

CDP



Research Update – June 4, 2026

What's New?

As of 1 June 2026, the Center for Deployment Psychology is now the Consortium for Defense Psychology.

This name change better captures our role in fostering a robust network of partners to solve complex behavioral health challenges faced by Service members, veterans, and their families. We will continue using the acronym CDP.

As we reflect on 20 years of CDP, this transition marks a renewed commitment to our mission and an exciting step forward into our next chapter. Read more about our name change in the blog post: "[Staff Perspective: Same Mission. Stronger Partnerships. A New Chapter for CDP](#)," by our executive director, William Brim.

Most URLs for our various social media pages have changed:

- Facebook: <https://www.facebook.com/DefensePsych/>
- X (Formerly Twitter): <https://x.com/defensepsych>
- YouTube: <https://www.youtube.com/@DefensePsych>
- LinkedIn: <https://www.linkedin.com/company/defensepsych>
- Instagram: *No change* - https://www.instagram.com/usu_cdp/

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- Links of Interest
- Resource of the Week: June Is PTSD Awareness Month (VA National Center for PTSD)

<https://doi.org/10.1001/jamanetworkopen.2026.8268>

Firearm Storage and Carrying Practices and Suicidal Behaviors in US Army Service Members.

Dempsey, C. L., West, J. C., Houtsma, C., Ao, J., Bossarte, R., Nock, M. K., Zuromski, K. L., Georg, M. W., Haller, K., Probe, D., Sumberg, L. L., & Benedek, D. M.

JAMA Network Open

Published Online: April 21, 2026

Key Points

Question

Are firearm storage and carrying practices and carrying of other weapons associated with suicidal behaviors in military service members?

Findings

This cross-sectional study of 6561 firearm-owning US Army soldiers found that carrying firearms, as well as other weapons generally, was associated with greater risk of suicide, as was storing a firearm unsecured (loaded and unlocked) vs unloaded.

Meaning

The findings of this cross-sectional study suggest that firearm storage behavior and carrying behavior of weapons in general, not just firearms, may serve as indicators of heightened suicide risk among military service members, indicating interventions should target all weapons.

Abstract

Importance

Suicide is a critical public health crisis for military personnel; firearms are the predominant suicide method among military service members.

Objective

To examine associations of firearm storage and carrying behaviors with suicidal behaviors within a large, cross-sectional sample of US Army soldiers who own personal firearms, after controlling for known suicide risk factors.

Design, Setting, and Participants

This cross-sectional study used data from participants in the Army Study to Assess Risk and Resilience in Servicemembers—Longitudinal Study Wave 2 (STARRS-LSWS)

survey (collected April 2018 to July 2019). Analyses were conducted from June 2022 through January 2025.

Main Outcome and Measures

Self-reported suicidal behaviors were assessed with the Columbia-Suicide Severity Rating Scale. Firearm storage and carrying practice survey items were created for the STARRS-LSW2. Stressful life events items were adapted from the Life Events Questionnaire and the US Department of Defense Health-Related Behaviors Survey. Sociodemographic, Army career, and mental health disorders data were obtained from the military medical record. Multivariable logistic regression examined 30-day, 12-month, and lifetime suicidal ideation and suicide attempt. Analyses used weighted samples to account for oversampling, underrepresentation, and nonresponse.

Results

The total sample of 12 022 soldiers consisted of 6561 firearm owners (54.5%) and 5461 soldiers who did not own firearms (45.4%). Participants were primarily male (10 096 [83.6%]), with a mean (SD) age of 32 (7) years. Unsecured firearm storage (loaded and unlocked) compared with secure storage (eg, unloaded) was associated with increased suicide ideation risk across all time frames: 30-day (odds ratio [OR], 1.63; 95% CI, 1.27-2.10), 12-month (OR, 1.61; 95% CI, 1.27-2.03), and lifetime (OR, 1.44; 95% CI, 1.22-1.70). Firearm owners with unsecured storage were more likely to report a suicide attempt in the past 12 months (OR, 4.93; 95% CI, 1.80-13.51). Carrying a weapon other than a firearm (eg, a knife, mace, or a club) was also associated with increased suicide attempt risk in the past 12 months (OR, 10.42; 95% CI, 2.89-37.54).

