored by the National Institute on Drug Abuse, while ICD-10-CM codes were obtained from the United States Centers for Disease Control and Prevention.

Results:
We evaluated 74,259 ICD-10-CM code descriptions and identified 173 substance use-related codes with stigmatizing language. The stigmatizing terms detected were “abuse” (157 code descriptions), “alcoholic” (16), and “drug abuser” (2). The term “abuse” was used in relation to multiple substances including alcohol, opioids, cannabis, sedatives, hypnotics and anxiolytics, cocaine, stimulants, hallucinogens, inhalants, other psychoactive substances, tobacco, and other medicinal products.

Conclusions:
Stigmatizing language is used in multiple ICD-10-CM code descriptions. Subsequent iterations should bring ICD-10-CM code descriptions in line with current recommendations for destigmatized descriptors to avoid the perpetuation of stigma in healthcare.

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https://doi.org/10.1111/acer.70157

Diagnosing prenatal alcohol exposure and fetal alcohol syndrome in military-connected children: Insights from US military data claims, 2016-2023.

Lee, E. H., Cirillo, M., Solomon, Z., Banaag, A., Fuhrman, B., Adams, R. S., & Koehlmoos, T. P.

Alcohol: Clinical and Experimental Research
Volume 49, Issue10; October 2025, Pages 2213-2224

Background
Fetal alcohol spectrum disorder (FASD) is a lifelong neurodevelopmental condition resulting from prenatal alcohol exposure (PAE) during gestation. Conservative estimates of FASD prevalence in United States children are 1%–5%. Early identification could facilitate early intervention, yet fewer than 1% of children with FASD receive a diagnosis. Although heavy alcohol use has been part of military culture for decades, the epidemiology of FASD is unknown in the Military Health System (MHS), where 1.9 million children receive care.

Methods
Using an open cohort design and military claims data for 2016–2023, we calculated period prevalence, annual and cumulative incidence, and average age at first diagnosis for FASD in military children 0–18 years. FASD diagnosis was defined using available diagnostic codes representing a small subset of the broader FASD spectrum of conditions, that is, newborn affected by PAE and fetal alcohol syndrome (FAS). We conducted chi-squared tests and multivariable logistic regression to identify sociodemographic factors associated with these combined diagnoses.

Results
One thousand four hundred seventy six unique children had any diagnosis between 2016 and 2023 (PAE only: 301; FAS only: 1061; both: 114). Period prevalence was 0.42 cases per 1000 children. Cumulative incidence was 0.34 cases per 1000 children for 2017–2023 using 2016 as a 1-year washout. Average age at any diagnosis was 8.3 years. Factors associated with increased likelihood of diagnosis were male sex; being in guardianship; sponsor of senior officer rank; and sponsor affiliated with the Air Force or Other Service branch. Factors associated with decreased likelihood of diagnosis included Black or Other race; being a stepchild; sponsor of junior enlisted or junior officer rank; and sponsor in the Marine Corps.

Conclusions
Like in the US general population, FASD is underdiagnosed in the MHS. Further study of an expanded set of co-occurring conditions under the FASD umbrella may aid in refining estimates of FASD in the MHS.

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https://doi.org/10.1016/j.chest.2025.05.007

Health and Utilization Burden of OSA Among US Active-Duty Military Personnel.

Wickwire, E. M., Capaldi, V. F., 2nd, Herrin, J., Stryckman, B., Thomas, C., Williams, S. G., Werner, J. K., Jr, Funk, W., Nassif, T., & Albrecht, J. S.

CHEST
Volume 168, Issue 4, 1023-1033

Background:
Despite the significant health and economic burden associated with OSA among civilians, little is known about this burden among active-duty military personnel.

Research question:
What is the health and utilization burden of OSA among active-duty service members in the United States?

Study design and methods:
Data were derived from the Military Data Repository (2016-2021). Participants included active-duty service members aged < 65 years with 12 months of continuous enrollment prior to and following a new OSA diagnosis and no evidence of prior OSA or OSA treatment. They were matched 1:1 on demographic, clinical, and military characteristics to those without OSA. OSA and medical and psychiatric comorbidities were defined based on International Classification of Diseases, 10th Revision, codes. The impact of newly diagnosed OSA on psychiatric and medical outcomes was examined by using time-to-event models. The impact on 12-month health care resource utilization was examined by using generalized linear models.

