CDP

Uniformed Services University

Research Update – February 26, 2026

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https://doi.org/10.1002/jclp.70038

Post-9/11 Veterans Military-to-Civilian Transitions: Predictors of Mental Health Symptoms Over the First 3 Years.

Mitchell, M. M., Aronson, K. R., & Perkins, D. F.

Journal of Clinical Psychology
Volume 82, Issue 1, January 2026, Pages 7-17

Objective
Many post-9/11 veterans struggle with psychological symptoms as they transition to civilian life. Adverse childhood experiences, combat exposure, and deployment characteristics are factors associated with symptoms. This study examined changes in the predictive power of these factors over the first 3 years of the military-to-civilian transition among post-9/11 veterans.

Methods
This was a longitudinal survey study in which six waves of data were collected over 3 years.

Results
The associations between combat, ACEs, deployment characteristics, and psychological symptoms were complex, not static, not always linear, and differed between male and female veterans. The number of deployments was associated with fewer psychological symptoms at baseline for both genders. For males, longer deployments at baseline predicted worse mental health, while more deployments were associated with improving mental health over time.

Conclusion
Temporal explorations of veteran mental health are needed to gain insights into how and when psychological problems develop and change over time. Veterans need a robust support network to prevent mental health problems as they transition to civilian life.

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https://doi.org/10.1002/jts.23172

Perceived betrayal moderates the effects of battlefield experiences on suicidal ideation and help-seeking.

Cornwell, J. F. M., Krauss, S. W., Wood, M. D., & Wetzler, E. L.

Journal of Traumatic Stress
Volume 38, Issue 6, December 2025, Pages 1071-1078

Suicide is one of the leading causes of death among military personnel, and help-seeking is crucial to combating it. Research has not yet investigated the role that potentially morally injurious events (PMIEs), particularly betrayal, may play in moderating the effect of battlefield experiences on these variables. Data from 694 U.S. Army personnel, all of whom had at least one combat deployment, were analyzed to examine battlefield life-threatening experiences (LTEs), suicidal ideation, help-seeking behavior, PMIEs, depressive symptoms, anxiety symptoms, posttraumatic stress disorder (PTSD) symptoms, and aggression. Analyses revealed a significant interaction between LTEs and betrayal-type PMIEs predicting both a higher likelihood of suicidal thoughts and planning, relative risk ratio = 1.729, z = 2.13, p = .034, 95% confidence interval (CI) [1.043, 2.863], and help-seeking from fewer sources, incident rate ratio = 0.927, z = −2.26, p = .024, 95% CI = [0.868, 0.990]. These effects held even when controlling for depressive symptoms, anxiety symptoms, PTSD symptoms, and aggression. The findings suggest that betrayal-type PMIEs have a significant moderating effect on the impact of LTEs on suicidal ideation and help-seeking behavior, and this effect cannot be explained by the experience of the other four measured symptoms of psychological distress.

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https://doi.org/10.1001/jamapsychiatry.2025.2850

Brief Cognitive Behavioral Therapy for Suicidal Military Personnel and Veterans: The Military Suicide Prevention Intervention Research (MSPIRE) Randomized Clinical Trial.

Bryan, C. J., Khazem, L. R., Baker, J. C., Brown, L. A., Taylor, D. J., Pruiksma, K. E., Acierno, R., Larick, J. G., Baucom, B. R. W., Garland, E. L., & Rudd, M. D.

JAMA Psychiatry
Published Online: October 8, 2025

Key Points

Question

Can brief cognitive behavioral therapy (BCBT) for suicide prevention reduce suicide attempts and suicidal ideation among high-risk suicidal US military personnel and veterans?

Findings

In this randomized clinical trial of 108 US military personnel and veterans reporting recent suicidal ideation and/or suicidal behaviors, participants who received BCBT were less likely to attempt suicide during follow-up as compared with participants who received present-centered therapy (PCT), an active comparator. Participants receiving BCBT and PCT demonstrated significant reductions in suicidal ideation with no differences between the treatment groups.

Meaning

This study found that BCBT is effective for preventing suicide attempts among high-risk military personnel and veterans.

Abstract

Importance

US military personnel and veterans have higher rates of suicide than the general population. Previous trials support the efficacy of brief cognitive behavioral therapy (BCBT) for reducing suicide attempts among military personnel compared with treatment as usual, and replication of these findings is needed.

Objective

To test the efficacy of BCBT for reducing suicide attempts and suicidal ideation among high-risk military personnel and veterans.

Design, Setting, and Participants

This was a 2-arm, parallel randomized clinical trial comparing BCBT with present-centered therapy (PCT), conducted from 2020 to 2025. The setting was 3 US-based outpatient psychiatric clinics and included US military personnel and veterans reporting suicidal ideation during the past week and/or suicidal behavior during the past month who were either self-referred or referred by their mental health clinicians.

Interventions
Participants were randomly assigned to either BCBT, a psychotherapy that teaches emotion regulation skills, or PCT, a problem-solving psychotherapy, using a computerized algorithm with stratification for sex and number of prior suicide attempts.

Main Outcomes and Measures
The primary outcome was suicide attempt, assessed with the Self-Injurious Thoughts and Behaviors Interview–Revised.

Results
Of 154 individuals assessed for eligibility, 108 (mean [SD] age, 32.8 [12.8] years; 79 male [73.1%]) were enrolled. Fewer patients receiving BCBT (n = 2, estimated proportion = 5.6%) than PCT (n = 8, estimated proportion = 27.9%) attempted suicide during follow-up. Mean time to first suicide attempt was 638.6 (90% CI, 557.8-719.3) days in the PCT group vs 755.9 (90% CI, 715.1-796.8) days in the BCBT group (log-rank $\chi 21 = 3.6$; P = .03). BCBT significantly reduced the risk of any suicide attempt (hazard ratio [HR], 0.25; 90% CI, 0.07-0.90; P = .04) as well as the rate of follow-up suicide attempts (0.06 vs 0.18 attempts per participant-year, risk ratio, 0.24; 90% CI, 0.08-0.70; P = .02). Suicidal ideation significantly decreased in both groups ($F8,264 = 7.2$, P < .001) with no differences between groups ($F8,266 = 0.2$; P = .49).

