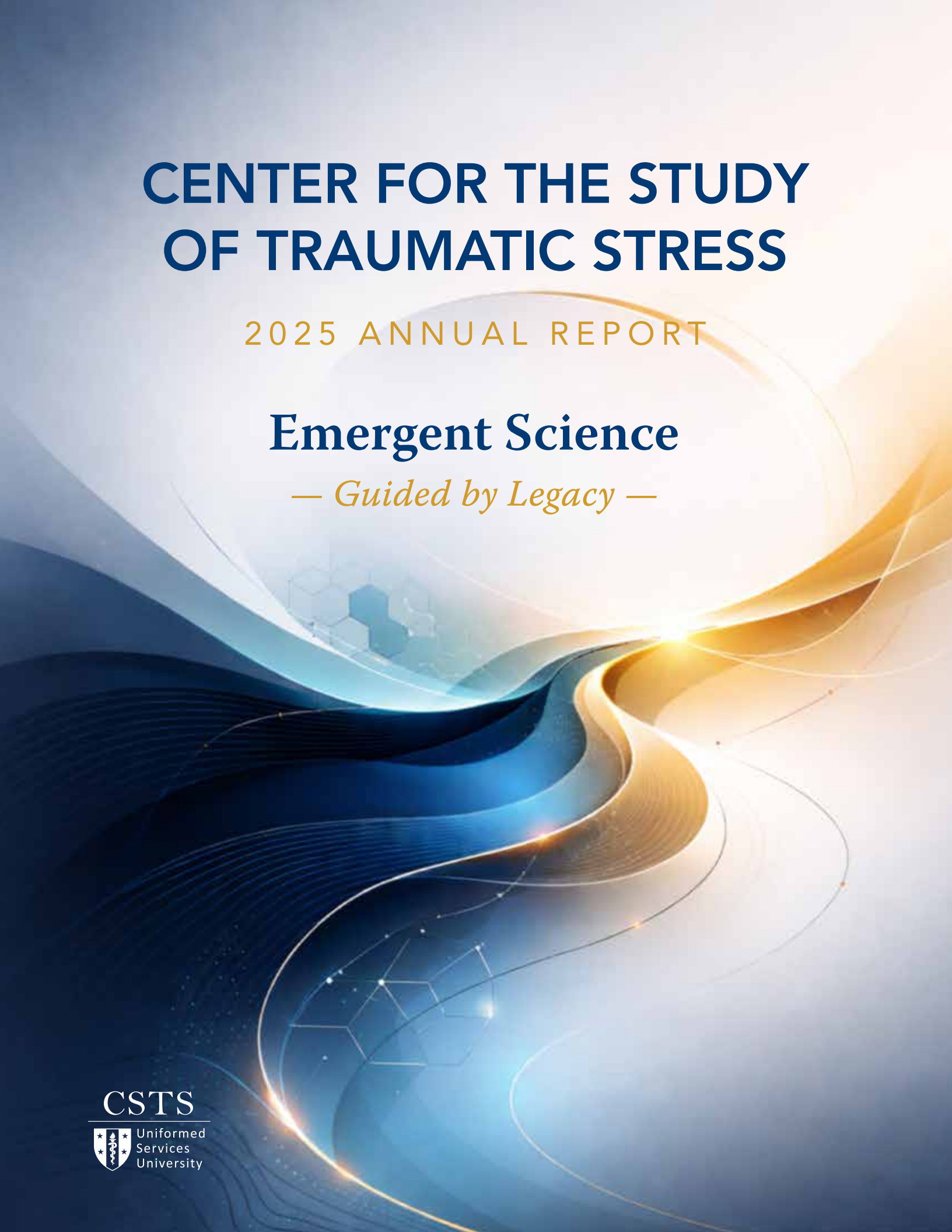
CENTER FOR THE STUDY OF TRAUMATIC STRESS

2025 ANNUAL REPORT

Emergent Science

— Guided by Legacy —



CSTS
Uniformed Services University

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CSTS remains a leader in understanding the impact of trauma from the bench, to the bedside, to communities. As a vital part of USU and the mission of DoW, we remain committed to addressing the human dimensions of war, disaster, terrorism, trauma, and loss.

— Dr. Stephen J. Cozza

From the Director

For nearly 40 years, the Center for the Study of Traumatic Stress (CSTS) has worked to further the Nation's understanding and capacity to respond to the impact of trauma on individuals, families, and communities. As a vital part of the Uniformed Services University (USU) and the mission of the Department of War (DoW), we remain committed to addressing the human dimensions of war, disaster, terrorism, trauma, and loss.

Our work this year highlights our commitment to innovation. By using decades of insights from the Army Study to Assess Risk and Resilience in Servicemembers (STARRS) and STARRS—Longitudinal Study (LS), we advanced the Suicide Avoidance Focused Enhanced Group Using Algorithm Risk Detection (SAFEGUARD) project. This initiative uses predictive analytics to identify high-risk Soldiers and provide targeted interventions. Within our Child and Family Program (CFP), we launched a national study to identify prevention opportunities by examining how family attitudes and behaviors contribute to unsecured firearm storage. These unsafe practices are linked to risks of accidental injury, death, and suicide. Additionally, our research on World Trade Center (WTC) survivors shows how grief impacts health-related quality of life. These findings underscore the need for grief-specific treatments alongside traditional trauma-focused care for those who are traumatically bereaved. We also continued our work as the independent verification partner for the innovative Defense Advanced Research Projects Agency (DARPA) Strengthening Resilient Emotions and Nimble Cognition Through Engineering Neuroplasticity (STRENGTHEN) program, which uses neuroplasticity-based interventions to improve psychological health and suicide prevention for service members. Beyond these highlights, this report details many other critical projects, ranging from the Department of Veterans Affairs (VA) National Posttraumatic Stress Disorder (PTSD) Brain Bank to studies on sleep and performance, that represent the full breadth of our mission.

In alignment with DoW priorities, we have developed new programming and conducted implementation trials in the area of integrated primary prevention. This included supporting the National Guard Bureau's (NGB) prevention workforce and the Alcohol and Substance Use Prevention and Recovery (ASUPR) program. We also launched the Examining Innovative Dissemination Strategies of an Evidence-Based National Guard Family Resilience Program: Adaptive Parenting Tools (ADAPT) study to evaluate the implementation of family resilience tools and released the Check Your Six Pack podcast to provide substance recovery support. CSTS remains a leader in understanding the impact of trauma from the bench, to the bedside, to communities. We provided just-in-time expertise following mass violence and aviation disasters, and held consultations with military delegations from Ukraine, Israel, and Japan.

Finally, we celebrate a historic milestone as Dr. Robert J. Ursano received the 2025 Military Health System Research Symposium (MHSRS) Distinguished Service Award for his transformative four-decade career. This honor was presented as Dr. Ursano stepped down as Center Director during 2025, leaving a legacy of science that supports the warfighter. Looking ahead, we are inspired by our merger with the Military Traumatic Brain Injury Initiative (MTBI^2) into the new Center for Brain and Psychological Health (CBPH). By sharing resources and expertise, we will deliver solutions that improve both brain and psychological health for the military community and the Nation.

STEPHEN J. COZZA, MD, COL, US Army Retired
Professor of Psychiatry and Pediatrics
Director, Center for the Study of Traumatic Stress
Department of Psychiatry, USU

Our Mission

CSTS supports the military health system (MHS), USU, and the mission of the DoW. The Center is committed to advancing trauma-informed care and is dedicated to furthering the Nation's understanding of the impact of trauma on individuals, families, and communities. As part of our Nation's federal medical school (America's Medical School) at USU, the Center is well-positioned to rapidly respond with DoW mission-relevant activities. The Center's work spans a broad range of trauma exposures, including combat, terrorism, natural and human-made disasters, public health threats, such as the COVID-19 pandemic, and humanitarian operations. CSTS has been involved in nearly every major disaster our Nation has faced over the past 38 years. The Center works to ensure that mental health is addressed in the face of public health threats, disaster planning, and disaster recovery. Mitigating the effects of disaster and trauma in military and civilian populations builds community and national resilience. The Center informs and educates community, regional, state, national, and global stakeholders in government, industry, healthcare, public health, and academia. CSTS advances trauma-informed care by providing leadership in research, education, training, consultation, global health, and service.

