

CDP



Research Update – April 2, 2026

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- Disentangling PTSD and MDD: Examining temporal changes in symptoms during trauma-focused treatment.
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- Trauma exposure in adulthood and suicidal experiences in serving and ex-serving military personnel: A systematic review and meta-analysis.
- PTSD symptoms and indices of suicide attempt seriousness among military service members psychiatrically hospitalized for a suicide attempt.
- Individual differences in affect during suicidal and nonsuicidal states among military personnel and veterans with posttraumatic stress disorder (PTSD).
- Links of Interest
- Resource of the Week: DAF publishes Family Preparedness Guide, comprehensive resource for family planning. (Department of the Air Force)

<https://doi.org/10.1002/oby.70165>

Prevention of Excess Weight Gain Among Adolescent Military-Dependents at High Risk for Obesity.

Ranzenhofer, L. M., Shank, L. M., Thompson, K., Schvey, N., Wilfley, D. E., Young, J. F., Burke, N. L., Olsen, C. H., Lavender, J. M., Schrag, R., Jorgensen, S., Quinlan, J., Klein, D. A., Haigney, M., Yanovski, J. A., Sbrocco, T., & Tanofsky-Kraff, M.

Obesity

First published: 09 March 2026

Objective

Given their unique psychosocial milieu, military-dependent youth (children of service members) may be vulnerable to excess weight gain, adverse cardiometabolic health, and binge eating. This study aimed to test the effects of group interpersonal psychotherapy (IPT), relative to a standard-of-care health education (HE) group, on these outcomes in adolescent military-dependents.

Methods

Military-dependent 12 to 17-year-olds with BMI \geq 85th percentile and elevated anxiety and/or recent loss-of-control-eating participated in a multisite cluster randomized controlled trial comparing 12 weeks of adapted group IPT, targeting psychosocial problems, to a HE group. BMI, cardiometabolic health, and binge eating were assessed at baseline, posttreatment, and 1-year follow-up. BMI and cardiometabolic variables were measured or retrieved from electronic medical records at 2- and 3-year follow-ups.

Results

We were not able to recruit a fully powered trial; however, we analyzed data from 153 adolescent military-dependents (43.8% boys) with LOC-eating and/or high anxiety. There were no group differences between IPT and HE on outcomes. Some improvements in BMI indices, glucose regulation, and binge eating ($p < 0.001$) were observed across both groups.

Conclusions

Group-based interventions may positively impact weight trajectories and cardiometabolic health among adolescent military-dependents. Future studies should elucidate potential moderators and mechanisms of interventions on outcomes in this important population.

Trial Registration: ClinicalTrials.gov identifier [NCT02671292](https://clinicaltrials.gov/ct2/show/study/NCT02671292)

Study Importance

What is already known?

- Interpersonal psychotherapy (IPT) improved BMI trajectories in adolescent girls with loss-of-control (LOC)-eating and high anxiety over 3 years relative to a health education (HE) comparison condition.

What does this study add?

- In female and male adolescent military-dependents with LOC-eating and/or high anxiety, there were no significant group differences between IPT and HE on outcomes.
- Some improvements in BMI parameters, HbA1c, and binge eating were observed across both intervention groups (IPT and HE).

How might these results change the direction of research or the focus of clinical practice?

- Group interventions that provide social support and discuss relationships and/or health-related topics may have the potential to reduce binge eating and improve BMI trajectories in military-dependent adolescents at risk for excess weight gain.

<https://doi.org/10.1093/milmed/usaf638>

Exploring Health Care Experiences of Military-Connected Parents of Children With Mental, Emotional, Developmental, and Behavioral Health Care Needs.

Runnion, C., Smith, S., Luckhardt, J., Burke, K. M., L'Esperance, G., & Chokshi, B.

Military Medicine

Published: 08 February 2026

Introduction

Military families face unique stressors, including prolonged separations due to deployments, frequent relocations, and parental injury that can contribute to increased rates of mental, emotional, behavioral, and developmental (MEBD) health concerns among military-connected youth. Although military children have access to universal health insurance coverage through TRICARE and access to primary care at military treatment facilities (MTFs) or through civilian network providers, military-connected children and adolescents face challenges accessing behavioral and developmental

health care services. This study examines the experiences of military-connected parents navigating health care for their children with MEDB health care needs.

Materials and Methods

This study utilized a qualitative research design with focus groups. Recruitment occurred via partners from the DOD Child Collaboratory, through email, flyers, and social media. Virtual focus groups were audio recorded and transcribed. Data analysis followed an inductive coding approach. The Institutional Review Board at the Uniformed Services University approved this study.

Results

Six, 1-hour virtual focus groups were completed with 18 participants. Four themes emerged as relevant to the experiences of participants (1) Military Life Circumstances: shape every step of military-connected children's MEDB health care journeys, (2) Barriers to Accessing MEDB Health Care: structural/systemic barriers and relational/perceptual barriers present challenges to accessing quality care, (3) The Diagnostic Journey: logistical pressures of military life and health care availability can delay diagnosis, (4) Facilitators to MEDB Care: the utility of formal military supports and providers with military cultural competence can improve MEDB health care access and quality.

Conclusions

Our data underscores the multifaceted journey of military families navigating MEDB health care and highlights the coexistence of dual concepts of readiness in military culture, ideal and real. These findings highlight opportunities to improve care coordination, streamline transitions, and enhance collaboration among support systems for military families managing MEDB health care needs. Addressing access to care challenges is critical to upholding the health of military children and families and achieving ideal readiness of the U.S. Military.