Conclusions and Relevance
This randomized clinical trial found that BCBT reduced suicide attempts among US military personnel and veterans reporting recent suicidal ideation and/or suicidal behaviors compared with an active comparator. These results replicate earlier findings.

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https://doi.org/10.1097/HTR.0000000000001090

Newly Identified Suicidal Ideation and Suicide Attempts Among Military Service Members Following Traumatic Brain Injury, by Sex.

Brenner, L. A., Tung, M., Forster, J. E., Kinney, A. R., Smith, A. A., Adams, R. S., Caban, J. J., & Wal, I.

Journal of Head Trauma Rehabilitation
40(6): p E482-E490, November/December 2025

Objective:
Although traumatic brain injury (TBI) has been identified as a risk factor for suicide among individuals from civilian and military cohorts, less is known about suicidal ideation (SI) and suicide attempts (SA), which often predate suicide. Moreover, little work has been conducted to evaluate sex-based differences.

Data Sources:
Department of Defense, Military Health System (MHS), and Department of Veterans Affairs, Corporate Data Warehouse.

Participants:
Active Duty military service members (SM) with a history of TBI in the MHS (January 2000–March 2022); overall cohort with sex in medical record n = 354 972, males n = 305 284, and females n = 49 688.

Design:
Descriptive retrospective observational study.

Main Measures:
In the MHS, index TBIs were identified via diagnostic codes. SI and SA codes were captured: (1) prior to index TBI; and (2) within 1, 2, and 5 years post-index TBI; total and newly identified. Sex was identified using MHS data.

Results:
Most injuries sustained by males and females were mild, 65.9% and 77.2%, respectively. Post-TBI incidence of SI and SA was higher than the prevalence of these diagnoses prior to TBI. At all post-TBI time points, the risk of SI and SA was significantly higher for females compared to males. The risk ratio (RR; females:males) at 1-year post-TBI was 1.59 (95% confidence interval [CI]: 1.48, 1.70) and 2.66 (95% CI: 2.06, 3.43), for SI and SA, respectively. Risk remained higher for females through 5-year post-TBI with SI RR = 1.20 (95% CI: 1.13, 1.26) and SA RR = 1.94 (95% CI: 1.58, 2.37).

Conclusions:
Findings highlight the risk of SI and SA by female and male SMs post-index TBI, with female SMs being at higher risk than males, as well as the need for suicide risk screening for those with a history of TBI. Implementing screening in settings where females commonly receive care should be considered.

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https://doi.org/10.1037/pas0001406

Cognitive anxiety sensitivity: Invariance, longitudinal course, and associations with suicide risk in a large military sample.

Robison, M., Patel, T. A., Rice, T. B., Ross, C. P., Velimirovic, M., & Joiner, T. E.

Psychological Assessment
2025; 37(12), 685–698

This study examined cognitive anxiety sensitivity's invariance, longitudinal course, and associations with suicidal thoughts and attempts within a large military sample (N = 1,147). First, multiple group confirmatory factor analyses assessed the latent structure of cognitive subscale from the anxiety sensitivity index (ASI-C) by group (i.e., Active Military/Veterans and men/women). Second, free-loading latent growth curve modeling assessed the stability of cognitive anxiety sensitivity across each group over four time points. Third, multiple linear regressions tested if cognitive anxiety sensitivity at the previous time point predicted suicidal thoughts and number of attempts at the following study visit, above and beyond previous suicidal thoughts, generalized anxiety, and thwarted belongingness and beyond previous lifetime attempts, respectively. The ASI-C displayed a very well-fitting unifactorial structure and metric invariance across all groups. Overall, cognitive anxiety sensitivity appeared to significantly decrease over time across all groups, significantly more so for Active Military personnel than for Veterans and significantly more so for women than for men. Cognitive anxiety sensitivity predicted future suicidal thoughts at Time Point (T) 4 above and beyond control variables among Active Military and T2 and T3 among men but not for Veterans or women. Further, cognitive anxiety sensitivity predicted future suicide attempts at T3 beyond control variables among Active Military, Veterans, and men but was not for women. Findings suggest that cognitive anxiety sensitivity is worth including in suicide risk screening and, due to its malleability, may be a viable treatment target to reduce suicide risk among Active Military and Veteran men. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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https://doi.org/10.1097/HTR.0000000000001135

Psychological Health of Female Service Members and Veterans Associated With Mild Traumatic Brain Injury History: A LIMBIC-CENC Study.

Lempke, L. B., Walton, S. R., Esopenko, C., de Souza, N. L., Wilde, E. A., Bretzin, A. C., Mills, A., Cifu, D. X., Walker, W. C., & Oldham, J. R.

Journal of Head Trauma Rehabilitation
November 20, 2025

Objectives:
To (1) evaluate differences in psychological health outcomes between US female service members and veterans (FSMVs) with and without mild traumatic brain injury (mTBI) history, and (2) examine the associations between psychological health and lifetime mTBI history, time since last mTBI, blast-mTBI history, and combat-mTBI history.

Setting:
Ten military and veteran health care study sites nationwide.

Participants:
FSMV enrolled in the Long-term Impact of Military-relevant Brain Injury Consortium–Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC) study. We used 2:1 propensity score matching to match FSMVs with a prior mTBI (n = 148; age: 40.0 ± 8.7 years; time since last mTBI: 11.6 ± 9.4 years) to those without mTBI history (n = 74) on demographic and health-history confounders.

Design:
Prospective, longitudinal study design with current cross-sectional analysis.

Main Measures:
FSMVs completed thorough health history evaluations and standardized assessments consisting of the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL5), Patient Health Questionnaire-9 (PHQ-9), Neurobehavioral Symptom Inventory (NSI), Satisfaction With Life Scale (SWLS), and the Traumatic Brain Injury–Quality of Life (TBI-QoL) anxiety and emotional–behavioral dyscontrol modules.