US SERVICE MEMBERS

CSTS is a multidisciplinary and multifaceted research center that possesses the capabilities to study psychiatric and psychological phenomena and their sequelae at the molecular, individual, organization, national, and international levels. Our core and focused capabilities illustrate the key ways in which CSTS ensures relevant research and consultation for our stakeholders.

CORE CAPABILITIES

- Rapid Response to Psychological Impact of Emerging Threats
- Disaster Psychiatry
- Public Health
- Laboratory Neuroscience
- Translational Science
- Randomized Clinical Trials
- Applied Military Research
- Cutting-Edge Statistics & Methodologies
- Program Development & Evaluation

FOCUSED CAPABILITIES

- Big Data & Machine Learning
- Early Emotional Response to Trauma & Stress
- Event-Related Disorders
- Mental Health Sequelae
- Treatment
- Sleep & Performance (Lab & Field)
- Child & Family
- Genomics

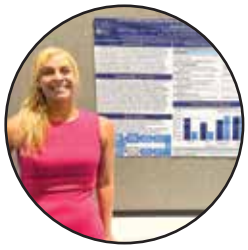
2025 Highlights

ADVANCING SUPPORT FOR MILITARY FAMILIES:
Dr. Stephen J. Cozza honored with the Dr. Mary M. Keller Award for Distinguished Contributions to Science from the Military Child Education Coalition (MCEC) for pioneering research strengthening trauma-informed care and resilience for military-connected children and families (see page 27).

FOUR DECADES OF IMPACT:
Dr. Robert J. Ursano received the 2025 MHSRS Distinguished Service Award recognizing his transformative leadership in military mental health research and decades advancing trauma, resilience, and suicide prevention science supporting service members and families (see page 27).

TRANSFORMING CARE FOR CHILDREN AFFECTED BY WAR:
Drs. Stephen J. Cozza and Christin M. Ogle guest-edited a special issue of *Psychiatry*: *Interpersonal and Biological Processes* on *Children and War*, advancing understanding of children's unique needs and risks (see page 15).

HARNESSING MACHINE LEARNING TO SAVE LIVES:
CSTS researchers leveraged advanced predictive models to improve detection of suicide risk among US Army Soldiers, laying the groundwork for SAFEGUARD — targeted interventions for the highest-risk service members (see page 7).



MODERNIZING MILITARY READINESS:
Dr. Sarah Maggio and Ms. Kelli Huber advanced recovery support for service members through the congressionally funded ASUPR program, including the Check Your Six Pack podcast, Military MORE (My Ongoing Recovery Experience) digital recovery program, and CheckPoint Health app (see page 13).

CSTS and Military Traumatic Brain Injury Initiative (MTBI²) to Form New Research Center at USU

The USU School of Medicine is creating a new research center by bringing together CSTS and MTBI². Falling under the Department of Psychiatry and led by LTC Bradley A. Dengler, MD, the new CBPH will strengthen efforts to develop brain and psychological health research solutions that support service members, their families, and the broader military health community and the Nation.

CBPH will combine the complementary expertise of CSTS and MTBI², maintaining the strengths and missions of both organizations, while creating new opportunities for collaboration and innovation in traumatic brain injury and psychological health research.

Teams from both organizations are working together to ensure a smooth transition by aligning communications, knowledge management, award management, and operational processes. The new Center is expected to reach initial operating capability in April 2026, with full operating capability planned for August 2026. This will coincide with the start of the USU School of Medicine academic year.

By sharing resources and expertise, CBPH will operate more efficiently while expanding its ability to deliver impactful research, education, and practical solutions that improve brain and psychological health across the military community. This merger strengthens USU's leadership in research supporting brain and psychological health across the military community.

CSTS staff at the ISTSS 41st Annual Meeting.

Research

RESEARCH ON US SERVICE MEMBERS

STARRS-LS
Study to Assess Risk and Resilience in Servicemembers - Longitudinal Study

Study to Assess Risk and Resilience in Servicemembers — Longitudinal Study (STARRS-LS)

CSTS continued to provide scientific leadership, project management, and financial oversight for STARRS-LS, a multidisciplinary, collaborative study of US Army Soldiers (active duty, National Guard [NG], and Reserves) led by USU, in partnership with the University of California — San Diego, Harvard University, and the University of Michigan. In 2025, the research team continued the fifth biannual wave of longitudinal follow-up survey data collection. The team also continued to update the Historical Administrative Data Study (HADS), in collaboration with the Army Analytics Group, extending repository coverage into 2024. HADS integrates administrative data from over 50 Army and DoW data systems containing records from more than 3.4 million Soldiers. Public-use datasets are available through the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan. The resulting comprehensive longitudinal dataset supports machine learning models to forecast suicide and behavioral health risk and inform targeted prevention strategies aligned with Office of Management and Budget (OMB), DoW, Defense Health Agency (DHA), and USU priorities. In 2025, the team published 10 peer-reviewed manuscripts, bringing the total to 145 since 2012.

Stress and Resilience in US Army Mortuary Affairs (MA) Soldiers

In 2025, active-duty Mortuary Affairs/Fatality Management (MA/FM) Soldiers from the 54th Quartermaster Company (Fort Lee, Virginia) participated in this ongoing study by completing 30 deployment-related questionnaires. Overall, more than 4,100 questionnaires have been collected since the study began in 2005. Data analyses in 2025 included examining change in rates of probable PTSD and depression over time and initial emotional responses to exposure to human remains. A manuscript reporting pre-deployment traumatic exposures (human remains and combat exposures), mental health (PTSD, depression, suicidal ideation), and substance use (alcohol, tobacco) in MA/FM Soldiers was prepared for submission to a peer-reviewed scientific journal. In March, study findings were shared with a visiting delegation of Japanese military medical officers. In April, a presentation describing data analysis methods used in the study (e.g., structural equation modeling) was given to CSTS. In September, study findings were shared with MA/FM leadership for inclusion in company training.

Ms. Yahouedeou, Ms. Naik Olson, and Dr. Biggs at Fort Lee, Virginia, as part of the Stress and Resilience in US Army Mortuary Affairs (MA) Soldiers study.

Ecological Momentary Assessment of Posttraumatic Stress Symptoms in US Military Service Members (Daily Diary Study)

In 2025, Daily Diary Study data analyses included examinations of how posttraumatic stress symptoms change across the 15-day assessment period and the relationship between sleep disturbances

(awakenings, disturbing dreams) and PTSD symptom clusters (intrusion, avoidance, negative cognitions/mood, hyperarousal) among service members with and without PTSD. Three manuscripts were published in peer-reviewed scientific journals that reported findings on daily variation in suicidal ideation, day-to-day variation in PTSD symptom clusters, and within-day variation in PTSD symptom clusters. Presentations describing the study's purpose, methods, and research findings were given to CSTS and at the USU Department of Psychiatry (PSY) monthly Research Track meeting. Posters reporting study findings, such as the relationship between sleep disturbances and PTSD symptom clusters, were presented at professional conferences, including the Brain, Behavior, & Mind (BBM) 2025 Spring Conference, winning the conference's Best Poster award.

Firearms Behavioral Practices and Suicide Risk in US Army Soldiers and Veterans

CSTS Scientists and University of South Florida and Harvard University collaborators continued to disseminate key research findings at national scientific conferences and webinars. Recent publications in scientific journals focused on firearm storage and weapon carrying practices and suicidal behaviors in US Army Soldiers. Study findings inform interventions focused on increasing secure storage to alter suicide risk among service members with personal firearms and other weapons in their homes. Future research examining demographic, psychiatric, and policy-level predictors of firearm-related mortality among US Army Soldiers may shed light on state-level gun laws and differences in rates of firearm-related mortality, including suicide, homicide, and unintentional deaths. Research findings emphasize the importance of education and training those in "gatekeeper" roles within the military community and suggest the usefulness of harm reduction and health promotion efforts.