<https://doi.org/10.1097/TA.0000000000004900>

Longitudinal analysis of 15-year health outcomes after combat-related lower limb amputation: A retrospective study.

Melcer, T., Robinson, M. I., Jurick, S., Sheu, R., French, D. D., Zouris, J., & MacGregor, A. J.

BACKGROUND

Limited longitudinal research has been conducted on health outcomes during the first 15 years after combat-related lower limb amputation.

METHODS

This retrospective analysis of Departments of Defense and Veterans Affairs health data included casualty records of 4,814 service members who sustained either a single traumatic (n = 612) or delayed (n = 427) lower limb amputation or moderate/serious lower limb injury without amputation (n = 3,775) in Operations Iraqi and Enduring Freedom 2001–2017. Outcomes were clinical diagnoses during the first 15 years postinjury, including pain-related, behavioral health, cardiovascular, and bone disorders. Longitudinal analyses tested for associations between injury group and postinjury years and interactions between injury group and postinjury years and outcomes.

RESULTS

The results showed high prevalence of diagnostic outcomes, particularly early postinjury pain and behavioral health diagnoses following amputation. Longitudinal analyses generally showed significant decreases in prevalence of outcomes, although some persisted at substantial rates (pain, insomnia, depression) or increased during later postinjury years (osteoarthritis, cardiovascular disorders, posttraumatic stress disorder). After adjusting for covariates, longitudinal analyses showed significant interactions between amputation groups (versus limb injury) and postinjury years. During early postinjury years, amputation generally was associated with significantly more total diagnoses and higher odds ratios for pain, behavioral health, and bone diagnoses. During later postinjury years 10 to 15, however, traumatic amputation was associated with significantly fewer total diagnoses and similar or lower rates for pain and behavioral health diagnoses.

CONCLUSION

The results indicate that traumatic and delayed lower limb amputations were associated with different longitudinal patterns for some pain-related, behavioral health, and bone disorders during the first 15 years postinjury. Amputation was associated with marginally higher rates of diabetes but not hypertension, lipidemia, or obesity. These results can inform clinical guidelines for postinjury treatment pathways, including multidisciplinary amputation care for many years postinjury.

Substance use in Military Personnel: Associations with Combat Exposure, Moral Injury, Posttraumatic Stress Disorder and Pain.

Kelley, M. L., Gabelmann, J. M., Strowger, M., Hearnton, J., Folivi, F., Bravo, A. J., Noh, J., Kuskye, K., Haber, W., & McGuire, A. P.

Background

Prior research suggests that military personnel endorse higher rates of prescription drug misuse, cannabis, and heavy alcohol use than civilians. Factors related to substance use may differ for military personnel compared to civilians. In the present study, we examined whether combat exposure, moral injury, posttraumatic stress disorder (PTSD), and pain were associated with military personnel's self-reports of misuse of prescription opiates, prescription sedatives, both prescription opiates and sedatives, cannabis use, and hazardous alcohol consumption.

Method

Participants were a community sample of 238 U.S. military personnel who had deployed one or more times (71.0% males; $M = 33.3$ years; $SD = 3.2$).

Results

In our sample, rates of past week misuse were as follows: 21.0% prescription opiates, 25.6% prescription sedatives, 16.4% both prescription opiates and sedative medications. With respect to cannabis use and alcohol consumption, 14.7% reported past-week cannabis use and 46.2% participants reported hazardous alcohol consumption above suggested clinical cut-offs. In multivariable multinomial logistic regression analyses, combat exposure and moral injury were uniquely associated with a greater likelihood of misusing prescription opiates, sedatives, and both opiates and sedatives versus no misuse. Higher PTSD symptoms scores were uniquely associated with past week cannabis use versus no use. Further, greater combat exposure was uniquely associated with a greater likelihood of engaging in hazardous alcohol use.

Conclusions

These results suggest that distinct psychosocial factors may differentially impact substance use among military personnel. Findings indicate the importance of assessing combat exposure, moral injury, PTSD, and pain to better understand substance use and treatment of military personnel.

<https://doi.org/10.1093/sleep/zsaf204>

Hyperarousal as a key predictor in longitudinal trajectories of insomnia symptoms up to 10 years post-deployment in military personnel.

Bruinsma, B., Plas, X., Vermetten, E., & Geuze, E.

Sleep

Volume 49, Issue 2, February 2026, zsaf204

Study Objectives

Insomnia is a common sleeping disorder in military personnel and is linked to the development and maintenance of other mental health symptoms. How insomnia symptoms develop long-term, up to 10 years following deployment and what pre-deployment risk factors underpin this development is not yet clear.

Methods

A cohort of Dutch military personnel (n = 846, PRISMO cohort) deployed to Afghanistan was studied from pre-deployment to 10-years post-deployment. Longitudinal trajectories of insomnia symptoms were explored with a latent class growth analysis. Both linear and nonlinear predictive modeling were performed to assess which pre-deployment demographic, psychological, and biological variables predicted insomnia symptoms.

Results

We identified five trajectories of insomnia symptoms in military personnel from pre- to 10 years post-deployment: resilient sleepers (44%), recovery from pre-deployment insomnia (15%), insomnia symptoms, minor decrease following deployment (22%), minor increase (8%), and incident insomnia since deployment (11%). These groups did not differ in demographic variables. Both linear and nonlinear models could distinguish trajectories with post-deployment insomnia symptoms from resilient sleepers based on pre-deployment variables with hyperarousal as top predictor.