Results:
A total of 59,203 service members with OSA were matched to 59,203 service members without OSA. Participants were 83% male and 65% White, with most < 44 years old (81%). OSA was associated with an increased risk for all physical and psychological health outcomes; relative to those without OSA, service members with OSA exhibited a fourfold increased risk for posttraumatic stress disorder (hazard ratio, 4.41; 95% CI, 4.04-4.82). In terms of utilization, OSA was associated with an additional 170,511 outpatient, 66 inpatient, and 1,852 emergency department encounters per year.

Interpretation:
Our findings show that among US active-duty military personnel, OSA is associated with

substantially increased risk for adverse physical and psychological health outcomes, as well as utilization burden over 12 months. Screening, triage, and treatment efforts could have broad impact in this population.

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https://doi.org/10.1212/WNL.0000000000214106

Burden of Insomnia Disorder Among US Active-Duty Military Personnel.

Wickwire, E. M., Capaldi, V. F., Herrin, J., Stryckman, B., Thomas, C., Williams, S. G., Werner, J. K., Funk, W., Nassif, T. H., & Albrecht, J.

Neurology
November 11, 2025 issue, 105 (9) e214106

Background and Objectives
Insomnia is highly prevalent among military personnel, with many gaps in knowledge. The purpose of this study was to quantify the medical, psychiatric, and utilization burden of insomnia among active-duty military personnel. We hypothesized that insomnia is associated with worsened health and economic outcomes.

Methods
This was a retrospective case-control study. Data were derived from the Military Data Repository (2016–2021). Active-duty service members (ADSMs) younger than 65 years, with 12 months of continuous enrollment before and after first insomnia diagnosis and no evidence of previous insomnia or insomnia treatment, were matched 1:1 on demographic, clinical, and military characteristics to ADSMs without insomnia. Insomnia and psychiatric and medical comorbidities were defined using International Classification of Diseases, 10th Revision diagnostic codes. The impact of newly diagnosed insomnia on psychiatric and medical outcomes within 12 months was examined using time-to-event models. The impact of newly diagnosed insomnia on 12-month health care resource utilization (HCRU) was examined using generalized linear models.

Results
A total of 40,978 ADSMs met insomnia criteria and were matched to 40,978 ADSMs without insomnia. Participants were 78.6% male and 61.8% identified as White, with most younger than 44 years (90.3%). Insomnia was associated with increased risk of almost every studied physical and psychological health outcomes; relative to those

without insomnia, ADSMs with insomnia demonstrated a 6-fold increased risk of post-traumatic stress disorder (hazard ratio [HR] 6.51, 95% CI 5.95–7.12, p < 0.001), as well as elevated risk of traumatic brain injury (HR 5.32, 95% CI 4.53–6.24, p < 0.001). ADSMs with insomnia demonstrated greater all-cause HCRU across all points of service (all p's < 0.001).

Discussion
Among active-duty personnel, new-onset insomnia was associated with substantially increased risk of adverse medical and psychiatric burden, as well as increased utilization, over 12 months. Key limitations include our observational study design.

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https://doi.org/10.36740/Merkur202505109

Depression, PTSD and psychological distress among Ukrainian youth: The impact of war on mental health.

Fedchyshyn, N. O., Shulhai, A. H., Hantimurova, N. I., Klishch, H. I., Hnatyshyn, S. I., Bilavych, H. V., & Fedoniuk, L. Y.

Polski Merkuriusz Lekarski (Polish Medical Journal)
2025; 53(5): 620-628

Objective:
To determine the prevalence of traumatization, depression, stress, and anxiety during the war in the rear western region of Ukraine.