Results:
Compared to the no mTBI group, FSMVs with any lifetime mTBI displayed worse PCL-5, PHQ-9, NSI, and TBI-QoL Anxiety total scores ($P \leq .002$), but not SWLS or TBI-QoL emotional–behavioral dyscontrol. Combat mTBI history demonstrated worse PCL-5, SWLS, and TBI-QoL Anxiety total scores ($P \leq .047$). Greater SWLS scores were observed for each year since their last mTBI ($P = .048$). No significant differences for

cumulative mTBI history or any blast-mTBI history were observed across outcomes (P ≥ .146).

Conclusions:
FSMVs with ≥1 mTBI history reported greater psychological symptoms than those without. Among FSMVs with lifetime mTBI history, combat-mTBI history was associated with worse PTSD, life satisfaction, and anxiety symptoms. Our findings indicate that a single mTBI, notably combat-related, may adversely impact psychological health, but future research is necessary for longitudinal, comprehensive FSMV health understanding across the lifespan post-mTBI.

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https://doi.org/10.1016/j.jpsychires.2025.10.060

Association between adverse childhood experiences and combat-related PTSD among Israeli conscripts referred for pre-enlistment mental health evaluations.

Abuhasira, S., Shelef, L., Kerem, L., Tatsa-Laur, L., & Tenenbaum, A.

Journal of Psychiatric Research
Volume 192, January 2026, Pages 385-389

Highlights

- Prevalence of combat-related PTSD increases over the military service period from .01 % at enlistment to .06 % at discharge.
- Sexual abuse and emotional neglect showed a significant association to increased combat-related PTSD risk.
- ACEs significantly predict PTSD in military draftees beyond and over their combat roles.
- Findings support performing routine ACE screening on enrollment and implementing trauma-informed resilience programs.

Abstract
Background
Adverse childhood experiences (ACEs) have been associated with PTSD in military populations, but most studies assess ACEs retrospectively after trauma exposure, introducing potential recall bias. Few studies examine ACE-PTSD associations using pre-service assessments where temporal ordering is clear.

Methods
This retrospective cohort study analyzed data from 288,633 Israeli Defense Forces conscripts who underwent pre-enlistment mental health evaluations between 2009 and 2019. Participants were systematically identified through universal mandatory screening, representing approximately 20 % of conscripts referred for psychiatric evaluation based on general mental health indicators. We examined associations between nine ACE types assessed before military service and combat-related PTSD diagnosed during service (ICD-10 criteria). Logistic regression models adjusted for sex, socioeconomic status, intellectual functioning, military role, and pre-service psychiatric diagnoses.

Results
Combat-related PTSD was diagnosed in 165 conscripts (.06 %). In adjusted models, sexual abuse (OR = 4.14, 95 % CI: 2.34–7.33, p < .001) and emotional neglect (OR = 1.92, 95 % CI: 1.17–3.15, p = .010) were associated with PTSD risk. Physical abuse showed a borderline association in unadjusted analyses but was not significant in the final model.

Conclusions
Among conscripts with elevated baseline psychiatric risk, sexual abuse and emotional neglect assessed before military service were associated with combat-related PTSD. The low case number (n = 165) limits precision of effect estimates and requires replication in larger samples. However, the study's pre-service ACE assessment eliminates recall bias, and the clear temporal ordering (ACE assessment occurred before combat exposure was possible) addresses selection concerns common in military mental health research. These findings suggest specific ACE types may warrant attention in future prospective studies examining PTSD vulnerability in military populations.

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https://doi.org/10.1371/journal.pgph.0005471

Letting stories breathe: Identifying adverse and benevolent childhood experiences in the stories of Military-Connected Children and Young People.

Watson, P. G., Camara, C., Cairns, R., Bramwell, S., Soto, M., & Crouch, E.

PLOS Global Public Health
2025; 5(12): e0005471

This study explores the narrated lived experiences of Military-Connected Children and Young People (MCCYP) in Denmark and examines the relationship between Adverse Childhood Experiences (ACEs) and Benevolent Childhood Experiences (BCEs), particularly in the context of parental combat-related PTSD within their told stories. Using content analysis, interview data was re-analysed using the Adverse Childhood Experiences (ACEs) and Benevolent Childhood Experiences (BCEs) questionnaires to identify ACEs and BCEs within the captured narrative data. The initial study where the data was captured examined military children's experiences and the impact of a five-day residential camp on well-being, resilience, and self-esteem, based on co-constructed meaning between participants and researchers, with ethical approval ensuring parental consent and participant assent. Ten young people (aged 12–19, mean = 15.00, SD = 2.54) attended the Denmark-based camp run by Støt Soldater & Pårørende (SSOP), a charity supporting children of veterans. Six were female, four males, and all had at least one parent with a self-reported PTSD diagnosis. The findings show that most participants (nine out of ten) had a parent with PTSD, leading to an average ACE score of 2.7. These challenges included physical or emotional abuse, living with a parents who has poor mental health, witnessing domestic violence and having a parent abuse substances. Despite these challenges, all participants reported key protective factors, contributing to an average BCEs score of 4. The protective factors included feeling safe with a caregiver, having external support, and experiencing home stability. The study discusses the implications for clinical practice, proposing the ICE (Identify, Connect, Engage) model for Trauma-Informed Care (TIC), which focuses on early identification of adversities, building trust through compassionate connection, and involving MCCYP in decision-making. The study underscores the importance of letting stories breathe to considering both the adversities and resilience factors in MCCYP narratives, advocating for a holistic, child-centred approach to supporting their health and well-being.

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https://doi.org/10.1159/000549158

Walk and Talk: A Randomized Controlled Trial of Multi-Modal Motion-Assisted Memory Desensitization and Reconsolidation Therapy versus Treatment as Usual for Veterans and First Responders with Posttraumatic Stress Disorder.