Conclusions and Relevance

In this retrospective cross-sectional study, unsecured firearm storage practices were significantly associated with increased suicide risk across all time frames, after controlling for lifetime mental health disorders and history of stressful life events. Carrying a weapon other than a firearm was also associated with heightened suicide risk. The findings suggest firearm storage and carrying behavior of any weapon, not just firearms, may indicate heightened suicide risk among military service members.

<https://doi.org/10.1093/milmed/usaf470>

Firearm Access Among Military-Connected Youth: A Systematic Review.

Introduction

Youth with a parent in the U.S. military are more likely than their peers without a parent in the military to report suicidal ideation, plans, and attempts. Firearm access increases risk for suicide mortality among youth; yet, an understanding of firearm access and behaviors among military-connected youth is lacking. The objective of this study is to evaluate firearm access, carrying, and storage among military-connected youth and identify differences with non-military-connected youth.

Materials and Methods

We conducted a systematic review of peer-reviewed articles and abstracts published through January 31, 2025, focusing on firearm access, carrying, and storage among military-connected youth. We searched Ovid MEDLINE(R), PsycInfo, Embase, Web of Science, Google Scholar, and the reference lists from the assembled articles. This study was approved by the Colorado Multiple Institutional Review Board.

Results

We identified 7 studies that examined firearm carrying among military-connected youths, 0 studies examining firearm access, and 0 studies examining firearm storage. Although findings were mixed, most studies indicated an increased risk of firearm carrying among military-connected youths compared with their peers, particularly in the context of parental deployment.

Conclusions

Current evidence suggests that military-connected youth may be at increased risk for firearm carrying, which portends higher risk for firearm injury, including suicide. However, there are substantial gaps in the literature, particularly regarding firearm access and storage. Future study of military-connected youth should prioritize comprehensive data collection, to inform and optimize effective interventions designed to benefit military-connected youth.

<https://doi.org/10.1002/jts.70067>

Direct comparison of reconsolidation of traumatic memories and prolonged exposure therapy: A randomized controlled trial.

Roy, M. J., Bellini, P. G., Raboy, A. L., Dunbar, K. E., Spangler, P. T., Dempsey, C. L., Satter, R. M., Travers, B., Haight, T., Adams, D. P., & Gray, R. M.

Journal of Traumatic Stress
First published: 27 April 2026

New therapies are needed for posttraumatic stress disorder (PTSD), particularly in military service members (SMs). Reconsolidation of traumatic memories (RTM) is a novel treatment with promising results in small clinical trials. We randomized 94 active duty or retired SMs (Mage = 45.80, 31.0% women) with PTSD to receive up to ten 90-min sessions of RTM (n = 48) or prolonged exposure (PE; n = 46) to ascertain whether RTM achieved a greater and/or faster response. The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) was used to establish eligibility and assess response at 2 weeks and 2, 6, and 12 months postintervention. The PTSD Checklist for DSM-5 was administered before Sessions 2, 4, 6, 8, and 10 to assess response rapidity. We hypothesized that RTM would achieve quicker responses and higher loss of diagnosis rates than PE. From baseline to postintervention, participants in both the RTM (39.13 vs. 22.38), $d = 1.42$, $p < .001$, and PE groups (39.26 vs. 22.45), $d = 1.50$, $p < .001$, showed improvement on the CAPS-5, with no between-group difference, $p = .959$. Response (RTM: 74.2%, PE: 72.4%), loss of diagnosis (RTM: 58.1%, PE: 51.7%), and withdrawal (RTM: 18.8%, PE: 32.6%) rates showed no significant differences. Gains were largely sustained through 12 months. RTM had more early responders (72.2%) than PE (27.8%), $p = .005$; 70.0% of participants addressed multiple traumas with RTM versus 30.0% for PE, $p = .022$. RTM and PE demonstrated comparable large effect sizes, but RTM achieved more early responses.

<https://doi.org/10.1080/10826084.2025.2597461>

Problematic Prescription Drug Use Among Canadian Armed Forces Veterans: Data from the Canadian Armed Forces Members and Veterans Mental Health Follow-Up Survey (CAFVMHS).

Schwartz, D., Perera, E., Afifi, T. O., Enns, M. W., Leong, C., Katz, C., Sareen, J., & Bolton, S. L.