Materials and Methods:
For the study of the war's impact on the psychological state of medical students to be successful, it is essential to analyze various influencing factors and explore possible ways of supporting students in difficult situations duringmilitary conflict. The 1 to 6-year students of the Medical Faculty of I. Horbachevsky Ternopil National Medical University, who voluntarily completed the DASS-21 survey scale, participated in our research on students' mental health. The statistical sample was 716 students.

Results:
To compare the degree of the emotional state of depression, anxiety, and stress in medical students, we have used a survey conducted among the students (716 people). Horbachevsky Ternopil National Medical University in 2019 and 2024. In 2019, the

degree of depression severity among the students was determined to be 50.9%, anxiety - 48.9%, and stress - 50.7%. After two years of the war, in 2024, this indicator is already 65.8%, 65.9 %, and 74.7%, respectively, which is 1.3 times higher than the degree of depression and anxiety severity and 1.5 times higher than the degree of stress severity in 2019. Withinan extensivesurvey of I. Horbachevsky Ternopil National Medical University students, 98% said they had been affected by the war in some way, 86% suffered from war-related nightmares, 49% experienced symptoms of insomnia, and 27% had symptoms of post-traumatic stress disorder. However, the mental health of young people who were close to the combat zone or directly participated in hostilities was significantly worse. At the same time, another study on the mental state of students in Ukraine revealed that symptoms of psychological disorder were observed in 52.7% of respondents, with anxiety being characteristic of the majority of participants - 54.1%. Almost half of the young respondents reported experiencing depression - 46.8%. The conducted studies established a connection between mental health disorders among young Ukrainians and factors such as gender, place of residence (urban or rural area), whether they lived in territory occupied by Russian forces, as well as the presence of their own family or elderly relatives.

Conclusion:
As the trauma of war can persist for years after its end, there is a need to monitor the psychological state and well-being of students systematically. It is equally important to study the aspects of strengthening psychological health and the resources that may be needed for this. Maintaining students' mental health in martial law requires all types of resources (personal, physical, informational, and other), psychological competence, social support, cognitive training, and simulation modeling methods.

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https://doi.org/10.1080/20008066.2025.2564608

Exploring potentially morally injurious events and mental health in a UK representative population.

Howlett, P., & Murphy, D.

European Journal of Psychotraumatology
Volume 16, 2025 - Issue 1

Introduction:
Potentially morally injurious events (PMIEs) are events which conflict with an

individual's deeply held moral convictions and beliefs. PMIE research has focused on potentially at-risk populations such as military personnel. However, limited research has examined PMIEs and their association with mental health and functioning in the general population. The current cross-sectional study aims to explore the prevalence of PMIEs and associated mental health and functioning in a UK representative sample. The secondary aim is to provide an overview of the health and wellbeing of the sample, thus offering context for interpreting the PMIE results.

Methods:
Participants were recruited via Prolific to obtain a UK nationally representative sample of 2,385 adults (Mage = 46.79, SDage = 15.43). Participants completed a questionnaire which included the Moral Injury Outcome Scale to assess PMIE exposure and moral injury symptoms, and measures of other health and functioning, such as common mental health difficulties (CMDs; anxiety and depression).

Results:
Overall, 59.58% of the total sample reported PMIE exposure. The most prevalent health concerns were loneliness (38.45%), insomnia (35.22%), problematic alcohol use (34.55%), and CMDs (30.86%). The prevalence of posttraumatic stress disorder (PTSD) was 3.61% and complex-PTSD in the sample was 6.96%. Those who reported PMIE exposure had significantly higher scores on measures of CMDs, physical health, anger, loneliness, PTSD, and complex-PTSD than those who had not reported PMIE exposure. Additionally, those who reported PMIE exposure had significantly lower scores on the sleep quality measure, indicating poorer sleep.

Discussion:
The findings highlight how PMIE exposure extends beyond at-risk occupation groups while demonstrating the association between PMIEs and mental health and functioning in a UK representative sample. This study did not explore the prevalence of moral injury or its association with outcomes. Future research should explore the development of moral injury and effects in the general population.