Strengthening Resilient Emotions and Nimble Cognition Through Engineering Neuroplasticity (STRENGTHEN): Targets for Improving Psychological Health and Enhancing Performance

In 2025, the DARPA STRENGTHEN program completed Phase 1, which saw the initial development and testing of transdiagnostic interventions targeting the brain and behavior. CSTS continued its role as the program's Independent Verification and Validation (IV&V) partner, conducting reproducibility analyses with data from performer teams to validate Phase 1 results and support advancement into the next phase. Phase 2 launched in May 2025 with a kick-off meeting that brought together CSTS, DARPA, STRENGTHEN performers, and stakeholders from public and private funding organizations to share program findings and discuss translational priorities for suicide prevention. For Phase 2, the performer teams incorporated protocol modifications aiming to improve intervention effectiveness, durability, and acceptability within military environments. CSTS presented at three scientific conferences to support STRENGTHEN transition efforts, delivering an overview of the program's intervention approaches and proposing efforts to expand STRENGTHEN interventions into military treatment facilities.

Ms. Schlegel and Drs. Maresh, Capaldi, Bonomi, and Pabst at a DARPA STRENGTHEN PI meeting.

Suicide Avoidance Focused Enhanced Group Using Algorithm Risk Detection (SAFEGUARD): Life Skills, Life Force, and Pathfinding

In 2025, the SAFEGUARD team successfully developed project skills trainings and intervention, as well as finalized the development and refinement of the predictive analytics model for identifying Soldiers at higher risk for suicide-related behaviors. The team has completed pilot studies for all three core programs. Life Skills has transitioned to full enrollment, and Life Force pilots demonstrated measurable improvements in mental toughness and reduced anxiety and depression scores. Pathfinding completed its pilot, with a full launch set for early 2026. Beyond clinical milestones, the project provides professional development for mental health practicum students and actively engages with the military community, notably with installation- and tactical-level leadership at recruitment sites. The team provided multiple briefings to the III Armored Corps Commanding General on effectiveness metrics, securing strong command endorsement, and maintained regular communication with the wider prevention workforce through monthly Commander's Prevention Council meetings at Fort Hood.

Dr. Geraci, Mr. Kampinga, Drs. Maggio, McDaniel, Capaldi, Fortgang, and Paine with a statue of the lll Corps Phantom Warrior during a SAFEGUARD site visit to Fort Hood, Texas.

New York National Guard (NYNG) Study: Warfighter Readiness and Resilience Assessment: COVID-19 Activation

The US NG served a critical role in the COVID-19 response. Identifying, monitoring, and understanding risk factors associated with mental outcomes in COVID-19-activated NG service members is central to sustaining force readiness and disaster preparedness. CSTS collaborated with the NYNG in 2020 to administer a public health surveillance assessment to 4,000 service members. In 2025, CSTS found that factors related to social connectedness, including feelings of isolation, loneliness, and feeling like one did not matter to others, increased risk for both PTSD and symptoms of anxiety and depression following activation. Study findings have important implications for leadership and clinicians to develop and implement social connectedness strategies during and following response to disasters, such as the COVID-19 pandemic. Findings also have implications for promoting resilience, improving future disaster response, and alleviating adverse posttraumatic mental health outcomes in military personnel. This research was presented at several professional conferences.

A Military Gun Counter Project: Evaluation of Secure Firearm Storage and Suicide Prevention Interventions at Marine Corps Exchange Counters

Starting in 2025, this Defense Health Program (DHP)-funded study addresses the critical issue of firearm suicide within the US military by focusing on the role of on-base firearm retailers as key intervention points. Researchers will collaborate with staff at three Marine Corps Exchanges to understand current knowledge, preferences, and practices regarding firearm safety, storage practices, and suicide prevention. Through semi-structured interviews with retail staff and on-site observations, the study seeks to identify the most effective and resonant materials, messages, and practices for the military community. These insights will in-

form the development of evidence-based materials, including training materials for staff, information for customers, and modifications to the point-of-sale environment.

RESEARCH ON DISASTERS AND TERRORISM

CSTS Scientists continued to examine psychological and behavioral responses following natural and human-made disasters, and factors influencing these outcomes, which can be targeted for interventions in first responders exposed to multiple disasters. Center Scientists assessed the role of victim identification of a major airplane crash on acute and longer-term psychological responses among indirectly exposed rescue workers. High levels of engagement in identification was related to elevated symptoms of acute stress and anger/hostility. Association of relationship quality patterns among disaster workers and their significant others with acute stress, depression, and anger/hostility symptoms were also studied.

Center Scientists served as mentors to junior staff who examined the influence of perceived control over work tasks and coping strategies on presenteeism and psychological responses in Florida Department of Health workers who responded to, and were personally affected by, a series of hurricanes. Center Scientists submitted manuscripts and poster abstracts developed from this research for peer review and presentation at national conferences.

RESEARCH IN THE CHILD AND FAMILY PROGRAM (CFP)

Bereavement

Bereaved Family Self-Care Toolkit

The Bereaved Family Self-Care Toolkit was developed in consultation with the Tragedy Assistance Program for Survivors (TAPS) and helps bereaved military family members and others who have experienced the death of a family member. As part of CSTS' Suicide Prevention Program (SPP), the Toolkit provides information, materials, and resources on practical and evidence-based self-care tips. Self-care is important for bereaved family members to mitigate stress and lower risk for negative physical and mental health outcomes, such as sleep problems, substance use, and suicide. This Toolkit was featured in the *TAPS Quarterly Magazine* Winter 2025 issue (https://www.taps.org/events/2025/magazine-winter-2025).

Grief and Health-Related Quality of Life in World Trade Center (WTC) Survivors

An ongoing CSTS CFP project examines outcomes associated with trauma and bereavement in 9/11 survivors (i.e., individuals who worked or lived at or near the WTC site in New York City on 9/11). Despite 9/11 survivors' high rates of losses on and after 9/11, minimal research has focused on the examination of grief responses and their effects on mental health in this population. Using existing and newly-collected data, the study examines the complex interrelationships of bereavement and trauma burden and physical and mental health burden to inform WTC Health Program resources.

This project is being conducted in collaboration with colleagues at Columbia University, the WTC Health Registry, and Voices Center for Resilience (VOICES), a nonprofit organization that

Dr. Fisher, Ms. Nettles, and Ms. Martin present at the ISTSS 41st Annual Meeting.

aids 9/11-affected families. Data collection for this project ended in December 2024 and analyses are underway.

Stepping Forward in Grief (SFG) Study

A virtual app that addresses grief adaptation could be a helpful resource for bereaved military family members who often live far from available grief support services. CFP partnered with Columbia University's Center for Prolonged Grief to adapt principles from Prolonged Grief Therapy, which has been shown to be effective in civilian populations, into a digital intervention. This intervention aims to assist with grief integration, thereby reducing risk for long-term impairment. The goal of SFG, a randomized controlled trial, is to compare the effectiveness of two virtual apps (GriefSteps [GS] and WellnessSteps) in helping those bereaved by military service-related death. Results indicated that there were small, but statistically significant, improvements in grief and functional impairment among those in the high grief group using GS. These results indicate that a novel modality, requiring little oversight or cost, can assist bereaved family members. A scientific manuscript describing these findings is in preparation.

Study of Long-Term Outcomes of Terrorism-Related Grief

CFP partnered with VOICES and the Canadian Resource Centre for Victims of Crime, an organization supporting family members who were bereaved by the Air India Flight 182 bombing, to investigate long-term bereavement outcomes in family members following a terrorism-related death. The team published two manuscripts related to these data. A recent analysis examined belief in a just world and its association with grief within family members of 9/11 victims. A manuscript describing these findings was submitted for publication this year, and a poster examining the associations of reduced trust in others and anxious apprehension with prolonged grief disorder among 9/11 bereaved family members 14 years after the attacks was also presented at a professional conference.

Disenfranchised Grief

CFP collaborated with Sons and Daughters In Touch (SDIT), an organization of children whose fathers died or were missing in action (MIA) in the Vietnam War, and found that this population consistently felt their loss was unacknowledged or rejected. This phenomenon is consistent with disenfranchised grief (DG), which refers to the experiences of bereaved persons whose grief was not or could not be openly acknowledged, publicly mourned, or socially supported. In response, CFP developed a measure of DG, created items for this instrument, refined them in response to feedback from SDIT members and CSTS Scientists, and reached out to experts in DG for feedback. A study to test the final measure is being designed. It will be evaluated in the SDIT population, as well as among individuals who suffered other losses known to be associated with DG, including perinatal death, suicide, and homicide, as well as deaths resulting from substance abuse, criminal activity, and human immunodeficiency virus (HIV).