Nijdam, M. J., Goorden, P., Martens, I. J. M., de Haart, R., Klein, N. S., Peeters, S. B., Waagemans, M. L., Hakkaart-van Roijen, L., de Groot, D., & Vermetten, E.

Psychotherapy and Psychosomatics
Advance online publication

Introduction:
Posttraumatic stress disorder (PTSD) presents a significant challenge within the treatment of mental health issues, particularly in veterans and first responders who often experience resistance to standard treatments. This study evaluated the effectiveness of a virtual reality exposure-based treatment with motion as compared to treatment as usual (TAU), as first-line treatment for PTSD within these populations.

Methods:
This multicenter, parallel, single-blind, non-inferiority randomized controlled trial was conducted in three centers across the Netherlands. We included adults diagnosed with occupational or combat-related PTSD, without prior treatment history. Participants were randomized (1:1) to receive either manualized multi-modal motion-assisted memory desensitization and reconsolidation (3MDR) therapy or manualized regular trauma-focused psychotherapy (TAU). 3MDR was applied in fewer sessions than TAU. Primary outcome was self-reported PTSD severity, based on the PTSD Checklist for DSM-5, assessed at baseline, post-treatment, 3 and 6 months post-treatment. Secondary outcomes were clinician-rated PTSD, avoidance, comorbid disorders and symptoms, and functioning. The trial was prospectively registered in the Dutch Trial Register, NL-OMON55588.

Results:
Between February 15, 2018, and July 22, 2022, 134 participants with PTSD were enrolled, with 67 (50%) randomized to 3MDR and 67 (50%) to TAU of whom 106 (79%) were veterans, and 28 (21%) were first responders. Significant time effects were demonstrated in self-reported and clinician-rated PTSD severity for both groups, as well as in avoidance, comorbid disorders, and functioning. At 6 months post-treatment, 3MDR proved to be non-inferior to TAU in terms of self-reported PTSD (mean difference = −2.91 [95% CI −7.92, 2.10], p = 0.25).

Conclusion:
3MDR demonstrates to be an effective alternative first-line treatment for PTSD stemming from occupational traumatic events. Even though it leans on infrastructure with a treadmill and other hardware components, it may offer an alternative over

conventional trauma-focused psychotherapies for PTSD that yields savings of a quarter of time spent within therapy.

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https://doi.org/10.1080/15504263.2025.2559168

Functional Relationships of Binge Drinking and Alcohol-Related Problems With Posttraumatic Stress Symptoms in a Pilot Sample of Veterans.

Zaur, A. J., Latourrette, C., Rappaport, L. M., Fountain, C., Walker, W. C., Austin, T. A., Martindale, S. L., Amstadter, A. B., & Sheerin, C. M.

Journal of Dual Diagnosis
Volume 21, 2025 - Issue 4: Psychotherapy & Psychosocial

Objective
Posttraumatic stress (PTS) symptoms and problematic alcohol use (e.g., binge drinking and alcohol-related problems; ARP) commonly co-occur following stressors and traumatic events. Ecological momentary assessment methods can clarify the functional relationships between these conditions.

Methods
Twenty-five trauma-exposed combat veterans with pre-pandemic heavy drinking histories completed three daily smartphone surveys for four weeks, assessing binge drinking, ARP, PTS symptoms, and positive and negative affect. Within-person multi-level models assessed PTS and alcohol relationships, covarying for affect and demographics.

Results
Within-person variation in PTS was inversely associated with binge drinking but not associated with ARP after adjustment for interindividual heterogeneity. Within-person variation in ARP was not associated with PTS after adjustment for interindividual heterogeneity. The covariate of negative affect was positively associated with ARP and PTS.

Conclusions
Findings suggest negative affect, rather than PTS, has the strongest association with variation in ARP symptoms in this at-risk sample. There was also evidence of individual differences in the strength and direction of effects.

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https://doi.org/10.1111/acer.70195

Assessment of the validity and clinical utility of AUDIT-C versus RAPS-4 alcohol screeners among active-duty US Army soldiers.

Duffy, F. F., Hoge, C. W., Gomez, S. A. Q., Beymer, M. R., Bricault, S. A., Carrasquillo, K. D., Wilk, J. E., Bell, A. M., & Quartana, P. J.

Alcohol: Clinical and Experimental Research
2025; 49, 2738–2753

Background:
High rates of alcohol-related problems have been reported among US service members (SMs). Screening questions on drinking and related behaviors can help identify individuals at-risk for alcohol-related problems. However, brief alcohol screeners, such as the alcohol use disorders identification test-consumption (AUDIT-C) and the 4-item rapid alcohol problems screening (RAPS-4), have not been adequately and concurrently validated among active-duty SMs.

Methods:
From October to December 2021, 19,465 active-duty soldiers (including activated reserve soldiers) completed anonymous command-directed e-surveys (response rate= 31%); two random samples were drawn and sex-stratified. The AUDIT-C, RAPS-4, depression (PHQ2), anxiety (GAD2), and suicidal thoughts (2-item CSSRS) were analyzed to assess convergent validity and clinical utility of the AUDIT-C versus RAPS-4.

Results:
Findings indicate fair-to-moderate (φ = 0.310-0.399) convergence between screeners among males and weak-to-fair (φ = 0.227-0.391) convergence among female soldiers. Among male soldiers, the best level of agreement between screeners, albeit fair in concordance, was AUDIT-C ≥ 6 (weighted kappa = 0.381-0.399). Among female soldiers, AUDIT-C ≥ 4 or 5 demonstrated the best concordance with RAPS-4 (weighted kappa = 0.384-0.380, respectively). Importantly, however, less than one-third of soldiers screened positive by both AUDIT-C and RAPS-4; over two-thirds had discordant screening results. Although both screeners were independently and positively

associated with risk for suicidal thoughts, depression, and/or anxiety, the RAPS-4 demonstrated stronger association with suicidal thoughts than AUDIT-C.