Conclusions

Our findings demonstrate that insomnia symptoms among military personnel are mainly affected by deployment and stable over a 10-year period post-deployment. Predictive modeling can help identify vulnerable subpopulations, though additional measurements might improve accuracy. Early interventions may prevent chronicity of the symptoms and the development of other mental health symptoms.

<https://doi.org/10.1080/08995605.2026.2623595>

Moral injury among Ukrainian soldiers: Firsthand accounts of psychological struggles in the Russia-Ukraine war.

Synyahovskyy, V., Hukovskyy, O., Castro, C. A., & Martin, J. A.

Military Psychology

Published online: 07 Feb 2026

This article provides firsthand accounts of the combat experiences of Ukrainian soldiers, emphasizing the psychological toll of their exposure to morally injurious events during modern combat operations. Case studies illustrate the various contexts in which moral injuries might occur involving both military members and civilians. Other psychological issues that co-occur with moral issues as a result of combat exposures are presented including traumatic stress, profound grief, and various threats to individual identity. The authors include an analysis of the utility of the recent American Psychiatric Association's (APA) revision of DSM-5-TR that now includes moral issues and how this conceptualization captures the experiences of soldiers fighting in the Russia–Ukraine War. The case studies presented reveal that there remain important experiences and responses that are not fully captured by the new APA conceptualization of moral injury, such as existential ethical crisis, survivor guilt, disruption of one's role or identity, and the failure of others to uphold societal norms and expectations. Various approaches to facilitate recovery from moral injury are discussed. These approaches include the use of debriefings, remembrance memorials and structured therapeutic interventions. These approaches are intended to facilitate the soldier's recovery from moral injury by providing immediate emotional relief, and by facilitating the soldier's cognitive awareness of how morally injurious events can change and shape individual and collective identity. This study highlights the unique challenges faced by military personnel in modern, high-intensity warfare, and the need for early and targeted mental health interventions, including building resilience and promoting psycho-social well-being.

<https://doi.org/10.1016/j.janxdis.2026.103130>

Assessing the reliability and validity of the International Trauma Interview in a sample of Ukrainian soldiers.

Martsenkovskiy, D., Hyland, P., Shevlin, M., Bondjers, K., Scherbakova, A., Sulaieva, O., Bibikova, A., Dudin, O., Savchenko, A., Voznitsyna, K., Maruta, N., & Dosenko, V.

Journal of Anxiety Disorders
Volume 118, March 2026, 103130

Highlights

- The latent structure of the ITI was best explained by a two-factor model.
- This latent structure does not correspond to the ICD-11 model of Complex PTSD.
- The two-factor model was associated with good internal reliability and concurrent/discriminant validity.
- Similar proportions of people were diagnosed with PTSD or CPTSD using the ITI and ITQ.

Abstract

Background

The International Trauma Interview (ITI) is a clinical interview used to diagnose ICD-11 posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD). Six studies have assessed the latent structure of the ITI and have generally advocated for models consistent with the ICD-11 description of PTSD and CPTSD, despite the common occurrence of improper solutions. Diagnostic concordance between the ITI and a self-report measure—International Trauma Questionnaire (ITQ)—has also been low. Here, the latent structure of the ITI was examined, along with tests of internal reliability, concurrent/discriminant validity, and diagnostic concordance between the ITI and ITQ.

Methods

Data were collected from 209 combat-exposed, active-duty Ukrainian soldiers. Confirmatory factor analysis was used to test seven latent structural models of the ITI. Structural equation modelling was used to test concurrent/discriminant validity.

Results

The two models consistent with the ICD-11 formulation of PTSD and CPTSD either had unsatisfactory fit or contained out-of-bounds parameter estimates. The latent structure of the ITI items was best explained by a correlated two-factor model representing PTSD and DSO symptoms. The PTSD and DSO scores had good internal reliability, and were

correlated with depression, anxiety, insomnia, and psychological wellbeing. Diagnostic concordance between the ITI and ITQ was 'moderate'-to-'substantial'.

Conclusion

The latent structure of the ITI in this sample was not consistent with the formulation of ICD-11 PTSD and CPTSD. The implications of the ITI not measuring the different symptom clusters of these disorders are discussed.

<https://doi.org/10.3389/fpsyt.2025.1691018>

The role of measurement in moral injury care: latent profiles on the moral injury and distress scale.

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

Frontiers in Psychiatry
18 January 2026

Introduction:

Although studies of moral injury proliferated over the past decade, few studies have examined common moral injury symptom presentations.

Methods:

Data were analyzed from a population-based sample (N = 645) of combat veterans, healthcare workers, and first responders. All participants endorsed exposure to a potentially morally injurious event (PMIE) and completed the Moral Injury and Distress Scale (MIDS).

Results:

Latent profile analysis revealed three distinct symptom profiles based on MIDS items assessing psychological, emotional, social, and spiritual symptoms of moral injury. The majority of participants (74.7%, n = 482) reported minimal moral injury symptoms. Approximately one in five participants (20.2%, n = 130) endorsed moderate levels of moral injury symptoms, and one in twenty (5.1%, n = 33) reported severe moral injury symptoms. All participants with the severe profile screened positive for probable moral injury on the MIDS (score ≥ 27); however, 9.1% had scores within normal limits on measures of posttraumatic stress and depression. After adjusting for demographics,

those with moderate or severe moral injury symptoms were more likely than those with minimal moral injury symptoms to be younger, have fewer years of education, and identify as Hispanic.