The National Military Family Bereavement Study (NMFBS)

The NMFBS is the first large scientific study of the impact of a US service member's death on surviving family members. The study team gathered information from family members about many topics centered around their loss: feelings of depression, anxiety, grief, ways of coping, employment history, relationship with the military, posttraumatic growth, resilience, and other areas. Recent analyses examined the association of family composition with prolonged grief, depression, and thoughts of death in bereaved military spouses and the association of parental relatedness and emotional closeness with severity of grief in parents bereaved of sons by sudden and violent death. Both projects were presented at the 2025 International Society for Traumatic Stress Studies (ISTSS) 41st Annual Meeting.

Bereavement Coping Studies

The goal of these ongoing studies is to determine coping strategies used by military family members following bereavement and to examine associations among risk factors (i.e., hopelessness and reasons for

living), specific coping strategies and outcomes (i.e., grief, depression, suicidal ideation). An analysis of these data that examined profiles of coping strategies was presented at a national conference. Information from this study was also used to inform the development of an interactive website called BALANCE (Bereavement Adaptation: Learning and Navigating Coping Essentials) that allows users to understand, monitor, and adapt the coping strategies that they use to manage their grief. A grant submission to follow up on this work was submitted to the American Foundation for Suicide Prevention this year.

Dynamics of Emotion Regulation, Trauma, and Grief Among World Trade Center (WTC) Survivors

With funding from the Centers for Disease Control and Prevention, CFP is conducting research to address critical gaps in understanding the emotional processes that contribute to long-term posttraumatic stress, prolonged grief, and quality of life among WTC survivors who experienced bereavement. In 2025, the study commenced with the submission of the Institutional Review Board (IRB) protocol and the finalization of measures to enable the characterization of dynamic emotion regulation and coping profiles using ecological momentary assessment. Alongside these milestones, the team engaged in specialized statistical training, initiated a manuscript review to provide background support for the project, and attended the VOICES 2025 New York City Symposium of 9/11 annual meeting. Findings from this research will ultimately inform future prevention and intervention efforts aimed at improving psychological well-being among trauma- and bereavement-exposed populations.

Family Violence

Child Maltreatment in US Military Communities and Families

Another focus of the CFP involves the identification of risk factors for child maltreatment to inform prevention and intervention strategies that promote military family health, well-being, and readiness. This work has primarily focused on child neglect, the most commonly reported type of child maltreatment in the US and most frequently associated with child fatality. An analysis of factors associated with child victim and parent offender removal from the home following incidents of child neglect in US Army service member families was presented at a professional conference and published. Results from a separate congressionally mandated study designed to identify risk factors for four different child maltreatment types in active-duty families were also presented in 2025.

Targeting Family Risk Associated with Unsafe Firearm Storage Practices

This Military Operational Medicine Research Program (MOMRP)-funded study examines how four modifiable family-level behaviors and attitudes relate to firearm storage practices among military-connected families with children: firearm socialization, other household safety practices, adult decision-making dynamics regarding firearm storage, and parental misunderstanding of children's development and motivations. In 2025, the study launched a national survey and enrolled more than 770 participants, including civilians, veterans, active-duty service members, military-connected family members, and Spanish-speaking respondents. Preliminary variable construction is underway to inform upcoming analyses and discussion groups, and early findings have been shared with community partners to enhance engagement and translational impact. Additionally, the project contributed to the scientific literature, with a peer-reviewed publication highlighting the role of family-level factors in firearm storage practices, and disseminated findings through national conference presentations.

NG Family Resilience Program: Adaptive Parenting Tools (ADAPT)

In September 2025, CSTS launched the ADAPT study to evaluate the implementation of ADAPT, an evidence-based intervention designed to improve NG family resilience. ADAPT provides flexible, tiered support through online, self-directed modules, facilitator-supported online groups, or individual telehealth sessions. Findings from this research will inform how ADAPT's broader implementation,

including dissemination, modality preference, and engagement, can improve access to care and continuity of services for children with mental, emotional, developmental, and behavioral (MEDB) concerns. To date, the CSTS ADAPT team has met regularly with its Arizona State University partner to determine the study timeline and outreach strategies and develop marketing materials.

Co-Occurring Harmful Behaviors in Military Families

Family violence, suicidality, and substance abuse have been identified as high-priority prevention targets by the DoW based on empirical evidence of their negative impact on military readiness, service retention, and service member and family health. In collaboration with the USU Department of Pediatrics, the CFP was awarded funding from the USU-University of Idaho Research Partnership Initiative to conduct research aimed at identifying predictors of these harmful behaviors among active-duty service members and their spouse and child dependents. Using machine learning approaches, the study will examine patterns of harmful behaviors that co-occur within families throughout the deployment cycle. Results will provide critical information to inform the development of integrated preventive interventions that reduce harmful behaviors in service members and their families.

Dr. Bynum, Ms. Walker, Ms. Todd, and Dr. Carter representing the RECON Study.

Military Couples

Get Better Together (GBT): A Primary Prevention Intervention for Military Couples

Relationship problems are among the most common catalysts for harmful behaviors, including suicidal thoughts and behaviors, problematic alcohol use, and domestic violence. GBT is a relationship education program designed to reduce these risks by strengthening relationship functioning and equipping couples with practical skills to manage stress, regulate emotions together, and reduce unhealthy conflict. A Congressionally Directed Medical Research Programs (CDMRP)-funded randomized controlled trial launched in 2025 and is now actively recruiting 500 military couples to evaluate the effectiveness of GBT, comparing outcomes for couples randomized to attend GBT at a weekend retreat with those randomized not to attend. The study will examine changes in individual and relationship functioning over six months. Ultimately, this project seeks to provide the military community with an accessible, evidence-based prevention program that supports mental well-being, relationship health, and warfighter readiness.

Relationship and Connection (RECON) Study: Evaluation of the Got Your Back (GYB) Program

Strong social connection is essential for warfighter readiness, serving as a defense against stress, isolation, and other challenges of military life. GYB is a program designed to equip service members, regardless of whether they are in a romantic relationship, with practical skills to build and maintain meaningful connections with partners, family, and peers. In 2025, CDMRP funded a two-phase study to evaluate GYB effectiveness. During Phase 1, platoons will be randomized to attend GYB right away or in six months, to see if enlisted service members in platoons that attended show greater improvements in relationships and mental health. Phase 2 will compare administrative and medical records from these participants to a matched cohort, identifying differences in behaviors that are harmful to self (e.g., suicidal behaviors), harmful to others (e.g., abuse), and harmful to military readiness (e.g., non-deployability).

RESEARCH IN NEUROSCIENCE AND NEUROBIOLOGY

Trauma-Related Disorders Research

Genetics, Biomarkers, and Clinical Outcomes

In 2025, the CSTS laboratory disseminated several key findings related to depression, stress exposure, and long-term clinical outcomes. Using approximately 25 years of follow-up data from the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial, the team published a paper demonstrating that prostate cancer patients with preexisting depression experienced significantly reduced survival. These findings highlight the prognostic relevance of mental health in oncology. The team also published a paper synthesizing evidence linking immune dysregulation to stress-related psychopathology and biomarker development and presented a poster reporting context- and timing-specific associations between traumatic exposure and telomere length. Through these integrated efforts, the CSTS laboratory continues to contribute to the identification of biologically grounded markers that can improve risk assessment, treatment evaluation, and long-term clinical outcomes.

Exposure and Non-Exposure Treatments for Post-Trauma Nightmares and Insomnia: Nightmare Deconstruction and Reprocessing (NDR) vs. NightWare Wristband

Individuals exposed to trauma often develop nightmares and insomnia, symptoms that do not always respond to evidence-based treatments. To further investigate the mechanisms of trauma-related nightmares and insomnia and how they respond to treatment, CSTS is conducting a pilot trial comparing exposure and non-exposure treatments. NDR is an exposure-based psychotherapy that uses description of nightmare content, reprocessing of trauma-related thoughts and feelings, and dream rescripting to reduce severity of nightmares and insomnia, whereas the NightWare wristband system is a non-exposure, prescription digital therapeutic that monitors the sleeping patient's heart rate and movement to detect possible nightmares and vibrates to rouse the patient out of the nightmare without disrupting sleep architecture. Results from a previous CSTS pilot study suggest that NDR may be effective in decreasing nightmare and insomnia severity and that it was well tolerated by study participants. The current study expands on our previous work by comparing NDR and NightWare on multiple biomarkers, including heart rate, electrodermal activity, and cortisol and adrenocorticotropic hormone (ACTH) levels as indicators of psychological arousal during the treatment visit, in addition to physiologic sleep indicators as objective evidence of treatment response. This study will continue enrollment through May 2026.