Conclusion:
The AUDIT-C and RAPS-4 each capture unique but interrelated aspects of drinking behaviors. The RAPS-4 appears advantageous by including clinically oriented questions that have shown to strongly correlate with AUD risk, and in this study demonstrated strong correlations with risk for other mental health conditions. In contrast, the AUDIT-C is only limited to consumption-focused items. While the AUDIT-C is currently mandated primary alcohol screener in military settings, the stronger correlation of RAPS-4 with related behavioral health outcomes warrants further research and consideration as a preferable primary screener among SMs.

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https://doi.org/10.1001/jamainternmed.2025.6496

Medical Cannabis and Opioid Receipt Among Adults With Chronic Pain.

Slawek, D. E., Zhang, C., Dahmer, S., Sohler, N., Zolotov, Y., Starrels, J. L., Deng, Y., Calderon DiFrancesca, G., Levin, F. R., Ross, J., Minami, H., Cunningham, C. O., & Arnsten, J. H.

JAMA Internal Medicine
Vol. 186, No. 2

Key Points
Question
Is participation in the New York State (NYS) medical cannabis program associated with reduced prescription opioid receipt among adults with chronic pain?

Findings
In this cohort study of 204 adults with chronic pain, participation in the NYS medical cannabis program, defined as monthly dispensation of medical cannabis reported by the dispensary pharmacist, was associated with significantly reduced prescription opioid receipt.

Meaning
These findings suggest that participation in a pharmacist-directed medical cannabis program may help reduce prescription opioid receipt among adults with chronic pain.

Abstract

Importance

Medical cannabis is increasingly considered a substitute for prescription opioid medications for chronic pain, driven by the urgent need for opioid alternatives to combat the ongoing epidemic.

Objective

To determine the association between participation in the New York State (NYS) medical cannabis program and prescription opioid receipt among adults with chronic pain.

Design, Setting, and Participants

This cohort study used data from the NYS Prescription Monitoring Program (PMP) from September 2018 through July 2023. Adults prescribed opioids for chronic pain who were newly certified for medical cannabis use in NYS were recruited from a large academic medical center and nearby medical cannabis dispensaries in the Bronx, New York. Monthly dispensation of medical cannabis to study participants was monitored for 18 months. Data analyses were performed from February 3, 2025, to July 15, 2025.

Exposure

Portion of days covered each month by pharmacist report of dispensed medical cannabis.

Main Outcomes and Measures

Prescription opioid receipt, defined as NYS PMP-reported prescription monthly opioid dispensation (mean daily dose in morphine milliequivalents [MME]), was assessed with marginal structural models adjusted for time-invariant and time-varying confounders, including self-reported unregulated cannabis use. Nonprescribed opioid use was also assessed during the study period.

Results

Among 204 participants, the mean (SD) age at baseline was 56.8 (12.8) years, and 113 (55.4%) were female. At baseline, participants' mean (SD) pain severity score was 6.6 (1.8) out of 10, and mean (SD) pain interference score was 6.8 (1.9) out of 10. Baseline mean (SD) daily MME was 73.3 (133.0). During the 18-month follow-up period, participants' mean (SD) daily MME decreased to 57.4 (127.8). This reduction in mean daily MME was associated with the monthly portion of days covered with medical cannabis; compared with no medical cannabis dispensed, participants dispensed a 30-

day supply of medical cannabis were exposed to 3.53 fewer MME per day (β = −3.53; 95% CI, −6.68 to −0.04; P = .03).

Conclusions and Relevance
In this cohort study, participation in NYS's medical cannabis program was associated with reduced prescription opioid receipt during 18 months of prospective follow-up, accounting for unregulated cannabis use.

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https://doi.org/10.1080/15332640.2024.2302312

Cannabis approval and perceived risk of use among minority U.S. Army Reservists.

Kulak, J. A., Lopez, J., Lawson, S. C., Arif, M., Homish, D. L., & Homish, G. G.

Journal of Ethnicity in Substance Abuse
Volume 24, 2025 - Issue 4

This study examined how minoritized U.S. Army Reserve/National Guard service members perceive cannabis use amid a continuously evolving societal and legal landscape in the United States. Logistic regression analyses were conducted to examine relationships between cannabis perceptions and race while considering illicit drug use norms, posttraumatic stress disorder symptomatology, and current drug use. Non-Hispanic Black soldiers had lower odds of approval for medicinal cannabis use and Hispanic soldiers had higher odds of perceived risk of cannabis use, both of which persisted when considering key covariates. These findings may be partly explained by a confluence of societal and cultural factors.

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https://doi.org/10.1093/abm/kaaf095

Trauma, posttraumatic stress disorder, and incident chronic disease.

Bourassa, K. J., Anderson, L., Brown, J. C., Dennis, P. A., Garrett, M. E., Ashley-Koch, A. E., Beckham, J. C., & Kimbrel, N. A.

Annals of Behavioral Medicine
2025 Jan 4; 59(1): kaaf095

Background:
Posttraumatic stress disorder (PTSD) is associated with chronic disease risk, particularly cardiovascular disease (CVD). However, few studies have combined detailed measurements of trauma exposure and PTSD with incident chronic disease outcomes assessed using electronic health records (EHRs).

Purpose:
Our study examined associations between traumatic stress (combat exposure, lifetime trauma exposure, PTSD symptoms, and PTSD diagnosis) and chronic disease outcomes, including 7 clinical risk factors and 11 major chronic disease diagnoses assessed using EHRs.

Methods:
Participants included 3696 post-9/11 US veterans enrolled in the VISN 6 (Veterans Integrated Service Networks 6) MIRECC (Mental Illness Research, Education, and Clinical Center)'s Post-Deployment Mental Health Study cohort who averaged 38.1 years old at baseline with 13.3 years of follow-up.