Discussion:

These findings support the use of the MIDS in measurement-based care to identify distinct clinical presentations of moral injury, including those with moderate to severe presentations that warrant further evaluation and potentially treatment.

<https://doi.org/10.1111/1475-6773.70087>

Physical and Behavioral Health Diagnoses and Comorbidities Associated With Transition From Military Health System to Veterans Health Care Among Post-9/11 Veterans.

Wooten, N. R., Amaun, M. E., Myers, M., Addo, P. N. O., Bowers, J., Carey, F. R., Rull, R. P., Boyko, E. J., Bell, N., DeFede-Lopéz, A., & Pugh, M. J. V.

Health Services Research
Volume 61, Issue 2

Objective

To identify factors associated with transitioning from Military Health System (MHS) to Veterans Health Administration (VHA) care in post-9/11 veterans.

Study Setting and Design

Retrospective cohort study from the Long-Term Impact of Military-Relevant Brain Injury Consortium Phenotype Study.

Data Sources and Analytic Sample

Population-level data were analyzed from MHS and VHA electronic health data (FY2000-2020). Participants received ≥ 3 years of MHS care and separated from the military before October 1, 2016. The primary outcome was transition from MHS to VHA care after military separation. Covariates included demographic, military, and deployment characteristics at military separation; physical, mental, and substance use disorder (SUD) diagnoses, behavioral risk factors, and multimorbidity 2 years before military separation.

Principal Findings

Among 1,594,869 post-9/11 veterans, 81.9% were male, 54.2% active-duty, and 48.8% were ages 25–34. Of the 78% that transitioned to VHA care, 70% had combat deployments, 17.5% were women, and 38.5% were Asian/Pacific Islander, Black, Hispanic, or Native American. Pain (55.8%) and smoking history (40.8%) were most prevalent 2 years before military separation. Post-9/11 veterans diagnosed with schizophrenia [average marginal effect (AME): 0.096, 95% CI: 0.0084–0.108] had a higher probability of transitioning to VHA care. Multimorbidity of TBI, PTSD, SUD, depression, or pain was associated with increased probability of transitioning to VHA care (AME: 0.043, 95% CI: 0.042–0.044). National Guard (AME: 0.089, 95% CI: 0.087–0.091) members transitioned more often than active duty members. Biracial/multiracial/multiethnic members (AME: –0.389, 95% CI: –0.395 to –0.383) had a lower probability of transitioning to VHA care.

Conclusions

Post-9/11 veterans with multimorbidity and significant disease burden experienced more MHS-VHA care transitions. Biracial/multiracial/multiethnic members may benefit from enhanced care coordination between the MHS and VHA to reduce disparities and improve population health in post-9/11 veterans. Future research should examine MHS-VHA care transitions in service members treated for suicidality.

Highlights

What Is Known on This Topic

- The 4.5 million post-9/11 veterans who served in the Afghanistan and Iraq wars experienced military-related stressors, environmental and combat exposures linked to chronic, debilitating conditions.
- Post-9/11 veterans experience high rates of disability and persistent health care needs during military service and after their transition to veteran status.
- The military-to-veteran transition increases vulnerability for and exacerbation of physical and psychiatric conditions and psychosocial problems as veterans reintegrate into civilian life.

What This Study Adds

- Post-9/11 veterans with diagnoses of schizophrenia and multimorbidity 2 years before military separation experienced more Military Health System-Veterans Health Administration (MHS-VHA) care transitions.
- Biracial/multiracial/multiethnic service members had the lowest probability of MHS-VHA care transitions.

- A significant association was not observed between treatment for suicidality 2 years before military separation and transitioning to VHA care after military separation.

<https://doi.org/10.1002/jts.70018>

Wounds that won't wash away: Disgust and trauma-related contamination in military veterans seeking treatment for posttraumatic stress disorder.

Jones, A. C., Myers, U. S., Badour, C. L., & Grubaugh, A. L.

Journal of Traumatic Stress

Volume 39, Issue 1, February 2026, Pages 66-74

Disgust in posttraumatic stress disorder (PTSD) has been relatively underexamined compared to other emotions, although it may be relevant to war-related PTSD given potential exposure to both physical contaminants and moral violations. The present study examined the prevalence of disgust, mental contamination, and compulsive behaviors among veterans seeking PTSD treatment. Participants were 289 military veterans (79.2% male; $M_{age} = 43.82$, $SD = 13.61$) referred for treatment at a U.S. Department of Veterans Affairs PTSD specialty clinic. Veterans completed measures of PTSD symptoms; trauma-related disgust toward others and themselves; feelings of dirtiness in response to thoughts, images, or memories of the trauma (i.e., trauma-cued mental contamination); compulsive behaviors; and time spent washing, cleaning, and/or avoiding feeling dirty. Combat was the most common index trauma (69.9%). Nearly three quarters (74.0%) of veterans endorsed at least moderate disgust toward others, and 61.2% endorsed at least moderate disgust toward oneself; about half (54.4%) endorsed at least moderate mental contamination, and 45.0% endorsed washing, cleaning, and/or avoiding feeling dirty at least 1 hr per day. Disgust toward others, disgust toward oneself, and mental contamination were significantly correlated with PTSD symptoms, $r_s = .41-.57$, $p_s < .001$. Multiple regression analysis indicated that all three predictors were associated with PTSD symptoms, $F(3, 274) = 79.68$, $p < .001$, $R^2 = .47$, with disgust toward oneself the strongest predictor, $\beta = .30$, $p < .001$. The present study suggests a notable prevalence of disgust, contamination, and time spent avoiding feeling dirty among veterans seeking PTSD treatment.