HIGHLIGHTS

- The current cross-sectional study aims to explore the prevalence of potentially morally injurious events (experiences that challenge moral beliefs) and their associations with mental health and functioning in a UK representative sample, while providing an overview of the general health and wellbeing to contextualise findings.
- The findings reveal how exposure to potentially morally injurious events is reported in over half of UK adults surveyed.

- These potentially morally injurious events were associated with poorer mental and physical health.

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https://doi.org/10.1037/tra0001714

Disclosure and concealment in military couples: A dyadic study.

Lapid Pickman, L., Dekel, R., Even-Haim Avraham, G., Brown, A. D., & Horesh, D.

Psychological Trauma: Theory, Research, Practice, and Policy
17(8), 1762–1770

Objective:
Disclosure of deployment-related experiences among military couples is generally beneficial to mental health and relationship adjustment. Yet, disclosure by the spouse is rarely studied, as are the dyadic associations between disclosure and outcomes in both partners. The present study used a dyadic approach to study the relationship between disclosure or concealment on one hand and mental health and relationship adjustment on the other hand among Israeli military couples.

Method:
Sixty-three Israel Defense Force (IDF) combat veterans (all male) and their spouses (all female; N = 126) completed self-report questionnaires about disclosure and concealment of deployment-related experiences to their partner; relationship adjustment; depression; and posttraumatic stress symptoms (PTSS). Six Actor–Partner Interdependence Models (APIM) were used for dyadic analysis.

Results:
We found lower disclosure and higher concealment of deployment-related experiences by veterans compared to spouses. The veteran's concealment of deployment-related experiences was associated with lower relationship adjustment for both partners and with the veteran's own higher PTSS. The spouse's concealment was associated with greater depression for both partners and with the spouse's own higher PTSS. Neither actor nor partner effects were found for disclosure regarding all three outcomes.

Conclusions:
Concealment of deployment-related experiences among military couples may have detrimental implications on the mental health and relationship adjustment of both the

concealer and their partner. The spouse's concealment of their experience was as related to mental health and relationship adjustment as the veteran's concealment. The findings highlight the need to address communication about deployment-related experiences by both partners among military couples.

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https://doi.org/10.1016/j.psychres.2025.116747

The impact of exposure to morally injurious events on posttraumatic stress symptoms among Israeli combat veterans: A longitudinal moderated mediation model of moral injury outcomes and dispositional forgiveness.

Zerach, G., Ben-Yehuda, A., & Levi-Belz, Y.

Psychiatry Research
Volume 353, November 2025, 116747

Highlights

- This longitudinal study examined the relationships between potentially morally injurious events (PMIEs), moral injury (MI) outcomes and posttraumatic stress symptoms (PTSS) among combat veterans.
- PMIE-Betrayal at T3 was positively associated with MI outcomes of shame and trust violation at T4.
- The indirect effect of PMIEs on PTSS through MI outcome-Shame depended on forgiveness levels.

Abstract
Background
Exposure to potentially morally injurious events (PMIEs) during military service can lead to moral injury (MI) outcomes and posttraumatic stress symptoms (PTSS). This longitudinal study examined the relationships between PMIE exposure, MI outcomes, and PTSS among Israeli combat veterans, and the potential protective role of dispositional forgiveness in these associations.

Method
Participants were 169 Israeli combat veterans who participated in a six-year longitudinal study with four measurement points (T1: 12 months before enlistment, T2: Six months

following enlistment- pre-deployment, T3: 18 months following enlistment- post-deployment, and T4: 28 months following discharge). Participants' characteristics were assessed via semi-structured interviews (T1) and validated self-report measures (T2-T4) between 2019-2024.

Results
Approximately 36% of participants reported exposure to PMIEs during service, with 13% exceeding the clinical threshold for probable PTSD at T4. PMIE-Betrayal at T3 was positively associated with MI outcomes of shame and trust violation at T4. The indirect effect of PMIEs on PTSS through MI outcome-Shame depended on forgiveness levels. Among veterans with low forgiveness, higher exposure to PMIE-Betrayal was associated with increased MI shame, which was linked to more severe PTSS. Conversely, for those with high forgiveness, exposure to PMIE-Self and Other was associated with decreased MI shame and subsequently reduced PTSS.