Results:
At baseline, greater PTSD symptoms were associated with higher body mass, more alcohol use, higher rates of smoking, hypertension, and hyperlipidemia. Over follow-up, veterans with more combat exposure (HR, 1.11; 95% CI, 1.04-1.19; P = .002), trauma exposure (HR, 1.15; 95% CI, 1.08-1.23; P < .001), PTSD symptoms (HR, 1.22; 95% CI, 1.14-1.30; P < .001), or a diagnosis of PTSD (HR, 1.39; 95% CI, 1.21-1.59; P < .001) developed more chronic disease. PTSD symptoms and diagnostic status showed consistent associations with incident onset of CVD, diabetes, and pulmonary disease, and associations remained when accounting for non-PTSD psychiatric diagnoses. Compared to veterans with current PTSD, veterans with past PTSD had reduced risk of developing chronic diseases.

Conclusions:
Future research should examine if treating PTSD and the sequelae of trauma has the potential to reduce risk for chronic disease, particularly CVD, diabetes, and pulmonary disease.

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U.S. Army psychiatric and behavioral health challenges in future LSCO: A narrative review.

Wilkes, S. L., Wolfe, C. L., Novosel-Lingat, J. E. M., Pitts, W. B., & Sullivan, R. M.

Military Psychology
Published online: 05 Dec 2025

Future large-scale combat operations (LSCO) against near-peer adversaries may unfold in a fluid, multi-domain battlespace where precision fires, drone swarms, and contested evacuation erase rear-area sanctuaries. This narrative review synthesizes historical evidence, emerging doctrine, and lessons from contemporary conflicts to: (1) depict the operational realities and casualty patterns anticipated in LSCO; (2) map the spectrum of behavioral-health effects, from acute combat and operational stress reactions (COSRs) to psychiatric casualties such as PTSD or psychosis; (3) clarify the distinctions between transient COSRs and diagnosable psychiatric disorders; (4) delineate the essential clinical, advisory, and leadership roles of forward-deployed psychiatrists and other behavioral health professionals in triage, stabilization, and return-to-duty decisions; and (5) identify planning and capability gaps in prolonged field care for psychiatric casualties while proposing evidence-informed solutions to close them. Preserving medical and psychological readiness in LSCO demands a shift from counterinsurgency-era reliance on rapid aeromedical evacuation to a layered, in-theater continuum of care that can safely hold and treat Soldiers for days or weeks under fire. Targeted investments in training, interdisciplinary behavioral health personnel mix, psychotropic logistics, and distributed restoration centers are critical to “conserving fighting strength” when evacuation is delayed or impossible. Implementing these recommendations will allow commanders to mitigate psychological attrition, maximize return-to-duty rates, and sustain combat effectiveness in the high-tempo, high-casualty wars the Army now foresees.

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Sleep quality of service members and veterans with and without reports of dizziness.

Hoppes, C. W., Erbele, I. D., Lambert, K. H., Thapa, S., Rich, E. S., Yuan, T. T., Brock, M. S., & Reavis, K. M.

Journal of Vestibular Research
2025; 36(1): 47-56

Background
Military duty may place Service members and Veterans at an increased risk of experiencing dizziness. Individuals with dizziness report poor sleep quality as well as abnormal sleep duration, which is associated with increased risk of falling and worse quality of life. The overall pooled prevalence of poor sleep quality in Service members and Veterans was 69%, but it is not known if Service members and Veterans with self-reported dizziness report poorer sleep quality than their counterparts without dizziness.

Objective
The purpose of this research study was to evaluate the sleep quality of Service members and Veterans with and without reports of dizziness.

Methods
Descriptive statistics were used to explore the prevalence of self-reported dizziness among Service members and Veterans by demographic characteristics. Descriptive statistics were also used to describe the prevalence of participants' dizziness symptoms and the mean age participants first noticed dizziness. Models (unadjusted and adjusted) were created by regressing sleep disorders and daytime sleepiness on dizziness frequency. Potential confounders were chosen a priori through a theoretical framework. Military status (Service member vs Veteran) was explored as an interaction term. Odds ratios (ORs) and 95% confidence intervals (CIs) were calculated, with statistical significance determined by the 95% CI.

Results
Dizziness was reported by 22.4% of Service members (n = 171 of 763) and 31.7% of Veterans (n = 241 of 761). Service members and Veterans with dizziness were 1.7 times more likely to have a sleep disorder than Service members and Veterans without dizziness.

Conclusions
Service members and Veterans with dizziness were more likely to have poor sleep quality than those without dizziness. Medical providers should screen for sleep disturbances, evaluate for obstructive sleep apnea, treat chronic insomnia disorder, and

consider referral for vestibular rehabilitation in Service members and Veterans presenting with dizziness.

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https://doi.org/10.1111/hex.70508

A Case Study of Veteran Patient-Researcher Partnerships in Mental Health Research and Practice: Three Recommendations From a Veteran Patient Engaged in Research (VPER).

Brown, M. E., Bailey, H. M., Riendeau, R. P., Miller, C. J., Kim, B., Woodward, E. N., & Turner, C.

Health Expectations
28 (2025): 1-6

Introduction
Veteran patient partnerships in research improve patient-centred healthcare outcomes within US Department of Veterans Affairs (VA) medical centres. To achieve this, researchers must contextualize perspectives, motivations, and contributions of Veteran patients engaged in research (VPERs) as valued consultants within a complex healthcare environment. Our objective was to investigate best practices for research teams partnering with VPERs by utilizing the expertise of our research team's own VPER. The parent project of this case study, Hybrid Controlled Trial to Implement Collaborative Care in General Mental Health, was approved by the VA Boston Healthcare System Institutional Review Board and deemed research.

Objective
Provide three key recommendations when engaging military Veterans and/or VA Veteran Patients in research to facilitate sustained teamwork and integration.

Study Design and Methodologies
This paper is structured as a qualitative descriptive data-based case study. Two team members used a semi-structured conversation guide to interview Dr. Colleen Turner, MSW, PhD, Lt. Col. (Ret., US Air Force Reserves) for one hour about her experience as a VPER on the 5-year research project. This manuscript was then written collaboratively by members of the team, with heavy influence and editing from Colleen for details and accuracy.