<https://doi.org/10.1080/08995605.2026.2623591>

Exposure to death in large-scale combat operations leadership's role in addressing stress, grief and moral injury.

Tatsa-Laur, L., Rice, A. J., Fisher, J. E., Al-Bizri, M., West, J. C., Benedek, D. M., Ursano, R. J., & Cozza, S. J.

Military Psychology

Published online: 10 Feb 2026

Large-scale combat operations (LSCO) represent sustained, high-intensity warfare with near-peer adversaries involving massive casualty volumes. Military projections suggest 3000 casualties per day, approaching World War II intensity levels. LSCO will expose military personnel to continuous confrontation with death, producing psychological effects that threaten force preservation and mission continuity. Traditional centralized behavioral-health systems will be unable to sustain operations effectively under conditions of continuous exposure, contested evacuation, and specialist unavailability. Leadership emerges as the primary mechanism for force preservation, with influence increasing precisely when followers face the greatest threat. This narrative review examines three areas: (1) psychological consequences (stress reactions, grief, moral injury); (2) vulnerable populations (infantry, junior leaders, medics); and (3) leadership interventions including transformational leadership and grief-informed command practices. In contrast to centralized models, we propose a three-level operational framework: immediate unit-level peer support, embedded resource utilization through medics, chaplains, and behavioral health officers, and delayed professional intervention when feasible. This model positions leadership as the central mechanism for sustaining the fighting force amid continuous death exposure.

<https://doi.org/10.1007/s44470-025-00016-0>

Enhancing identification and diagnosis of nightmare disorder in active duty patients at a sleep disorders center: A quality improvement initiative.

Radtke, A., Tchopcev, Z., Cushman, P., Kang, J., Burch, A., Scheuller, H. S., & Brock, M. S.

Study objectives

Nightmare Disorder (NDO) is an underdiagnosed sleep disorder causing significant impairment, particularly in active duty U.S. military personnel who experience unique stressors. Despite 59.28% of referred service members reporting nightmares and 19.76% screening positive for probable NDO, baseline diagnosis rate was only 0.60%. Our quality improvement project aimed to improve identification and diagnosis of NDO among active duty service members at our sleep disorders center by increasing the confirmed diagnosis rate from 0.60% to at least 5% within 12 months.

Methods

A quality improvement initiative utilizing tiered Plan-Do-Study-Act cycles was implemented over seven months. Interventions included standardizing documentation of Nightmare Disorder Index results on polysomnography reports, targeted provider education, and chart flagging for patients screening positive for probable NDO. Diagnostic and process data were collected at baseline and following each intervention cycle.

Results

The diagnosis rate of NDO increased from 0.60% at baseline to 9.12% after three Plan-Do-Study-Act cycles. The percentage of patients with probable NDO who were ultimately diagnosed (recognition rate) rose from 3.03% to 55.32%. Interventions were implemented without delaying care or increasing staff burden, surpassing the goal diagnosis rate of at least 5% within the target timeframe.

Conclusions

Our interventions led to meaningful increases in NDO diagnoses that exceeded project goals. Given the significant effect of sleep disturbances and heightened mental health risks in the military, identification of this underdiagnosed disorder is clinically important and serves as the essential first step toward ensuring affected individuals receive appropriate treatment.

Brief summary

- Current knowledge/study rationale:

Nightmare Disorder is significantly underdiagnosed in active duty service members despite causing substantial impairment and being highly prevalent in this population who face unique stressors. Sleep disorders centers often fail to identify and diagnose

this condition even when service members report nightmares and screen positive on validated assessment tools.

- Study impact:

This quality improvement initiative demonstrates that systematic interventions including standardized screening documentation, provider education, and proactive chart flagging can dramatically increase nightmare disorder diagnosis rates in military healthcare settings. The successful implementation of these workflow-oriented processes provides a replicable model for other military and civilian sleep centers to improve identification of this underdiagnosed condition, serving as an essential first step toward ensuring affected patients receive appropriate treatment.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12965757/>

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

Manzo LL, Hall C, Harpaz-Rotem I, Phillips AK, Womack JA, Combellick J.

MSMR

2026 Feb 4; 32(12): 36-43

Although mental health conditions are the leading underlying cause of maternal mortality, there is limited research on the prevalence of perinatal mental health conditions among active duty service women (ADSW). In this study of live-born deliveries among U.S. ADSW (n=62,729) with pregnancy start and end dates (i.e., dates of last menstrual period and infant delivery, respectively) from October 1, 2016 through December 31, 2021, International Classification of Diseases, 10th Revision, Clinical Modification diagnosis codes were used to identify mental health conditions: trauma and stressor-related disorders, anxiety and panic disorders, depressive disorders, suicidal ideation or attempt, and eating disorders. Data were collected through 1 year postpartum, until December 31, 2022. The prevalence of diagnosed mental health conditions from 1 year prior to pregnancy through 1 year postpartum was 33.8%. Trauma and stressor-related disorders were most prevalent (23.1%), followed by anxiety and panic disorders (16.9%), depressive disorders (14.6%), suicidal ideation or attempt (1.6%), and eating disorders (0.4%). The prevalence of mental health conditions was higher in the postpartum period (22.0%) compared to pregnancy (18.4%) and prior to pregnancy (15.0%). Overall, higher prevalence of these conditions

was found among non-Hispanic Black ADSW (37.4%), and those who were unmarried (38.4%), never deployed (34.9%), or in the Army (37.4%) and Navy (36.4%).