The Veterans Affairs (VA) National Posttraumatic Stress Disorder (PTSD) Brain Bank

The VA National PTSD Brain Bank was established in 2014 as a multi-site collaborative human tissue bank led by the VA National Center for PTSD and co-founded by CSTS. The PTSD Brain Bank collects, processes, and stores tissue donations and medical information for use by qualified investigators nationwide in neurophysiological research on PTSD. CSTS has established recruitment sites at the Armed Forces Retirement Home in Washington, DC, and Brooke Army Medical Center, and is working to expand their outreach to veterans at additional facilities. Thus far, 419 post-mortem tissue samples have been acquired, and 347 future donors have enrolled to support the PTSD Brain Bank by providing antemortem assessment data and medical records to accompany their future postmortem tissue donations. CSTS Scientists serve on the Brain Bank's Tissue Access Committee, which has granted 62 sample requests to date, resulting in numerous scientific manuscripts by members of the PTSD Brain Bank consortium and other researchers.

Study to Evaluate the Safety, Tolerability, and Efficacy of Potential Therapeutic Interventions in Active-Duty Service Members and Veterans with PTSD (M-PACT)

In 2025, the Walter Reed National Military Medical Center (WRNMMC), Alexander T. Augusta Military Medical Center (ATAMMC), and Wilford Hall Ambulatory Surgical Center (WHASC) sites made significant progress, securing both IRB of record and

site-specific IRB approvals, and launching participant recruitment and enrollment efforts. Strategic partnerships with Thermo Fisher Scientific's Pharmaceutical Product Development and the Global Coalition for Adaptive Research have provided essential regulatory and operational expertise, positioning the study for success. To accelerate enrollment, the team has initiated integration into the MHS for CSTS study coordinators to access resources in support of pre-screening efforts. The team has also executed an agreement with a recruitment vendor that has been successful with recruitment for military populations to further strengthen participant outreach and enrollment.

Alcohol and Substance Use Prevention and Recovery (ASUPR) Program

In 2025, the ASUPR team, working with military content creators and the veteran-owned Diesel Jack Mexdia production company, released eight out of 10 episodes of the Check Your Six Pack Podcast. The podcast features guests from the military community sharing inspirational lived-experience stories, and co-hosts from CSTS delivering educational content on the science behind alcohol and substance use disorders and how these issues impact the military community. Partnering with the Hazelden Betty Ford Foundation, recruitment began at Fort Belvoir for the Military MORE program — a recovery support program that integrates evidence-based digital content and personalized professional coaching, tailored specifically for active-duty service members. The CheckPoint Health mobile application, built by our collaborators at the University of Washington, underwent tailoring for active-duty Soldiers during 2025. The app provides a personalized feedback intervention (PFI) focused on reducing alcohol use and improving mental health. Collaborators at Walter Reed Army Institute of Research (WRAIR) led the charge on developing Warrior Reset, a training video geared toward military personnel that highlights a variety of skills to promote emotional regulation and cognitive flexibility, which will be released in 2026.

Sleep-Related Research

Chronobiology, Light, and Sleep Laboratory

With colleagues at the University of Manchester and f.lux, we characterized products marketed as blue-blocking glasses. A published review presented these findings with background information and guidance for optimizing circadian health. A novel metric, melanopic daylight filtering density (mDFD), was introduced to quantify a filter's capacity to reduce melanopic input, providing an alternative to less precise, ad hoc measures. In collaboration with San Diego State University and the Center for Deployment Psychology (CDP) at USU, Phase 1 of a study evaluating sleep education for suicide prevention was completed. Feedback on the Circadian, Light, and Sleep Skills program for Marines was overall positive and informed refinements. Efficacy testing for sleep and mental health outcomes in Phase 2 is planned for early 2026. Finally, analyses were completed and reports submitted for publication for two additional studies, including one on the influence of sleep on influenza vaccine response and another that quantifies the potential impacts of nightlights on children's sleep and circadian health.

Dr. Maggio and Ms. Huber in the Check Your Six Pack recording studio.

Toward Personalized Care for Insomnia: Machine Learning Algorithms to Predict Response to Insomnia Therapy

CSTS is using data from the Pre/Post Deployment Study (PPDS), a longitudinal component of STARRS, to identify aspects of deployment that affect risk for post-deployment insomnia and pre-deployment factors that amplify or dampen effects of deployment on insomnia. The PPDS included one assessment shortly prior to deployment and three assessments at standard intervals following deployment. Using data from 4,500 Soldiers who completed all four PPDS surveys, we found that deployment stress — including combat as well as interpersonal stress experienced during deployment — is associated with risk for both transient and chronic post-deployment insomnia. In addition, caffeine intake during deployment, in particular, from energy drinks and caffeine pills and gum, is associated with insomnia following return from deployment. These and subsequent study findings will be transitioned to inform deployment-related policy and clinical practice guidelines for military health providers.

Telehealth for Sleep Apnea: Effectiveness, Implementation, and Cost in the Military Health System (TS OSA)

In collaboration with the University of Maryland — Baltimore (UMB), the study team began recruitment, screening, and enrollment efforts for participants with obstructive sleep apnea (OSA) from WRNMMC. Throughout 2025, the research team refined data collection procedures for chart reviews, ensuring accurate extraction of diagnostic sleep testing results from the MHS Genesis system and positive airway pressure (PAP) treatment adherence data from durable medical equipment providers. To date, 21 participants have been randomized and enrolled into study arms: telehealth care or private sector care. Analysis of non-inferiority regarding PAP adherence is ongoing as the study advances toward its enrollment target of 160 clinical trial participants.

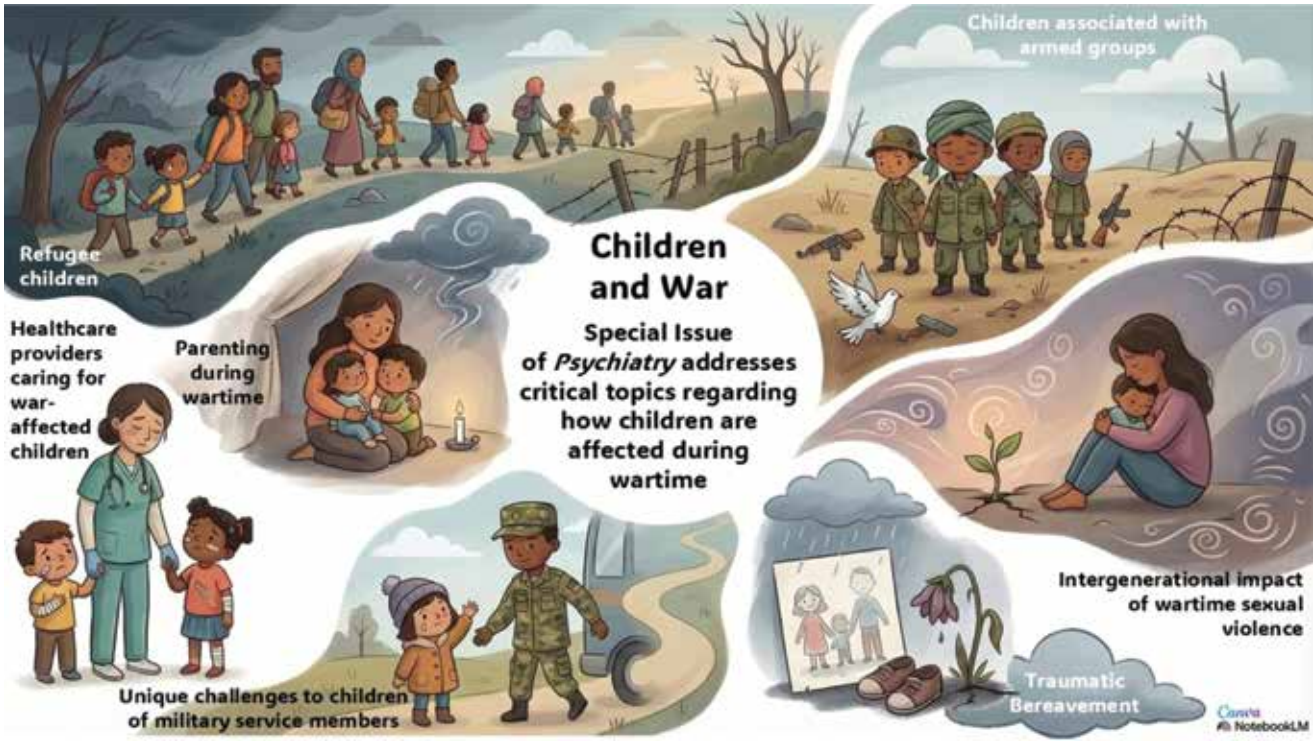
A Folic Acid Randomized Controlled Trial at the Maximum Safe Upper Limit to Reduce Suicide Risk (FACT-Max)