Results
Improving mental healthcare for Veterans motivated Colleen to serve as a VPER from 2015 to 2020. She used organizational and provider-level mental health expertise gained during her Air Force service, applied her graduate social work training, and offered her experience as a VA patient. A diverse background and an ability to codeswitch helped her navigate the study and enriched the team's partnership dynamics. Through a qualitative interview with Colleen about her experience as a VPER, three recommendations emerged for research teams to better situate VPERs on studies: (1) ensure initial project literacy and provide ongoing support, (2) incorporate VPER goals into project work and (3) communicate both (a) offers of reasonable compensation and professional acknowledgement and (b) visible patient-centred outcomes.

Conclusion
This case study deepens the understanding of how to meaningfully incorporate VPERs into a partnered research study. Engagement starts early, continues throughout the study, and culminates with well-communicated outcomes as they pertain to the researchers' and VPERs' goals. These recommendations closely align with widely accepted community-engaged research practices and may guide ongoing and future studies to further improve patient engagement in research and the collaboration experiences of VPERs.

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https://doi.org/10.1007/s00737-025-01629-3

Partner military deployment during wartime is associated with maternal depression and impaired maternal-infant attachment: a matched-control study from the Israel-Hamas war.

Allouche-Kam, H., Chan, S. J., Arora, I. H., Pham, C. T., Reuveni, I., Sheiner, E., & Dekel, S.

Archives of Women's Mental Health
Volume 28, pages 1633–1643, (2025)

Purpose
The pregnancy and postpartum periods represent a time of heightened psychological vulnerability with implications for the offspring. Knowledge of the mental health of

perinatal women exposed to armed conflict when their partner is in military deployment is scarce.

Methods
This matched-control, survey-based study included a sample of 429 women recruited during the first months of the Israel-Hamas War who were pregnant or within six months postpartum. Women who had a partner in military deployment were matched primarily on demographics, prior mental health, and trauma exposure to women whose partner was no longer deployed.

Results
We found that nearly 44% of pregnant women with a partner deployed endorsed probable depression. This group was more than twice as likely to endorse probable depression than matched pregnant controls. Likewise, postpartum women with a partner deployed reported significantly more maternal-infant attachment problems than the matched postpartum group of partners not deployed. Importantly, analysis showed that partner's active deployment was related to maternal depression and attachment problems via reduced perceived social support.

Conclusions
Partner military deployment during conditions of war can serve as a major psychological stressor for pregnant and postpartum women. It can heighten psychiatric morbidity and interfere with attachment to the infant in part by diminished social support. Implementation of community-based services for the peripartum population is crucial during times of war and other large-scale traumas.

Highlights

- Partner military deployment increases risk for antepartum depression and attachment problems.
- Reduced social support explains these maternal outcomes.
- Clinical attention to the wellbeing of the peripartum population is warranted during times of collective trauma.

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https://doi.org/10.1186/s40359-025-03788-5

Association of potential morally injurious events, moral injury and somatic symptoms of health in UK military veterans: a cross-sectional study.

Campbell, G. M., Biscoe, N., Bonson, A., & Murphy, D.

BMC Psychology
Volume 14, article number 56, (2026)

Background
Moral injury can follow exposure to three types of potentially morally injurious event (PMIE). Both PMIE exposure and moral injury are associated with poor health and functioning outcomes. Moral injury, somatic symptoms and other impaired mental health and functioning outcomes are frequently observed as co-occurring in treatment-seeking military veterans. This cross-sectional study aimed to examine the associations between moral injury, somatic symptoms and other frequent co-morbidities, and the association between the PMIE type experienced and somatic symptoms. Better understanding the relationships between these comorbidities can help inform assessment and clinical interventions in complex and comorbid populations.

Methods
A total of 428 UK armed forces veterans seeking treatment for mental health difficulties from a treatment charity completed measures exploring PMIE type, moral injury, somatic symptoms, and frequently co-occurring outcomes including anger, depression and anxiety, Complex PTSD (CPTSD) and PTSD. Single and multiple linear regression models were used to analyse the relationship between co-morbid symptoms. Logistical regression models were used to explore the relationship between PMIE type and somatic symptoms.

Results
Linear regressions observed significant relationships between symptoms of moral injury and somatic symptoms, anxiety and depression, anger difficulties and CPTSD. Only associations with anger difficulties and CPTSD remained significant after adjusting for other significant health outcomes. Betrayal-PMIEs were significantly associated with somatic symptoms. Co-occurring anger was significantly associated with this relationship.

Conclusions
These results indicate that moral injury symptoms appeared most strongly associated with co-occurring anger and CPTSD. Different PMIEs may result in differing somatic symptoms, with the presence of anger potentially playing a moderating role. This has significance for guiding deeper understanding of patient presentations, as well as indicating possible focus for transdiagnostic therapeutic interventions. The underlying

mechanisms of moral injury including as a co-morbidity and its overlap with an array of health outcomes, require further exploration.

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https://doi.org/10.1016/j.jad.2025.120722

Mystical experiences during magnesium-Ibogaine are associated with improvements in PTSD symptoms in veterans.

Brown, R. E., Lissemore, J. I., Shinozuka, K. F., Coetzee, J. P., Faerman, A., Olash, C. A., Geoly, A. D., Buchanan, D. M., Cherian, K. N., Chaiken, A., Shamma, A., Sridhar, M., Hunegnaw, S. A., Johnson, N. D., Rolle, C. E., Adamson, M. M., & Williams, N. R.

Journal of Affective Disorders
Volume 395, Part B, 15 February 2026, 120722

Highlights

- Magnesium-ibogaine frequently evoked mystical experiences.
- More intense mystical experiences were associated with greater PTSD improvement.
- Sustained shift in peak alpha frequency may underlie observed clinical effects.