Substance Use & Misuse
Volume 61, 2026 - Issue 8

Background

Problematic prescription drug use (PPDU) is a public health concern that can cause degradation of wellbeing. Examination of prevalence and correlates of PPDU in Canadian Armed Forces (CAF) Veterans is essential to understand its impact and to identify those at risk. This study aimed to assess correlates of PPDU among CAF Veterans, including sociodemographic characteristics and physical and mental disorders.

Methods

Data were drawn from the 2018 CAF Members and Veterans Mental Health Follow-up Survey (n = 1,922), all of whom indicated Veteran status at the time of the survey. PPDU was defined as utilization of a prescription drug without a prescription, in excess to the amount prescribed, for recreational purposes, or to a level where the individual felt they could not stop usage. PPDU included three categories of substances: sedatives/tranquilizers, stimulants, and analgesics.

Results

Nine percent of Veterans indicated PPDU in the past year, while 16.8% endorsed PPDU in their lifetime. Being unpartnered increased the odds of PPDU, while older age, air environment, and officer rank were associated with lower odds. Past-year presence of a mental disorder, alcohol use disorder, suicidal behavior, chronic pain condition, and greater number of physical health conditions demonstrated positive associations with PPDU (Adjusted Odds Ratios [AORs] ranging from 1.36 to 5.31). Increasing number of traumatic events and deployment-related experiences led to greater odds of PPDU (AORs of 1.12 and 1.16, respectively).

Conclusions

Results highlight the vulnerability of the CAF Veteran population to PPDU. Correlates noted may aid in the development of supports to promote the mental health of Veterans.

HIGHLIGHTS

- Problematic prescription drug use (PPDU) is prevalent in Canadian Armed Forces Veterans
- PPDU is particularly prevalent amongst Veterans who are non-partnered, of a younger age, and of a lower military rank
- PPDU demonstrates significant correlations with mental health disorders, chronic pain, and traumatic exposures

<https://doi.org/10.1093/milmed/usaf484>

Incorporating Alcohol and Substance Use Care Into a Trauma and Traumatic Brain Injury Massed-Treatment Program for Military Veterans and Service Members.

Lento, R. M., Magee, C., Matta, S. E., & Tanev, K.

Military Medicine

Volume 191, Issue 5-6, May/June 2026, Pages e1147–e1153

Correction: <https://doi.org/10.1093/milmed/usag094>

Objectives

Among active duty service members (ADSM) and veterans, posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are associated with increased risk of morbidity and mortality, and high rates of substance use disorders. The Intensive Clinical Program (ICP) comprises a comprehensive, massed-treatment model for PTSD and TBI. The voluntary ICP Dual Recovery (DR) supplement was launched in 2021 to increase access to and facilitate successful completion of the ICP for veterans and ADSM who were also in early recovery or were engaging in risky substance use. The primary study aim was to evaluate the feasibility, and effectiveness of the DR supplement, as measured by program completion rates and treatment outcomes compared to non-DR patients.

Materials and Methods

The sample included patients who attended the ICP between November 2021 and September 2024 (n = 1,276). We compared baseline demographics, program completion rates, and pre- and post-treatment measures on substance use, mental health, and TBI outcomes between DR and non-DR patients.

Results

Dual recovery patients were more likely to identify as male, to have served in the Marine Corps, and to be veterans rather than ADSM. Program completion rates were high (94.2% and 95.9%) and did not statistically differ between the 2 groups. Dual recovery patients endorsed heavier alcohol use and more frequent substance use upon program start. Nonetheless, they demonstrated equivalent or even more pronounced gains across post-treatment measures when compared to the Non-DR patients.

Conclusions

These data support the feasibility and effectiveness of delivering substance use care concurrently with massed trauma and TBI treatment.

<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
41(3):p E178-E188, May/June 2026

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 ($P \geq .146$).

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.

<https://doi.org/10.1097/HTR.0000000000001107>

Cumulative and Contextual Effects of Low-Level Blast Exposure on Cognitive Function in Military Personnel: Interactions With PTSD and Mild TBI.

Martindale, S. L., Bailie, J. M., Miles, S. R., Walker, W. C., Babakhanyan, I., Davenport, N. D., Magnante, A. T., Hinds, S. R., Craig, K. M., & Rowland, J. A.