<https://doi.org/10.1016/j.jad.2026.121355>

Disentangling PTSD and MDD: Examining temporal changes in symptoms during trauma-focused treatment.

Kline, A. C., Vera, J. D., Crocker, L. D., Baier, A. L., Otis, N. P., Myers, H. C., Glassman, L. H., Hunt, W. M., & Walter, K. H.

Journal of Affective Disorders
Volume 402, 1 June 2026, 121355

Highlights

- Examined temporal relationships between PTSD and depression symptoms in treatment
- To reduce collinearity, used core PTSD symptoms and two depression symptom factors
- Within-person reductions in PTSD predicted next-session depression decreases.
- Within-person changes in depression scores did not predict subsequent PTSD symptoms.
- Addressing PTSD symptoms may be most impactful for treatment of this comorbidity.

Abstract

Major depressive disorder (MDD) frequently co-occurs with posttraumatic stress disorder (PTSD), yet little is known about the sequence of symptom changes in trauma-focused treatment for individuals with this comorbidity. This study used disaggregated cross-lagged multilevel models to examine the temporal relationships between PTSD and depression symptom change in a randomized clinical trial comparing cognitive processing therapy (CPT) and CPT enhanced with behavioral activation (BA+CPT). The sample included 78 U.S. active duty service members with comorbid PTSD and MDD. Symptoms were assessed weekly at each session. To reduce collinearity between PTSD and depression, models examined core PTSD symptoms (e.g., several intrusion and avoidance symptoms previously identified) and cognitive-affective and somatic depression symptom clusters. Core PTSD and depression symptom clusters demonstrated strong, bidirectional between-person effects ($d_s = 1.21$ to 1.46), indicating

that lower core PTSD scores relative to other participants were associated with subsequent lower scores in depression scores, and vice versa. For within-person effects, lagged effects of core PTSD symptoms significantly predicted subsequent reductions in cognitive-affective ($d = 0.51$) and somatic ($d = 0.32$) depression scores, indicating that when a participant's core PTSD symptoms decreased relative to their average score, both clusters of depression symptoms also decreased at the next session. However, the inverse relationships were not significant (d s = -0.03 to 0.10). Treatment condition did not moderate lagged relationships across all models. Among service members with comorbid PTSD and MDD, addressing PTSD symptoms may be more important for achieving downstream reductions in depression than vice versa.

<https://doi.org/10.1016/j.jad.2026.121461>

Disentangling PTSD and MDD: Examining temporal changes in symptoms during trauma-focused treatment.

Yang, A., Manaswi, A., Fischer, I. C., Na, P. J., Norman, S. B., & Pietrzak, R. H.

Introduction:

Exposure to potentially morally injurious events (PMIEs) has emerged as a critical determinant of veteran mental health, with growing evidence linking exposure to PMIEs to heightened risk for posttraumatic stress disorder (PTSD) and suicidal ideation (SI). This study evaluated whether protective psychosocial characteristics may moderate associations between PMIE exposure severity and PTSD and SI in a nationally representative sample of combat-exposed U.S. veterans.

Methods:

Data were analyzed from a nationally representative sample of 1321 combat-exposed veterans who participated in the National Health and Resilience in Veterans Study. PMIE exposures, PTSD symptoms, SI, and multiple psychosocial and social-connectedness variables were assessed using validated measures, and multivariable logistic regression models tested main and interactive effects while adjusting for sociodemographic, military, trauma, and health-related covariates.

Results:

PMIE exposure severity was significantly associated with increased odds of both PTSD and SI. Attachment style and gratitude moderated these associations. Veterans with insecure attachment demonstrated the steepest increases in PTSD and SI probability

as a function of greater PMIE exposure severity. In contrast, securely attached veterans showed comparatively attenuated risk, even at higher levels of PMIE exposure. Gratitude also buffered the association between moral injury and SI, with higher gratitude linked to a less pronounced increase in SI probability.

Discussion:

Secure attachment style and gratitude may help protect against the adverse mental health effects of PMIE exposure. Interventions that strengthen these modifiable psychosocial capacities may help mitigate PTSD symptoms and SI among veterans exposed to morally injurious events.

<https://doi.org/10.1080/01612840.2025.2596209>

Navigating Moral Distress and Moral Injury in Military Veterans: Clinical Implications for Nursing Practice.

Olenick, M., Clark, N., Thomas, K., Clements, P. T., Helmke, L., Khati, K., & Germaine, A.

Issues in Mental Health Nursing
Published online: 19 Feb 2026

Moral distress (MD) and moral injury (MI) are potential consequences of military service among veterans. They can be manifested as deep emotional, psychological, and spiritual wounds that are difficult to heal. These deep wounds can go unrecognized because managing specific psychological symptoms can obscure the broader moral and spiritual wounds veterans carry after serving in combat. This paper discusses MD and MI clinical implications for nurses in all specialties and levels of care, but especially for mental health nurses. This paper also explores veterans' psychological and behavioral manifestations of MD and MI, examines the impact of these conditions, and identifies nursing strategies that foster moral repair. Additionally, it calls for policy initiatives to empower nurses in delivering holistic, veteran-centered care and promote moral healing.