Conclusion
Dispositional forgiveness moderates the relationship between PMIE exposure and MI outcomes, particularly shame, which mediates the development of PTSS. These findings highlight forgiveness as a potential target for intervention in treating moral injury and preventing PTSS among combat veterans.

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https://doi.org/10.1016/j.jad.2025.120257

Exploring the impact of a single-session health-focused intervention on active-duty military personnel.

Schubert, F. T., Thompson, B., Morabito, D. M., Lowman, K. L., & Schmidt, N. B.

Journal of Affective Disorders
Volume 392, 1 January 2026, 120257

Highlights

- Health Education Training (HET) supported as acceptable for service members.
- No attrition during one-hour single-session HET.
- Reductions observed in depression, hopelessness, and alcohol use over 3 months.
- Digital treatments targeting healthy behaviors may offer advantages for military.

- Future work should evaluate HET in randomized controlled trials.

Abstract
Active-duty military personnel often face significant mental health challenges, including high rates of anxiety, depression, and substance abuse. Despite the clear need for mental health interventions, service members frequently underutilize available services due to time constraints, concerns about career impact, and confidentiality issues. This study evaluates the acceptability and clinical impact of the Health Education Training (HET) program, a 50-min, single-session, computer-based intervention designed to promote healthy lifestyle behaviors among active-duty military personnel. The HET program addresses diet, alcohol use, exercise, sleep, and stress management, providing a transdiagnostic approach to mental health. A trial was conducted with 95 active-duty service members who were not already seeking on-base mental health treatment. Participants completed pre-intervention, post-intervention, and follow-up assessments at one and three months. Results indicated high acceptability of the HET intervention, with participants rating it as understandable, helpful, and applicable to their daily lives and military stressors. Importantly, no participants dropped out during the intervention session. Clinically significant reductions in depression, hopelessness, and alcohol use were observed at the three-month follow-up, suggesting that the HET program can yield meaningful improvements in mental health. These findings highlight the potential of the HET program as a scalable, low-burden intervention that can be integrated into military mental health infrastructures to promote resilience and well-being among service members.

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Warriors' Healing: Examining the Interconnectivity of Spirituality and Combat Posttraumatic Stress Disorder: A Scoping Review.

Matta, S. E., Schieffler, F. D. A., Jr, Braford, M. B., Kanter, R. L., Staysniak, G., Jester, D. J., & Jeste, D. V.

Military Medicine
Published: 14 October 2025

Introduction
This scoping review examined the bidirectional impact of spirituality on active duty military service members and Veterans with combat-related Posttraumatic Stress

Disorder (PTSD). The rationale for this work was to characterize how spirituality influences this population, considering moderators such as social support and resilience, as well as social determinants of health (SDoH), adverse childhood experiences, and family religious experiences in order to (1) explore the associations between spirituality and PTSD outcomes, (2) screen for spirituality and religiosity, (3) provide integrated care models that incorporate spiritual guidance, and (4) where possible, work to address modifiable factors.

Materials and Methods

Objective:

To characterize the impact of spirituality on active duty military and Veterans with combat-related PTSD. Eligibility Criteria: Articles were included if they examined active duty military or Veterans diagnosed with combat-related PTSD and assessed spirituality. Sources of Evidence: A systematic search was conducted on July 23, 2024, across Academic Search Premier, APA PsycINFO, APA PsycArticles, Atla Religion, CINAHL Ultimate, Cochrane Central Register of Controlled Trials, MEDLINE, and SocINDEX.

Charting Methods:

Data extraction followed the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis and was conducted using Covidence. A data extraction template was developed to compare study aims, population, eligibility criteria, combat exposure, PTSD and mental health diagnoses, spiritual and religious variables, and validated measures. The template also captured pre- and post-deployment factors, including spirituality before combat exposure, educational, marital status, and other demographic or social variables. Key outcomes included PTSD symptom severity, posttraumatic growth, moral injury, and resilience. Moderators such as positive social factors, SDoH, adverse childhood experiences, and service era were also recorded. Studies were grouped thematically and geographically to identify patterns across military populations and research frameworks.