Journal of Head Trauma Rehabilitation
41(3):p 168-180, May/June 2026

Objective:

To examine the impact of low-level blast (LLB) exposure on cognitive functioning in combat-exposed service members and Veterans (SM/Vs), and its interaction with posttraumatic stress disorder (PTSD) and deployment-related mild traumatic brain injury (TBI).

Setting:

Multi-site Department of Defense and Veterans Affairs research centers participating in the LIMBIC-CENC Prospective Longitudinal Study.

Participants:

1036 SM/Vs who deployed in support of combat operations and completed comprehensive baseline assessments between 2015 and 2023.

Design:

Cross-sectional observational study using multivariate linear regression and interaction models to evaluate associations between LLB, PTSD, deployment-related mild TBI, and cognitive outcomes.

Main Measures:

LLB exposure was assessed using the generalized blast exposure value from the Blast Exposure Threshold Survey. Cognitive functioning was evaluated using neuropsychological tests assessing memory, attention, processing speed, executive function, and global performance. PTSD was assessed using the PTSD Checklist for DSM-5.

Results:

LLB was not independently associated with poorer cognitive performance. However, LLB moderated the relationship between PTSD and memory outcomes, with significantly worse visual memory in those with PTSD and high LLB exposure. Significant interaction effects were also observed between PTSD and deployment-related TBI on verbal memory, working memory, and processing speed. PTSD demonstrated the most consistent independent associations across cognitive domains.

Conclusions:

Although LLB exposure alone was not associated with cognitive deficits, it interacted with PTSD and TBI to influence cognitive performance. These findings support the need for integrated assessments of blast exposure, PTSD, and TBI history in evaluating cognitive health among SM/Vs.

<https://doi.org/10.1097/HTR.0000000000001095>

Context Matters: Influence of Injury Context on Long-Term Psychiatric and Cognitive Outcomes in Combat Veterans With Mild Traumatic Brain Injury History.

Lopez, F. V., Hu, R., Krishnan, T., Dell, K. C., Walker, W. C., Merritt, V. C., & Jak, A.

Journal of Head Trauma Rehabilitation
41(3):p E168-E177, May/June 2026

Objective:

To examine the relationship between injury context with psychiatric and cognitive outcomes among combat-exposed Veterans and Service Members with remote mild traumatic brain injury (mTBI).

Setting:

Veterans and Service Members enrolled in the Long-Term Impact of Military-Relevant Injury Consortium (LIMBIC)-Chronic Effects of Neurotrauma Consortium (CENC).

Participants:

LIMBIC-CENC-enrolled participants who had sustained an mTBI exclusively in combat zones (c-mTBI +; n = 314), mTBI sustained exclusively in non-combat settings (c-mTBI-; n = 526), or no history of mTBI (no TBI; n = 347). Inclusion criteria for this study included (1) availability of all mTBI injury-related characteristics, (2) completion of all psychiatric symptom measures, and (3) completion of all neuropsychological measures used for this study.

Design:

Cross-sectional secondary analysis.

Main Measures:

Primary outcomes of interest included total scores on self-reported psychiatric symptom measures (post-traumatic stress, neurobehavioral, and cognitive concerns) and objective cognitive composite test scores (attention, learning, processing speed, executive function, and delayed recall). All analyses adjusted for age, gender, and education.

Results:

Results of separate multivariate analyses of variance indicated that the c-mTBI+ group

reported higher post-traumatic ($\eta P^2 = .08$) and neurobehavioral symptoms ($\eta P^2 = .07$), and cognitive concerns ($\eta P^2 = .04$) compared to the c-mTBI- and no TBI groups, whereas the c-mTBI- and no TBI groups did not differ except on cognitive concerns. Additionally, groups did not differ across cognitive composite performance except for significant though weak group differences on learning ($\eta P^2 = .01$), delayed recall ($\eta P^2 = .03$), and processing speed ($\eta P^2 = .01$). Separate hierarchical regression analyses indicated psychiatric symptom burden explained 7–18% of the total variance in cognitive composite performance as a function of mTBI group history ($p \leq .002$).

Conclusions:

These findings build upon prior work showing that injury context – the context in which mTBI occurs – may play an important role in long-term psychiatric and cognitive outcomes.