<https://doi.org/10.1037/tra0001973>

Alcohol use, intimate partner violence, and suicide-related thoughts and behaviors among U.S. service members and veterans who experienced military sexual assault.

Blais, R. K., Xu, B., Tannahill, H. S., & Iverson, K. M.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 592–603

Abstract

Objective:

Survivors of military sexual assault (MSA) are at risk for experiencing intimate partner violence (IPV) and alcohol misuse. IPV and MSA survivors are also at elevated risk for suicide-related thoughts and behaviors (SRTB) compared to those without MSA. Heightened risk for suicide may occur through higher alcohol misuse, an association that may be significantly stronger among males given their higher propensity for both alcohol misuse and death by suicide. The present study examined whether alcohol use was a mechanism of the association between IPV experience and SRTB, and whether these effects varied by sex.

Method:

Participants were an anonymous convenience sample of 343 veterans/service members (51% male) who completed self-report measures of past-year IPV, alcohol use, and SRTB. SRTB were regressed on IPV variables (any, physical, psychological, and sexual coercion), alcohol use, and covariates with an indirect effect of alcohol use specified. Sex was entered as a moderator of the “a” and “b” mediation paths.

Results:

The regression of SRTB on any and each type of IPV accounted for 37%–39% of the variance. The indirect effects of alcohol use on any and each type of IPV experience and SRTB were significant ($p < .05$), but the moderated effects of sex were nonsignificant ($p > .05$). The strength of the mediated effect for males was stronger than the effect for females; however, this difference was not significantly different ($p > .05$).

Conclusion:

Interventions to decrease SRTB among people who have experienced IPV and MSA

may consider incorporating strategies to prevent and reduce alcohol misuse. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Impact Statement

Service members/veterans reporting intimate partner violence (IPV) evidenced higher suicide-related thoughts and behaviors. No sex differences were observed, indicating that IPV victimization is equally detrimental for men and women. Interventions to reduce suicide-related thoughts and behaviors should focus on reducing IPV. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

<https://doi.org/10.1037/tra0001775>

Trauma exposure in adulthood and suicidal experiences in serving and ex-serving military personnel: A systematic review and meta-analysis.

Angelakis, I., Molina, J., Winter, C., Ford, K., Kitchiner, N., & Hughes, K.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 532–541

Abstract

Objective:

To quantify the strength of the relationship between trauma exposure in adulthood and suicidal experiences in military individuals.

Method:

We searched three databases, namely, Medline, APA PsycINFO, and Embase, until the end of April 2022; we updated our searches twice, in October 2022 and in April 2024. We performed a systematic review and meta-analysis. We also applied univariate metaregressions whenever applicable.

Results:

Overall, we found that military sexual trauma was associated with an up to twofold increased likelihood for engagement in suicidal thoughts and behaviors (ORs ranging between 1.91 and 2.57). Our metaregressions showed that such military sexual trauma increased the likelihood of suicide attempts ($b = -0.74$, $p = .01$) in females and active military personnel ($b = -1.08$, $p = .02$). Other traumatic events, especially those that occurred prior to joining the military forces, also were associated with an increased

likelihood for suicidal ideation and attempts. Exposure to combat scenes was also associated with an increased likelihood for suicidal ideation and attempts.

Conclusions:

This is the first study of its kind to identify and quantify traumatic events encountered in adulthood as risk factors for suicidal acts within this vulnerable population. Our findings call for an immediate attention when recruiting military personnel and suggest that all these crucial factors are assessed. We also recommend frequent follow-up assessments and the use of qualitative and mix-method approaches to understand the mechanisms underlying these relationships.

Clinical Impact Statement

Military sexual trauma and other premilitary or lifetime traumatic experiences are associated with an increased likelihood for suicidal thoughts and behaviors in military personnel. Of significance is the finding that individuals who were born females as well as active military staff may be at increased risk for suicide experiences. These findings call for interventions that will be attentive to those born females as well as those currently in service.

<https://doi.org/10.1037/tra0001890>

PTSD symptoms and indices of suicide attempt seriousness among military service members psychiatrically hospitalized for a suicide attempt.

Balistreri, D. J., Averick, T., Villarreal, R. I., Gutierrez, P. M., Joiner, T. E., Eisenhauer, I. F., & Stanley, I. H.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 604–609

Abstract

Objective:

Prior studies have demonstrated a robust link between posttraumatic stress disorder (PTSD) symptoms and suicide attempts among military personnel; however, to our knowledge, no study has examined PTSD in relation to indices of suicide attempt seriousness. Accounting for the multifaceted nature of suicide attempts is especially important for service members who often face unique stressors and are at increased risk for severe outcomes, including death.

Method:

Using secondary analyses of data collected for a large assessment study, we examined the connection between PTSD symptoms and seriousness of suicide attempts in psychiatrically hospitalized service members referred to inpatient care following a suicide attempt (N = 121). We used a modified version of the PTSD Checklist–Military Version and the Suicide Intent Scale to assess PTSD symptoms and suicide attempt seriousness, respectively.

Results:

Our findings demonstrated that higher PTSD symptom total and cluster scores were associated with an increased seriousness of suicide attempts.