Results

A total of 59 studies met inclusion criteria, with 50 (84.7%) being cross-sectional, reflecting the predominance of observational research. Randomized controlled trials accounted for 3 (5.1%), although cohort studies were limited to 4 (6.8%). Research primarily focused on U.S. Veterans, with limited global representation from Bosnia and Herzegovina, Canada, Croatia, Iran, Mexico, and Sri Lanka. The most commonly used measures followed a framework of combat exposure, moral injury, PTSD, spirituality, and posttraumatic growth. Mixed associations between religious/spiritual (R/S) factors

and mental health were observed. Positive religious coping, organizational religious activities, and religious service attendance generally predicted better mental health, whereas negative religious coping and spiritual struggles consistently predicted worse mental health. However, paradoxical findings were also observed, such that greater intrinsic religiosity and pre-military religious commitment predicted worse posttraumatic outcomes in some studies.

Conclusions
Spirituality was variably associated with PTSD severity but more consistently linked to moral injury, resilience, and posttraumatic growth. Given the limited number of studies and variability in findings, it is not possible to draw definite conclusions about associations between R/S and combat-related PTSD at this time. Findings highlight the need for longitudinal and interventional studies and support development of spiritually integrated, culturally informed care models to improve outcomes for diverse military and Veteran populations.

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https://doi.org/10.1097/NSG.0000000000000277

Asking the question: "Do you have a family member who has served?"-Caring for military-connected children in civilian healthcare settings.

Rossiter, Alicia Gill DNP, ARNP, FNP, PPCNP-BC, FAANP, FAAN; Ling, Catherine G. PhD, FNP-BC, CNE, FAANP, FAAN

Nursing
55(11): p 26-31, November 2025

Military-connected children (MCC) face unique healthcare challenges that are often overlooked in civilian clinical settings. These children may experience frequent relocations, parental deployments, and unique stressors that can significantly impact their physical and mental health. This article discusses the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children©, a valuable clinical tool that guides civilian healthcare professionals in providing high-quality healthcare to MCC. Recognizing these patients and understanding their unique needs is essential to providing comprehensive, culturally competent care.

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https://doi.org/10.1016/j.xjmad.2025.100148

A prospective study of pre-trauma fear learning and extinction as risk factors for posttraumatic stress disorder.

Acheson, D. T., Howlett, J. R., Harlé, K. M., Stout, D. M., Baker, D. G., Nievergelt, C. M., Geyer, M. A., Risbrough, V. B., & MRS-II Team

Journal of Mood & Anxiety Disorders
Volume 12100148, December 2025

Highlights

- Cue discrimination/generalization predicts development of PTSD after trauma exposure.
- Slower fear extinction learning is associated with PTSD severity after trauma.
- Cue discrimination and slow extinction learning may play a mechanistic role in trauma processing.

Abstract
Identifying risk for developing trauma-related disorders is a critical step in future prevention and intervention strategies. Impairments in inhibition of learned fear, such as safety signal learning and fear extinction, are suggested to be core mechanisms underlying symptom development and maintenance of posttraumatic stress disorder (PTSD). However, it is unclear if these impairments are pre-existing risk factors for PTSD, or if fear inhibition abnormalities arise only after trauma and symptom development. We utilized a prospective-longitudinal study in human, male service members at high risk for trauma exposure to test the hypothesis that learned fear impairments are pre-existing risk factors for PTSD. PTSD symptoms, fear learning, and fear extinction were assessed prior to a 7-month combat deployment to Afghanistan and 4–6 months after return (final N = 643). Fear learning and extinction were measured by fear-potentiated startle, self-reported anxiety, and threat expectancy ratings. Poor discrimination between threat and safety signals before trauma predicted higher likelihood for development of new onset PTSD after trauma, but not PTSD severity. This effect remained when controlling for trauma exposure. Lower fear extinction learning rate at the pre-trauma time-point predicted PTSD severity but not PTSD status. These findings support the hypothesis that both overgeneralization of fear and/or poor safety signal learning as well as slower fear extinction learning may predispose individuals for development of PTSD. These findings support further study of cue discrimination and slow fear extinction learning as “intermediate phenotypes” for intervention strategies

and mechanistic studies targeting the neurobiology of risk and resilience to trauma-related disorders.