<https://doi.org/10.3389/fpsy.2026.1763407>

Depth-oriented group psychotherapy for moral injury with military veterans: relational psychoanalytic and psychodynamic theory, mechanisms of action, and clinical implications.

O'Brien, S., Boulanger, G., Yahalom, J., Bhatt-Mackin, S., & Goodman, M.

Frontiers in Psychiatry

19 April 2026; Volume 17 - 2026

Some veterans are haunted by memories of action they have taken or betrayals they have experienced that violated deeply held moral beliefs; these experiences can lead to moral injury. We have developed a depth-oriented group psychotherapy for U.S. combat veterans, to address moral injury. Depth psychotherapy is an evidence-based form of psychoanalysis; the treatment we have developed is based on Relational psychoanalysis. The aim is for the group members to each develop an organized narrative about morally injurious events and their impact on their current lives to facilitate psychosocial recovery. The hypothesized change agents of this treatment are, in order of their use in the sessions: (1) warm-up team-building activities such as exercises from the improv and psychodrama/sociometry traditions; (2) reflective listening and speaking; (3) sharing moral injury event narratives with trusted others. The clinical model we have developed for treating moral injury emphasizes that veterans will be asked to describe, to the extent that they are able, the feelings, sensations, and fragmentary thoughts that are initially hard to articulate and sometimes difficult to recall.

The goal of this article is to describe relevant depth psychology theory, its application to the moral injury context, the relevance of depth-oriented group psychotherapy for moral injury and, further, the depth-oriented group psychotherapy approach we have derived from these ideas.

<https://doi.org/10.1016/j.beth.2025.11.001>

Attentional Control Moderates the Association Between Combat Trauma Exposure and Fear Conditioning Among Combat-Exposed Veterans.

Adamis, A. M., & Olatunji, B. O.

Behavior Therapy

Volume 57, Issue 3, May 2026, Pages 577-588

Highlights

- Examined combat trauma, attentional control, and fear conditioning among veterans.
- The relation between trauma and fear acquisition depends on attentional control.
- Low attentional control magnifies the link between trauma and US expectancies.
- High attentional control buffers against CS+ anxiety during fear acquisition.
- Attentional control may influence the psychological sequelae of trauma.

Abstract

Traumatic events are common, yet only a small subset of trauma-exposed individuals go on to develop posttraumatic stress disorder (PTSD). This raises important questions about the psychological consequences of trauma and the individual differences that confer risk for maladaptive threat responding. Excessive acquisition and attenuated extinction of conditioned fear are implicated in the etiology of PTSD. However, the direct relation between trauma exposure and altered fear conditioning processes remains unclear. Further, attentional control (AC), or the executive capacity to regulate one's attention, might influence fear learning processes by modulating the extent to which one's attention is drawn to threats. The present study investigated if AC moderated the link between combat trauma exposure and maladaptive fear learning in a combat-exposed sample of veterans ($n = 114$). We found that AC significantly moderated the link between combat trauma exposure and fear acquisition, but not extinction. Specifically, for veterans low in AC, there was a stronger association between combat trauma exposure and expectancies of the unconditioned stimulus (i.e., a scream) in

response to the reinforced conditioned stimulus (CS+). Further, strong AC was found to buffer against excessively fearful emotional responding, with high levels of AC corresponding to a negative relation between combat trauma exposure and anxiety experienced in response to the CS+. This pattern of results was observed even when controlling for responses to the CS- and symptoms of PTSD. The present findings point to AC as an important determinant of maladaptive threat responding in the wake of combat trauma.

<https://doi.org/10.1093/milmed/usaf540>

Combat Trauma and Distress Symptoms Among Women Veterans.

Shelef, L., Harel, A., Bechor, U., & Daphna-Tekoah, S.

Military Medicine

Volume 191, Issue 5-6, May/June 2026, Pages e1168–e1175

Background

The experiences of women veterans who served in combat and combat-support roles deserve much attention. The study aims to explore the differences in symptoms of post-traumatic stress disorder between women combatants and women in combat support roles.