CSTS has begun a groundbreaking clinical trial of folic acid supplementation to reduce suicide risk. Collaborating with investigators from the University of Chicago, Massachusetts General Hospital, Columbia University, and the Biomedical Research Institute of New Mexico, we are looking to test preclinical findings that individuals taking prescription-strength doses of folic acid demonstrated significantly lower rates of hospital presentations for suicidal thoughts and behaviors. Funded by the CDMRP Peer Reviewed Medical Research Program, we have begun planning and implementation of large-scale remote recruitment of active-duty Sailors and Marines to participate in this fully remote clinical trial.

Non-Invasive Intracranial Pressure Monitoring in Laboratory Rats

According to the Monro-Kellie doctrine, the fixed volume of the cranial cavity necessitates that an increase in any one constituent—brain, cerebrospinal fluid, or blood—be offset by a decrease in another to maintain stable intracranial pressure (ICP). While elevated ICP from traumatic brain injury (TBI) or stroke can be life-threatening, the gold standard of monitoring is an invasive ventriculostomy, a procedure impractical for resource-limited or forward-deployed settings. Existing non-invasive alternatives currently lack the sensitivity and continuity required for clinical use. Thus, we are evaluating novel neuro-capacitive sensors designed for non-invasive ICP estimation in a rodent model. By integrating these capacitive sensor signals with invasive ICP and arterial blood pressure data, we are utilizing power spectral (frequency domain) analysis and machine learning algorithms to develop robust predictive models.

Children and War



Drs. Stephen Cozza and Christin Ogle guest-edited a special issue of *Psychiatry: Interpersonal and Biological Processes* on *Children and War.*

"War spares no one, but its most heartbreaking impact is often on those with the least power to understand or escape it — children. Currently, there are approximately 56 ongoing conflicts globally involving more than 35 countries. Some are widely publicized, while others receive little attention. All cause significant suffering.

In this issue of *Psychiatry* on *Children and War*, we examine the profound and often overlooked effects of conflict on the youngest members of society. From displacement and loss, to forced recruitment and psychological trauma, children endure experiences that no one should have to face.

One goal of this special topic is to shed light on the brutal realities children endure during wartime and to amplify their voices, explore paths toward healing and highlight efforts being made globally to protect and restore childhoods shattered by violence. Our aim is to foster a deeper awareness, empathy, and action for children affected by war."

From the Editor's Note
—Robert J. Ursano

Education and Training

PUBLICLY ACCESSIBLE EDUCATION AND TRAINING

Disaster Response and Public Education

The Center was sought out for resources to protect mental health of disaster responders, children and families, healthcare personnel, and leaders impacted by: devastating weather events, such as the Los Angeles wildfires and the Texas floods; acts of mass violence, including the shootings at Annunciation Catholic School and Brown University; and aircraft accidents, such as the crash of Air India Flight AI171 into Byramjee Jeejeebhoy Medical College in Ahmedabad, India, that led to the deaths of over 250 people. Following these events, the Center provided just-in-time public and disaster mental health educational fact sheets and other resources to organizations and responders working to protect mental health and foster resilience among impacted communities. Center Scientists also provided education through consultation to help various affected stakeholders address unique and evolving aspects of these and other disasters, including the impact of evacuation and displacement, altered feelings of safety, grief and loss, and exposure to human remains.

CSTS staff participate in Dr. West's Disaster Game simulation.

Disaster and Preventive Psychiatry Course

The Center's international reputation for expertise in military and disaster psychiatry led to a partnership with the American Psychiatric Association and development of the world's first (and only) online interactive training in "Disaster and preventive psychiatry: Protecting health and fostering community resilience." The course is free and offers eight continuing education credits, providing learners with critical information on topics such as the psychological and behavioral impact of different types of disaster, understanding aspects of risk and protection, evidence-based actions for protecting the mental health of disaster responders, using communication and messaging to protect health, and leadership behaviors to foster community recovery. This unique course has been widely praised by national and global partners, cited in textbooks, and shared broadly throughout the national and global disaster community through Center partnerships with the Administration for Strategic Preparedness and Response (ASPR), the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association of State Mental Health Program Directors (NASMHPD), the Five Eyes Mental Health Research and Innovation Collaboration (MHRIC), the North Atlantic Treaty Organization (NATO), and the United Nations (UN).

Brain, Behavior, & Mind (BBM) 2025 Spring Conference and Fall Lecture

BBM, a series of global forums, features distinguished scientists, clinicians, and leaders whose work spans neuroscience, psychiatry, psychology, and public health. Each event explores new insights into our understanding of health and illness by integrating knowledge from genes to community and from the research bench to bedside care. Spon-

sored by the CSTS, in collaboration with USU's PSY, Neuroscience Program, Department of Family Medicine, CDP, and Brain & Behavior Hub, these forums address critical issues in mental health and resilience. The 2025 Spring Conference featured outstanding speakers including Drs. Jordan Smoller, Scott J. Russo, Jodi Pawluski, Jessica L. Schleider, and Paula P. Schnurr. This event was widely attended by an international audience, attracting approximately 2,000 registrants from 69 countries. The 2025 Fall Distinguished Lecture welcomed Dr. John H. Krystal, Robert L. McNeil, Jr. Professor of Translational Research, Professor of Psychiatry, Neuroscience, and Psychology, and Chair of Psychiatry at Yale University and Yale-New Haven Hospital, who shared his groundbreaking work on ketamine and other "next generation" treatments for depression.

US Department of Veteran Affairs (VA)/ STARRS-LS Researcher-in-Residence Fellowships

The VA/STARRS-LS Researcher-in-Residence Program entered its third year in 2025. Established in 2023 by the STARRS-LS research team in collaboration with Harvard Medical School, this pioneering interagency fellowship program was developed in partnership with the VA. The program aims to engage early-career VA researchers in collaborative efforts to identify research-based solutions that support service members at heightened risk for suicide during the transition from active duty to veteran status.

In 2025, the program welcomed one additional fellow who will collaborate part-time with the STARRS-LS research team over a two-year term. Dr. Daniel Reis, from the Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention, was selected for this fellowship.

Additional information about the VA/STARRS-LS Researcher-in-Residence Program is available on the VA Health Systems Research (HSR) website: https://www.hsrd.research.va.gov/centers/core/sprint/starrs-ls.cfm

INTERNAL USU/CSTS TRAINING AND PROFESSIONAL DEVELOPMENT

Neuroscience Module for Pre-Clerkship USU Medical Students

The Neuroscience and Behavior Module is a core eight-week course for first-year medical students at USU. It integrates various disciplines to teach neuroscience principles. Students learn to recognize, diagnose, and manage neurological and psychiatric conditions. The module aims to provide a strong foundation in neuroscience for future military medical officers. The key features of the Module in 2025 were:

- Multidisciplinary approach: Combines neuroscience with military medicine, medical history, and health systems science. Course content addresses psychiatry, neurology, radiology, psychology, microbiology, pathology, and emergency military medicine with experts from each field involved with instruction.
- Hands-on learning: Includes simulated patient experiences and practice of neurologic and mental status examinations.
- Focus on clinical skills: Emphasizes effective, safe, and patient-centered care, with a focus on military and austere environments.