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https://doi.org/10.1093/milmed/usaf462

Linking Neurobehavioral Symptoms to Productive Activities in Post-9/11 Veterans: A Correlational Analysis Using TVMI Data.

Stromberg, K. M., Bouldin, E. D., Vogt, D., Miles, S. R., Vanneman, M. E., Maloney, T. N., Kean, J., Presson, A. P., & Pugh, M. J.

Military Medicine
Published: 23 October 2025

Introduction
Military veterans are at risk for long-term neurobehavioral symptoms who may hinder participation in productive activities following their transition out of military service. This study examined the association between injury-related neurobehavioral symptoms and engagement in paid and unpaid productive activities among post-9/11 veterans.

Materials and Methods
This secondary cross-sectional analysis utilized data from the Veterans Metrics Initiative (TVMI) Study. Veterans who served in the U.S. military after September 11, 2001, and were within 90 days of separation from active duty—or from activated status in the National Guard or Reserve—were identified in Fall 2016 through records from the Department of Veterans Affairs/Department of Defense Identity Repository.
Independent variables included self-reported vestibular, somatosensory, cognitive, and affective symptoms from the Defense and Veterans Brain Injury Center (DVBIC) survey. The dependent variable was engagement in productive activity, classified as: neither paid nor unpaid labor (reference), paid labor only, paid and unpaid labor, and unpaid labor only.

The relationship between neurobehavioral symptoms and productive activity status was assessed using multinomial logistic regression. In Model 1, we adjusted for pre-military traumatic brain injury (TBI) history, probable deployment TBI status, and demographic characteristics. Model 2 added a positive screen for possible post-traumatic stress disorder (PTSD). Results are presented as relative risk ratios (RR), which represent the

ratio of the probability of an outcome occurring in an exposed group to the probability of it occurring in a reference group.

Results
Among 8,945 veterans (mean age = 35.7 years), 37.0% engaged in paid labor only, 21.4% in both paid and unpaid labor, 27.0% in unpaid labor only, and 14.6% in neither. Symptom prevalence was somatosensory (18.0%), affective (16.9%), cognitive (11.5%), and vestibular (7.2%). In Model 1, vestibular symptoms were linked to lower likelihood of engaging in paid labor only (RR = 0.54, 95% CI [0.40-0.74], P < .001) and both paid and unpaid labor (RR = 0.69, 95% CI [0.49-0.96], P = .027). Cognitive symptoms were also associated with a lower likelihood of paid labor only (RR = 0.67, 95% CI [0.49-0.91], P = .011). In Model 2 (adjusting for demographics and probable PTSD), vestibular symptoms remained significant (RR = 0.59, 95% CI [0.43-0.81], P = .001), although cognitive symptoms were no longer associated. Post-traumatic stress disorder emerged as a strong predictor with veterans screening positive being 53% less likely to engage in paid labor only (RR = 0.47, 95% CI [0.39-0.56], P < .001) and 37% less likely to engage in both paid and unpaid labor (RR = 0.63, 95% CI [0.52-0.76], P < .001).

Conclusions
Vestibular and cognitive symptoms were related to less engagement in productive activities post-service for Veterans, with an emphasis on activities that included paid employment. Participation may improve with the treatment of neurobehavioral symptoms.

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https://doi.org/10.1080/08995605.2024.2413819

Interpersonal and Trauma-Related Guilt moderate the relationship between intensity of combat experiences and suicidality.

McCue, M. L., Allard, C. B., Dalenberg, C. J., & Hauson, A. O.