Materials and Methods

This cross-sectional study included the files of 71 veterans' women (mean age 25.81 [SD = 5.243; Median = 24.50]), who served over 20 years, and who filled out questionnaires on admission for evaluation. The outcome variables included 2 measures of post-traumatic stress disorder (PTSD) [PTSD Checklist for DSM-5 (PCL-5) and Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)], the predictors included the Dissociative Experience Scale, and the Brief Symptom Inventory.

Results

Of 49 who filled out the PCL, 77.6% (n = 38) met the criteria for probable PTSD (PCL ≥ 33); Of 45 who filled out the DES, 17.8% (n = 8)—met the criteria for probable dissociation (DES ≥ 30%); and of 41 who filled out the BSI, 78.0% (n = 32)—found with probable distress (BSI ≥ 63). Dissociative symptoms (P = .007) were the only variable where women in combat duties differed from women in combat support roles. In women who reported experiencing combat trauma, whether they were physically

injured or not, and regardless of being in a combat or in a combat-support role, the presence of probable PTSD is most strongly associated with probable distress, as measured by the BSI.

Conclusions

These findings clarify the unique needs women veterans face in receiving mental health care, of both combatants and women in combat support roles.

<https://doi.org/10.1038/s41572-026-00701-1>

Post-traumatic stress disorder.

Ressler, K. J., Rothbaum, B. O., Schnurr, P. P., Binder, E. B., Moreland-Capuia, A., Nievergelt, C. M., Koenen, K. C., Seedat, S., Shalev, A., Marmar, C. R., & Kessler, R. C.

Nature Reviews: Disease Primers

Published: 14 May 2026

Post-traumatic stress disorder (PTSD) is a maladaptive and debilitating psychiatric disorder that develops after exposure to a severe traumatic event. PTSD is characterized by intrusive re-experiencing of traumatic memories, avoidance of trauma reminders, negative alterations in cognition and mood, and changes in arousal and reactivity. PTSD is prevalent, with tens of millions of patients in the USA alone affected. The lifetime prevalence worldwide is estimated to be about 4–6%, but it can occur in up to 25–30% of people who experience severe psychological trauma, such as combat veterans, refugees and assault victims. PTSD is highly comorbid with major depressive disorder, anxiety disorders and substance use disorders, and it is a leading cause of suicide. PTSD also increases the risk of multiple medical problems including cardiovascular and metabolic disorders. We review the epidemiology and diagnostic aspects of PTSD in adults, the mechanistic and neurobiological understanding of the syndrome — from neural circuitry to genetic mechanisms — as well as medication, psychotherapy and other trauma-informed treatment approaches to PTSD and trauma-related syndromes.

<https://doi.org/10.1016/j.jad.2026.121887>

Evidence for affective reorganization following two suicide-focused interventions delivered during massed cognitive processing therapy for PTSD.

Bryan, C. J., Tabares, J. V., Ammendola, E., & Bryan, A. O.

Journal of Affective Disorders

Volume 408, 1 September 2026, 121887

Highlights

- Differential equation modeling captured dynamic affect–ideation processes.
- Suicidal ideation showed weaker self-regulation than positive or negative affect.
- In safety planning, negative affect linked directly to suicidal ideation.
- In crisis response planning, negative affect was regulated by positive affect.
- Crisis response planning changed relationships among affect and suicidal ideation.

Abstract

Background

Crisis response planning (CRP) reduces suicide attempts and suicidal ideation among high-risk patients, yet little is known about how it alters the processes through which suicidal ideation emerges and resolves. This study examined dynamic interactions among positive affect (PA), negative affect (NA), and suicidal ideation (SI) in treatment-seeking U.S. military personnel and veterans with posttraumatic stress disorder (PTSD) who received CRP or safety planning prior to PTSD treatment.

Methods

This secondary analysis used ecological momentary assessment (EMA) data from a randomized clinical trial comparing CRP and safety planning (SP) delivered alongside massed cognitive processing therapy for PTSD (N = 116). Participants completed four EMA surveys per day for 14 days assessing PA, NA, and SI. Differential equation modeling was used to estimate temporal stability and cross-variable coupling, followed by eigenvalue and eigenvector decomposition to characterize system organization and patterns of change.