Abstract
Ibogaine is an atypical psychedelic that evokes unique subjective effects, including mystical experiences. Mystical experiences have shown a mediating effect on clinical improvements following treatment with several psychedelic substances; however, the relationship between mystical experiences and clinical outcomes following ibogaine remains unclear. We examined the association between mystical experiences during ibogaine and subsequent changes in PTSD severity. We also explored the relationship between mystical experiences and several electroencephalography (EEG) measures found to underlie some of ibogaine's therapeutic effects. Our study included 30 male Veterans with traumatic brain injury from repeated blast/combat exposures who underwent magnesium-ibogaine therapy. We assessed mystical experiences post-treatment using the Mystical Experiences Questionnaire (MEQ30). PTSD severity and resting-state EEG assessments occurred at baseline and immediately and 1-month post-treatment. In linear mixed models, we used the time by MEQ30 interaction to assess the relationship between MEQ30 and changes in PTSD severity and EEG measures after treatment. Participants reporting greater intensity of mystical experiences following magnesium-ibogaine exhibited larger reductions in PTSD both

immediately and one month after treatment (time by MEQ30 interaction for change from baseline: immediate post-treatment Badj = −5.89, padj < 0.001; 1-month post-treatment Badj = −4.45, padj = 0.007). Greater intensity of mystical experiences was also associated with larger reductions in peak alpha frequency one month after treatment (Badj = −0.38, padj = 0.006). These findings suggest that mystical experiences may contribute to improvements in PTSD following magnesium-ibogaine. Greater mystical experiences during ibogaine treatment may also be related to persisting decreases in peak alpha frequency.

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https://doi.org/10.1037/trm0000600

Exploring Associations Between Deployment-Related Events and Moral Injury Outcomes in Post-9/11 Veterans.

Fernandez, P. E., Kim, E., Nieuwsma, J. A., & Currier, J. M.

Traumatology
Advance online publication

Moral injury is a trauma-related condition that may develop following exposure to events that violate one's deeply held moral beliefs and values (termed potentially morally injurious events [PMIEs]). Research has not examined differential roles of the many protective and iatrogenic experiences surrounding a war-zone deployment that might influence development of moral injury after the military-to-civilian transition. In total, 309 post-9/11 combat veterans completed a cross-sectional survey including the Deployment Risk and Resilience Inventory-2, Moral Injury Events Scale, and the Expressions of Moral Injury Scale-Military version after separating from the military. Whether focusing on childhood or predeployment experiences or the deployment period itself, bivariate analyses revealed veterans who endorsed moral injury outcomes generally had less relational supports and a range of adverse and potentially traumatic events. Using a multivariate regression analysis with posttraumatic stress disorder symptom severity as a covariate, exposures to PMIEs (transgression and betrayal events) were uniquely linked with greater moral injury outcomes in the presence of other stressful events and possible traumas. However, perception of greater unit support was also uniquely inversely associated with moral injury outcomes in this analysis. In combination, these results affirm the probable link between varying types of PMIE exposures and moral injury outcomes while also suggesting the vital importance of

having a cohesive and supportive unit during a war-zone deployment. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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https://doi.org/10.1016/j.jpsychires.2025.12.032

Mediating pathways from potentially morally injurious events to PTSD: A longitudinal cohort study of U.S. post-9/11 veterans.

Canning, L. M., Castro, C. A., Pedersen, E. R., Livingston, W. S., Leightley, D., Prince, M. A., & Davis, J. P.

Journal of Psychiatric Research
Volume 193, February 2026, Pages 561-569

In the military, potentially morally injurious events (PMIEs) are experiences that violate a service member's moral values and have been linked to psychological distress, including posttraumatic stress disorder (PTSD). However, debate persists over how to best conceptualize PMIEs: as a unitary exposure or as role-specific appraisals of perpetration, witnessing, or betrayal. Guided by the Dual Process Model of moral injury, this study examines whether anger, loneliness, and trauma-related guilt mediate the relationship between PMIEs and PTSD symptoms, and whether different PMIE conceptualizations offer distinct explanatory value. Data were drawn from a longitudinal study of 1230 post-9/11 U.S. veterans. Three mediation models were estimated using: (1) a one-factor model, (2) a two-factor model combining perpetration/witnessing and betrayal, and (3) a three-factor model separating perpetration, witnessing, and betrayal. Across models, anger and loneliness consistently mediated the link between PMIEs and PTSD, while trauma-related guilt did not. Both the two-factor and three-factor models revealed that perpetration and betrayal predicted anger and loneliness, whereas witnessing did not significantly predict any process. These findings suggest that anger and loneliness may serve as robust treatment targets following PMIE exposure, regardless of the specific moral transgression. Results support a shift toward process-based models of PMIE-related distress and highlight the need for refined measurement of moral injury exposures.

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Links of Interest

Opinion: Supporting fathers is a readiness issue the Army can't ignore
https://www.armytimes.com/opinion/2026/02/17/supporting-fathers-is-a-readiness-issue-the-army-cant-ignore/

Watchdog finds gaps in military response to missing service members
https://www.armytimes.com/news/your-military/2026/02/18/watchdog-finds-gaps-in-military-response-to-missing-service-members/

- Service Member Absences: Actions Needed to Improve Response Process

Top enlisted Marine issues emotional appeal to 'reach out to somebody'
https://taskandpurpose.com/military-life/marines-ruiz-appeal-help/

The military's complicated history with tobacco
https://www.militarytimes.com/off-duty/military-culture/2026/02/24/the-militarys-complicated-history-with-tobacco/

How to Communicate and Write about Veteran Suicide
https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf

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Resource of the Week – 2024 DEMOGRAPHICS: Profile of the Military Community

> This Demographics Report, which was prepared for the U.S. Department of Defense (DOD), presents a synthesis of demographic information describing members and families in the military community in fiscal year 2024. Active-duty service branches include DOD's Army, Navy, Marine Corps, Air Force, and Space Force; and the reserve components include DOD's Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Department of Homeland Security's (DHS) Coast Guard Reserve.

CHAPTER 1

Total Military Force

CHAPTER 2

Active-Duty Members

CHAPTER 3

Reserve and Guard Members

CHAPTER 4

Total Force Families

CHAPTER 5

Active-Duty Families

CHAPTER 6

Reserve and Guard Families

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