- Innovative teaching: Utilizes distance, hybrid, and in-person large group and small group learning methods.
- High-quality education: Consistently ranks among the best modules, with 100% student success rates and 100% satisfaction rates.
- Continuous improvement: Regularly updates lecture content and utilizes embedded questions and has post-lecture feedback questions for students.
- Rigorous assessment: Exam questions are carefully designed and aligned with the Module, USU School of Medicine, and USU learning objectives. In addition to the embedded questions, there are weekly formative quizzes, clinical cases, and Flipped Friday review sessions.

Combat and Operational Stress Control (COSC): Operation Bushmaster

In October 2025, CSTS Scientists provided training in COSC as a core component in military medical education. In line with USU's mission to prepare uniformed health professionals to support the readiness of the US Armed Forces, CSTS Scientists engaged in curriculum preparation, faculty development, and direct teaching as part of the annual medical field training exercise called Operation Bushmaster. This undertaking includes preparing senior USU and international students, as well as active-duty residents, to operate in forward medical units in a complex frontline simulation over four days, culminating in a mass casualty event. Students treated a continuous stream of battlefield casualties and non-battle injuries, as well as conducted public health outreach activities while on a simulated combat deployment. Differentiating the assessment, disposition, and treatment of psychiatric illnesses were core skills uniquely taught on the field.

Military Sexual Assault (MSA) Response Training Exercise

The USU School of Medicine partnered with the School of Nursing to conduct the MSA Response Training Exercise, which was an essential series leading up to the final week of the Bench, Bedside, and Beyond Course (B3), from March 24-28, 2025. Approximately 200 students were taught by over 50 staff members, including faculty from PSY and CSTS.

This training supported students in learning how to: conduct a culturally compassionate and sensitive medical interview; recognize and assess substance history exposure and immediate safety considerations associated with MSA; develop a differential for acute medical needs and a corresponding treatment plan to address medical and safety concerns; understand the physician's role as the treating provider; communicate appropriate resources for MSA survivors; and communicate the differences between a restricted and unrestricted report within the military system.

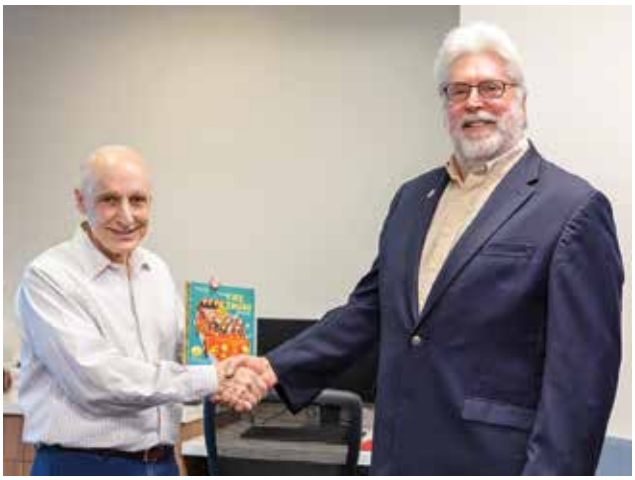
Mentoring at USU/CSTS

Mentorship Program

CSTS provides mentorship experiences for USU medical students, National Capital Consortium (NCC) Child and Adolescent Psychiatry fellows, NCC General Psychiatry residents, and the Center's research assistants (RAs) and study coordinators. With guidance from senior researchers, mentees investigate critical issues related to child and family stress and trauma, including the impact of war on children and adult professionals, risk factors associated with unsecure firearm storage practices, mental health challenges following bereavement (especially prolonged grief), and child maltreatment. In 2025, these collaborations produced four papers published in peer-reviewed journals, with three more under review, 16 posters presented and two oral presentations given at international and national conferences, two fact sheets, and a magazine article. Participation in these research collaborations is designed to prepare mentees to conduct independent research, inform a nuanced understanding of stress and trauma research, and build a foundation for sustained, impactful careers in psychiatry.

Education and Training to Support Research

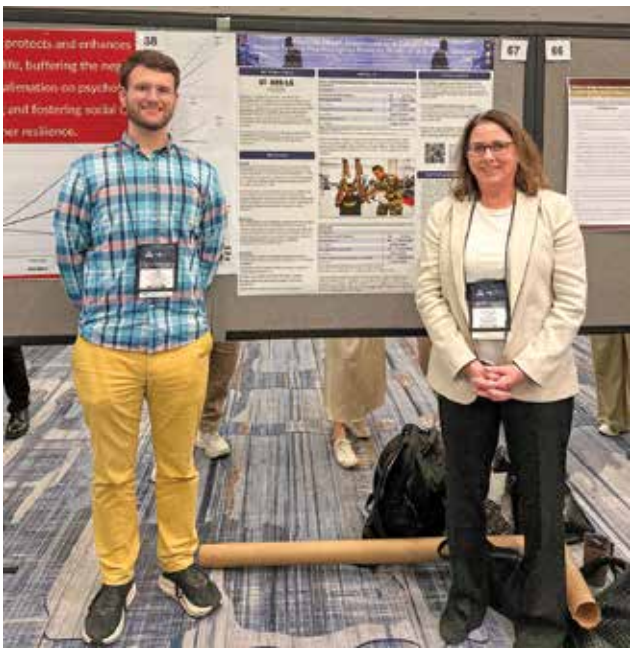
The Center trains and educates research support staff, such as RAs. In 2025, a team of RAs supported research efforts at CSTS. RAs provide support to



Dr. Ursano and Mr. Hurwitz celebrate Mr. Hurwitz's retirement.

Scientists and team members on a variety of projects, and learn by working with CSTS Scientists, biostatisticians, and program managers. The RAs conduct literature reviews, are involved in study participant recruitment and data collection, assist in data entry and quality control, and develop tables and graphics for study findings. RAs also provide administrative support for meetings, including preparing meeting minutes. While at CSTS, RAs acquire valuable research skills, including selection of research questions for development of posters to be presented at professional conferences. RAs are offered professional development opportunities, including attending workshops and assisting with manuscript preparation for publication in peer-reviewed scientific journals. Following their tenure at CSTS, RAs often further their education by pursuing advanced degrees. Former Center RAs have engaged in graduate study at institutions including: Yale University, Notre Dame University, Johns Hopkins University, Duke University, Columbia University, Georgetown University, University of California — Berkeley, London School of Hygiene and Tropical Medicine, University of Maryland, George Washington University, Catholic University, Florida State University, University of Nebraska — Lincoln, University of California — Los Angeles, Edward Via College of Osteopathic Medicine, Texas Christian University, the College of William & Mary, UMB, University College London, and USU. Opportunities that RAs have pursued following their experience at CSTS have included:

- PhD programs in clinical, experimental, and other psychology and related behavioral science fields
- Medical school, including osteopathic medicine
- Physician assistant school
- Law school
- Master's degree programs in psychology, counseling, public health, and social work
- Training positions at the National Institutes of Health
- Careers with the Federal Bureau of Investigation



Mr. Sumberg and Dr. Dempsey present at the ISTSS 41st Annual Meeting.

Dissemination and Implementation of Health and Research Knowledge

Website

CSTS' website is a primary tool that is used to further the goal of disseminating relevant and timely information to a wide range of stakeholders (www.CSTSonline.org). Materials available on the website include summaries of current research activities, publication citations, newsletters, conference reports, and a searchable repository of CSTS disaster mental health education fact sheets. The website includes a "What's New" section that highlights recent disaster education materials, research initiatives, publications, conference summaries, and announcements of upcoming events. The CSTS website also features products such as the Let's Talk About Your Guns, Vol. 2 podcast. In 2025, the final three episodes of Volume 2 were produced. As of November 2025, the series had received nearly 5,000 downloads.

In 2025, the CSTS website saw 47,480 users from 161 countries around the world, an increase from 44,528 users from 156 countries in 2024. Of the 47,480 users, 32,758 users (69%) were from the US. The site received 112,635 page views across 836 pages.

"Finding the Words"

When someone at home or at work seems to be experiencing serious challenges or distress, it can be difficult to find the right words to have a conversation that could ultimately help the individual and those around them who are affected. Our "Finding the Words" video series provides specific words to use that will help anyone having difficulty initiating a critical conversation with family and loved ones, peers, or someone they lead.