Results

Across interventions, PA, NA, and SI exhibited negative autocorrelation effects indicating temporal stability; however, SI showed weak self-regulation, suggesting greater persistence once elevated. Coupling patterns differed by intervention. In SP, NA

was directly coupled with SI, indicating distress readily translated into suicidal thinking. In contrast, CRP showed coupling between NA and PA rather than SI, suggesting distress was regulated before activating suicidal ideation. Follow-up analyses further indicated that CRP strengthened affective regulation and integrated SI with affective processes.

Conclusions

Although both interventions produced stable cognitive–affective systems, CRP uniquely altered the relationships among affect and suicidal ideation, promoting regulatory feedback loops that may reduce vulnerability to acute suicidal risk.

<https://doi.org/10.1136/ip-2024-045256>

Honor ideology and private firearm ownership in US active-duty soldiers.

Tucker, R., Bock, J. E., Gerner, J. L., Albury, E. A., Osgood, J., Daruwala, S. E., Bozzay, M. L., Dretsch, M. N., Trachik, B., Anestis, M., & Bryan, C. J.

Injury Prevention
2026; 32: 438-443

Objectives

This study investigated whether honor ideology, or a belief that one's reputation must be defended at all costs, is related to firearms ownership in soldiers.

Methods

N=301 active-duty soldiers completed online self-report measures in this cross-sectional study.

Results

Honor ideology was higher in soldiers who privately own a firearm compared with those who do not currently own and do not plan to after military separation. Higher honor ideology was correlated with a disbelief that private firearms ownership is related to soldier suicide risk. Levels of honor ideology were equal in soldiers who own a private firearm for protection versus other reasons (eg, hunting, maintaining a collection).

Conclusions

Honor ideology may be related to suicide risk through increased likelihood of owning a

private firearm and disbelief in private firearm ownership being related to one's own suicide risk in soldiers. Honor ideology could be relevant to consider when means safety initiatives are developed for active-duty military personnel.

<https://doi.org/10.1192/bjb.2026.10244>

The real face of kindness in mental health: what it is and what it isn't.

Hunt D. F.

BJPsych Bulletin

Published online by Cambridge University Press: 11 May 2026

Kindness is often championed in mental healthcare but is too easily reduced to niceness or rhetoric. Drawing on my experience of research working alongside mental healthcare teams, I argue for intelligent kindness grounded in relational, courageous, bounded and systemic practice that seeks what is ultimately good for patients and protects staff, even if it is not immediately apparent. Misapplied kindness risks burnout, moral injury and stalled recovery, whereas intelligent kindness protects staff integrity and patient dignity. Importantly, it must be structurally enabled across clinical, organisational and policy levels. Intelligent kindness is a fundamental requirement for humane mental healthcare.

Links of Interest:

Upcoming Training Events

<https://deploymentpsych.org/training>

Survey Participants Needed: Attitude Toward AI In Psychotherapy (USUHS Department of Medical and Clinical Psychology)

<https://docs.google.com/forms/d/e/1FAIpQLSckLRdhiF2LAQfJMLrGZVRPQkiixXPVTssDVhSbHeMR9DrKMg/viewform>

- Information sheet:

https://drive.google.com/file/d/1QhMcIMcwxcYzJJqH2yhIrSwtVSHk_t6l/view

Staff Perspective: Doctor, Heal Thyself - When a Sleep Psychologist Has Insomnia
<https://deploymentpsych.org/blog/staff-perspective-doctor-heal-thyself-when-sleep-psychologist-has-insomnia>

Staff Perspective: Supporting Military Youth Through Better Sleep
<https://deploymentpsych.org/blog/staff-perspective-supporting-military-youth-through-better-sleep>

Military Health System releases “Mental Health Guidebook”, an essential resource for those who serve
<https://health.mil/News/Dvids-Articles/2026/05/15/news565403>

We Keep the Warfighter’s Mind in the Fight: Cherry Point Licensed Clinical Social Workers
<https://www.med.navy.mil/Media/News/Article/4484083/we-keep-the-warfighters-mind-in-the-fight-cherry-point-licensed-clinical-social/>

Preparing for the Aftermath: How Navy Medicine Chaplains Fortify the Force
<https://www.med.navy.mil/Media/News/Article/4484063/preparing-for-the-aftermath-how-navy-medicine-chaplains-fortify-the-force/>

Showing Up: Inside BJACH’s Response to Trauma and Loss
https://www.army.mil/article/292679/showing_up_inside_bjachs_response_to_trauma_and_loss