Conclusions:

Our results indicate the need for intervention programs targeting PTSD symptoms among service members, including interventions delivered in inpatient psychiatric settings, to reduce the risk of fatal self-harm. Implications for mental health professionals and military support systems to mitigate suicide risk through targeted interventions focused on PTSD symptoms are discussed. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Impact Statement

Our study illustrates a need for enhanced targeted intervention programs addressing posttraumatic stress disorder symptoms among service members to reduce the risk of suicide. The results highlight the importance of posttraumatic stress disorder-focused mental health and military support systems to aid in the prevention of fatal self-harm. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

<https://doi.org/10.1037/tra0001858>

Individual differences in affect during suicidal and nonsuicidal states among military personnel and veterans with posttraumatic stress disorder (PTSD).

Bryan, C. J., Bozzay, M. L., Bryan, A. O., Hiser, J., Ammendola, E., Bauder, C. R., Baker, J. C., Daruwala, S. E., & Khazem, L. R.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 577–586

Abstract

Objective:

This study examined individual differences in affect during nonsuicidal and suicidal states among 116 military personnel and veterans diagnosed with posttraumatic stress disorder.

Method:

Current affect and suicidal ideation were assessed four times per day for 14 consecutive days via ecological momentary assessment using the Positive and Negative Affect Scale–Short Form and Scale for Suicidal Ideation (SSI) items. Positive and Negative Affect Scale–Short Form items were used to create four affect states based on the circumplex model of core affect: pleasant activation (e.g., excited), activated pleasure (e.g., proud), unpleasant activation (e.g., aroused), and activated displeasure (e.g., anxious). Mixed-effects regression modeling was used to assess variability in mean affect scores across active (SSI Item 4) and passive (SSI Item 5) suicidal states and variability in the correlation between affect and severity of suicidal ideation.

Results:

Mean pleasant activation, $F(2,7) = 4.8$, $p = .043$, and activated pleasure, $F(2, 5) = 22.0$, $p = .003$, were significantly lower during active suicidal versus nonsuicidal states. Mean unpleasant activation, $F(2, 7) = 19.9$, $p = .001$, and activated displeasure, $F(2, 9) = 42.3$, $p < .001$, were higher during active suicidal versus nonsuicidal states. Activated pleasure was less variable, $\chi^2(1) = 6.3$, $p = .012$, but unpleasant activation, $\chi^2(1) = 8.0$, $p = .005$, and activated displeasure were more variable, $\chi^2(2) = 15.7$, $p < .001$, during active suicidal versus nonsuicidal states. Severity of suicidal ideation was significantly correlated with all four affect states; all correlations varied significantly across participants.

Conclusion:

Reported affect during suicidal states varies across military personnel and veterans with posttraumatic stress disorder, suggesting suicidal states are heterogeneous. Differentiating affective arousal from affective valence can provide more nuanced understandings of suicide risk. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Impact Statement

Extreme negative affect has historically been viewed as a primary indicator of short-term suicide risk in clinical settings. In this study, treatment-seeking military personnel

with posttraumatic stress disorder reported a much wider range of both negative affect and positive affect while they were experiencing suicidal ideation. These findings suggest that clinicians should not assume that suicide risk is elevated only when patients are experiencing extreme negative affect. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Links of Interest:

Military Health System launches new financial relief program for civilian patients
<https://health.mil/News/Dvids-Articles/2026/03/16/news560653>

COVID-19: Federal Efforts to Support Behavioral Health Programs During the Pandemic (GAO)
<https://www.gao.gov/products/gao-26-107748>

Explaining Deployment to Young Kids
<https://blog-brigade.militaryonesource.mil/2026/01/20/deployment-explaining-military-deployment-to-kids/>

Advisory: Expanding Behavioral Health Teams in Care Deserts With Community Health Workers and Peer Support Specialists
<https://library.samhsa.gov/product/advisory-expanding-behavioral-health-teams-care-deserts/pep26-07-001>

Resource of the Week: [DAF publishes Family Preparedness Guide, comprehensive resource for family planning](#)

The Department of the Air Force released the Family Preparedness Guide, Feb. 18, as a centralized resource to help Airmen and Guardians make informed decisions through all stages of family planning and readiness.

The guide consolidates policies and resources across the Military Health System to help Airmen, Guardians and leadership navigate family planning, financial considerations, pregnancy and early parenthood while balancing military duties.

It provides information at preconception through early parenting and connects families with medical and installation support programs at each stage.

The guide emphasizes early planning for service members to better understand lifestyle and duty changes when starting a family, how to access resources and health care services, and ways to maintain health and wellness through each stage of pregnancy.

Baby Blues	PPD Symptoms	PPA Symptoms
<ul style="list-style-type: none"> • Crying for no reason • Crying from feeling sadness or overwhelmed • Irritability • Fatigue • Poor concentration • Not bonding with your baby immediately • Appetite problems • Sleeping problems 	<ul style="list-style-type: none"> • Feeling hopeless/depressed • Excessive crying • Feeling like you “made a mistake” • Feelings of not being “good enough” • Severe mood swings • Overwhelming fatigue • Insomnia • Feeling lost/disconnected • Extreme feelings of guilt • Thoughts of running away and leaving your family behind 	<ul style="list-style-type: none"> • Chronically worrying • Fears of hurting your baby or something bad happening to him or her • Fears and racing thoughts of your baby’s safety • Fears of being left alone with your baby • Uneasy feelings around knives or weapons • Feeling a sense of dread or like “something bad is going to happen”

This chart is not intended to formally diagnose and should be used for informational purposes only. Individuals may have symptoms in multiple “categories”, but it doesn’t necessarily mean they have the condition(s). Always consult with a medical provider for an official screening, diagnosis, and treatments.

[Direct link to Guide](#)

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