Military Psychology
Volume 37, 2025 - Issue 6, Pages 558-571

Suicide rates in military-affiliated communities remain elevated since the dawn of the Global War on Terror, despite substantial efforts by clinicians and researchers. While some risk factors have been identified, mixed results need to be clarified. The current study builds on previous research by testing a structural equation model of suicide risk

associated with combat experiences that by incorporates risk factors with the most empirical support (combat experiences, guilt, PTSD, depression, and the Interpersonal Psychological Theory of Suicide [IPTS] factors of Perceived Burdensomeness, Thwarted Belongingness, Acquired Capability), using improved measures, in a more representative sample of Post-9/11 deployers. The models were evaluated separately for each of two different conceptualizations of guilt (trauma-related and interpersonal) as moderating factors. The results show that higher levels of guilt, whether trauma-related or interpersonal, strengthened the relationship between combat experiences and pathology. In contrast to previous studies, intensity of combat experiences was indirectly linked to suicidality through pathology and the IPTS constructs of Perceived Burdensomeness and Acquired Capability. The most prominent pathway to suicidal thoughts and behaviors in both guilt models traveled from combat experiences through PTSD and Perceived Burdensomeness, providing a clear target for clinical and organizational interventions.

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Links of Interest

New clinical practice guideline recognizes insomnia and sleep apnea can occur together
https://www.dha.mil/News/2026/01/22/14/39/New-clinical-practice-guideline-recognizes-insomnia-and-sleep-apnea-can-occur-together

Science & Medicine: Sleep disorders in the military are complex, common, and treatable
https://www.tpr.org/podcast/petrie-dish/2026-01-04/science-medicine

"It’s not a sign of weakness.” Veteran on Seeking Mental Health Help
https://www.maketheconnection.net/stories/1037/

Staff Perspective: How Ready Do Military Families Need to Be?
https://deploymentpsych.org/blog/staff-perspective-how-ready-do-military-families-need-be

Staff Perspective: Crafting Calm - Why Video Games Can Be a Healthy Coping Skill
https://deploymentpsych.org/blog/staff-perspective-crafting-calm-why-video-games-can-be-healthy-coping-skill

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Resources of the Week:

From the Defense Health Agency's Medical Surveillance Monthly Report:

September 2025
https://www.health.mil/Reference-Center/Reports/2025/09/01/MSMR-Vol-32-No-9-Sep-2025

Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries Among Active Component Members of the U.S. Armed Forces, 2024

Hospitalizations Among Active Component Members of the U.S. Armed Forces, 2024

Ambulatory Health Care Visits Among Active Component Members of the U.S. Armed Forces, 2024

Morbidity Burdens Attributable to Various Illnesses and Injuries Among Deployed Active and Reserve Component Service Members of the U.S. Armed Forces, 2024

Medical Evacuations out of U.S. Central
and Africa Commands
Among the Active and Reserve Components
of the U.S. Armed Forces, 2024

Absolute and Relative Morbidity Burdens
Attributable to Various Illnesses and Injuries
Among Active Component Members
of the U.S. Coast Guard, 2024

Absolute and Relative Morbidity Burdens
Attributable to Various Illnesses and Injuries
Among Non-Service Member Beneficiaries
of the Military Health System, 2024

Surveillance Snapshot: Illness and Injury
Burdens Among Reserve Component Members
of the U.S. Armed Forces, 2024

Surveillance Snapshot: Illness and Injury
Burdens Among Reserve Component Members
of the U.S. Coast Guard, 2024

Surveillance Snapshot: Telehealth Services
Among Active Component Members
of the U.S. Armed Forces, 2020–2024

Reportable Medical Events at Military Health
System Facilities Through Week 27,
Ending June 30, 2025

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December 2025
https://www.health.mil/Reference-Center/Reports/2025/12/01/MSMR-Vol-32-No-12-Dec-2025

Cold Weather Injuries
Among the Active
and Reserve Components

of the U.S. Armed Forces,
July 2020–June 2025

Trends in the Prevalence
of Obesity Among U.S.
Active Component Service
Members and Civilians,
2013–2023

Diagnoses of Mental Health
Disorders Among U.S.
Active Component Service
Members, 2020–2024

Perinatal Mental Health
Conditions Among U.S.
Active Component Service
Women, 2016–2022

Reportable Medical Events
at Military Health System
Facilities Through Week 36,
Ending September 6, 2025

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