Obesity is chronic disease, requiring lifelong, personalized management, clinical practice guideline stresses
<https://www.todayinparenting.com/article/912583792-obesity-is-chronic-disease-requiring-lifelong-personalized-management-clinical-practice-guideline-stresses>

- Department of Defense and Department of Veterans Affairs’ Clinical Practice Guideline for the Management of Adult Overweight and Obesity
https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/obesity/OBE-CPG_2025-Guideline_final_20251105.pdf

Cross-System Collaboration to Support Children and Youth With Behavioral Health Needs and Their Families (SAMHSA)
<https://library.samhsa.gov/sites/default/files/cross-system-collaboration-pep26-01-006.pdf>

Advisory: Addressing Cannabis Use Disorder in Primary Care Settings—A Lifespan Approach (SAMHSA)

<https://library.samhsa.gov/product/advisory-cannabis-use-disorder-primary-care-settings-lifespan/pep26-07-003>

Recommendations for State Suicide Prevention Infrastructure (Suicide Prevention Resource Center)

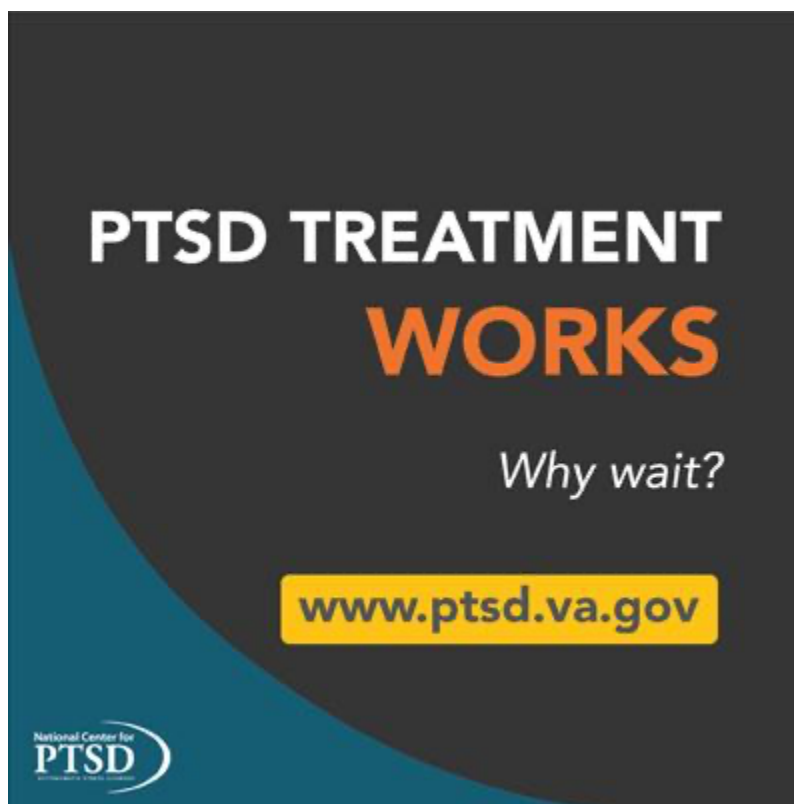
<https://sprc.org/state-infrastructure/>

Unlike Any Other Medical School – The USU School of Medicine: A Guide for Prospective Students

<https://medschool.usuhs.edu/sites/default/files/2026-05/SchoolofMedicineAdmissions2026brochure.pdf>

Resource of the Week: [June Is PTSD Awareness Month](#)

From the VA's National Center for PTSD:



Help Raise PTSD Awareness

Posttraumatic stress disorder (PTSD) can affect anyone. About 1 out of every 20 adults in the U.S. (or 5% of Americans) has PTSD in any given year. Even though PTSD treatments work, most people who have PTSD don't get the help they need. June is PTSD Awareness Month. Help us spread the word that PTSD treatment works. Everyone with PTSD—whether they are Veterans or civilians who experienced sexual violence, a serious accident, a disaster event, or other traumatic event—needs to know that effective treatments can reduce symptoms and lead to a better quality of life.

Spread the Word

Need ideas for event planning? Want free resources and materials to share? Visit our [Spread the Word section](#).

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