Social Media

In 2025, the Center continued to grow its online presence with social media on three platforms: Facebook, LinkedIn, and X (formerly known as Twitter). CSTS' social media supported the timely dissemination of content relevant to CSTS partners and the public, including circulating CSTS resources following disasters and other crises. Popular posts highlighted recent CSTS fact sheets, annual report, publications, and other deliverables, as well as featured CSTS staff engaging in research activities, such as presenting at conferences. In 2025, CSTS posted over 300 times on social media, garnering over 47,000 impressions across all CSTS social media accounts.

CSTS encourages people to visit and follow our social media accounts to stay up to date on new activities, resources, and publications. Connect with CSTS on Facebook, LinkedIn, and X.

Facebook:
https://www.facebook.com/USU.CSTS/

LinkedIn:
https://www.linkedin.com/showcase/csts-usuhs/

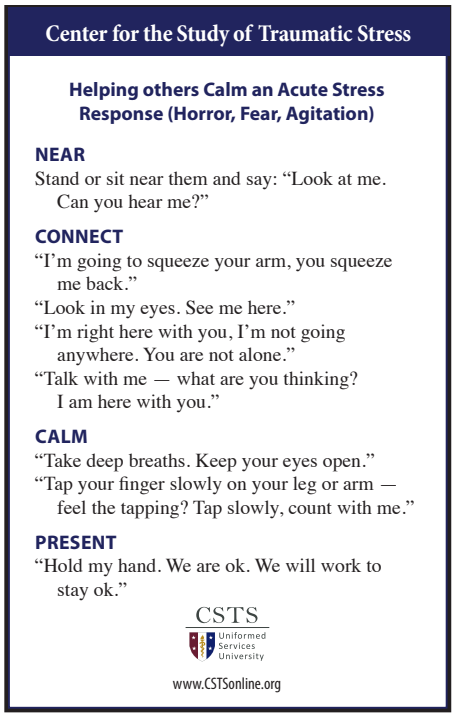
X:
https://x.com/CSTS_USU

Fact Sheets, Infographics, and Pocket Cards

Over many years, the Center has developed and disseminated brief, just-in-time, action-oriented resources to address public health and disaster mental health issues of concern. The Center is well known for its extensive collection of disaster education fact sheets, flyers, and pocket cards, which explain complex topics in a way that is easy to understand and provide information that is easy to use, particularly during times of heightened stress.

In 2025, the fact sheet, "Managing stress during organizational change" was rapidly developed to assist federal personnel and civilian employees in better managing the changes which took place within the federal government during the transition

to the new administration. In addition, the pocket card, "Helping others calm an acute stress response" has been widely utilized by responders and community members in a variety of recent and ongoing disaster events, including wildfires, floods, mass violence, airline crashes, and war. To help address the issue of moral distress and injury that may result from exposure to various extreme events, the Center developed, "Understanding moral injury." This fact sheet briefly explains moral injury and its impact and provides strategies to support individuals experiencing moral injury.



Center for the Study of Traumatic Stress

Helping others Calm an Acute Stress Response (Horror, Fear, Agitation)

NEAR

Stand or sit near them and say: "Look at me. Can you hear me?"

CONNECT

"I'm going to squeeze your arm, you squeeze me back."

"Look in my eyes. See me here."

"I'm right here with you, I'm not going anywhere. You are not alone."

"Talk with me — what are you thinking? I am here with you."

CALM

"Take deep breaths. Keep your eyes open."

"Tap your finger slowly on your leg or arm — feel the tapping? Tap slowly, count with me."

PRESENT

"Hold my hand. We are ok. We will work to stay ok."

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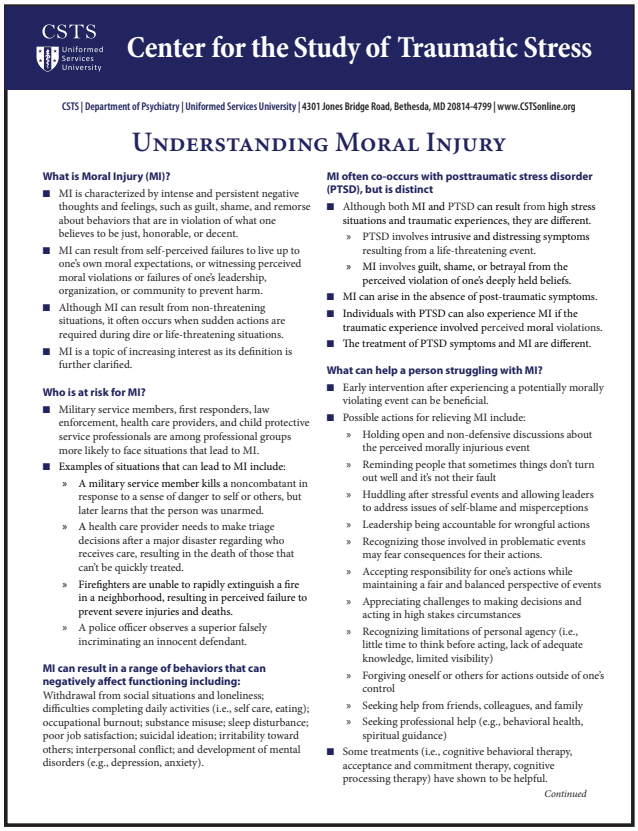
www.CSTSonline.org



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Center for the Study of Traumatic Stress

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Understanding Moral Injury

What is Moral Injury (MI)?

- MI is characterized by intense and persistent negative thoughts and feelings, such as guilt, shame, and remorse about behaviors that are in violation of what one believes to be just, honorable, or decent.
- MI can result from self-perceived failures to live up to one's own moral expectations, or witnessing perceived moral violations or failures of one's leadership, organization, or community to prevent harm.
- Although MI can result from non-threatening situations, it often occurs when sudden actions are required during dire or life-threatening situations.
- MI is a topic of increasing interest as its definition is further clarified.

Who is at risk for MI?

- Military service members, first responders, law enforcement, health care providers, and child protective service professionals are among professional groups more likely to face situations that lead to MI.
- Examples of situations that can lead to MI include:
  - A military service member kills a noncombatant in response to a sense of danger to self or others, but later learns that the person was unarmed.
  - A health care provider needs to make triage decisions after a major disaster regarding who receives care, resulting in the death of those that can't be quickly treated.
  - Firefighters are unable to rapidly extinguish a fire in a neighborhood, resulting in perceived failure to prevent severe injuries and deaths.
  - A police officer observes a superior falsely incriminating an innocent defendant.

MI can result in a range of behaviors that can negatively affect functioning including:

Withdrawal from social situations and loneliness; difficulties completing daily activities (i.e., self care, eating); occupational burnout; substance misuse; sleep disturbance; poor job satisfaction; suicidal ideation; irritability toward others; interpersonal conflict; and development of mental disorders (e.g., depression, anxiety).

MI often co-occurs with posttraumatic stress disorder (PTSD), but is distinct

- Although both MI and PTSD can result from high stress situations and traumatic experiences, they are different.
  - PTSD involves intrusive and distressing symptoms resulting from a life-threatening event.
  - MI involves guilt, shame, or betrayal from the perceived violation of one's deeply held beliefs.
- MI can arise in the absence of post-traumatic symptoms.
- Individuals with PTSD can also experience MI if the traumatic experience involved perceived moral violations.
- The treatment of PTSD symptoms and MI are different.

What can help a person struggling with MI?

- Early intervention after experiencing a potentially morally violating event can be beneficial.
- Possible actions for relieving MI include:
  - Holding open and non-defensive discussions about the perceived morally injurious event
  - Reminding people that sometimes things don't turn out well and it's not their fault
  - Huddling after stressful events and allowing leaders to address issues of self-blame and misperceptions
  - Leadership being accountable for wrongful actions
  - Recognizing those involved in problematic events may fear consequences for their actions.
  - Accepting responsibility for one's actions while maintaining a fair and balanced perspective of events
  - Appreciating challenges to making decisions and acting in high stakes circumstances
  - Recognizing limitations of personal agency (i.e., little time to think before acting, lack of adequate knowledge, limited visibility)
  - Forgiving oneself or others for actions outside of one's control
  - Seeking help from friends, colleagues, and family
  - Seeking professional help (e.g., behavioral health, spiritual guidance)
- Some treatments (i.e., cognitive behavioral therapy, acceptance and commitment therapy, cognitive processing therapy) have shown to be helpful.

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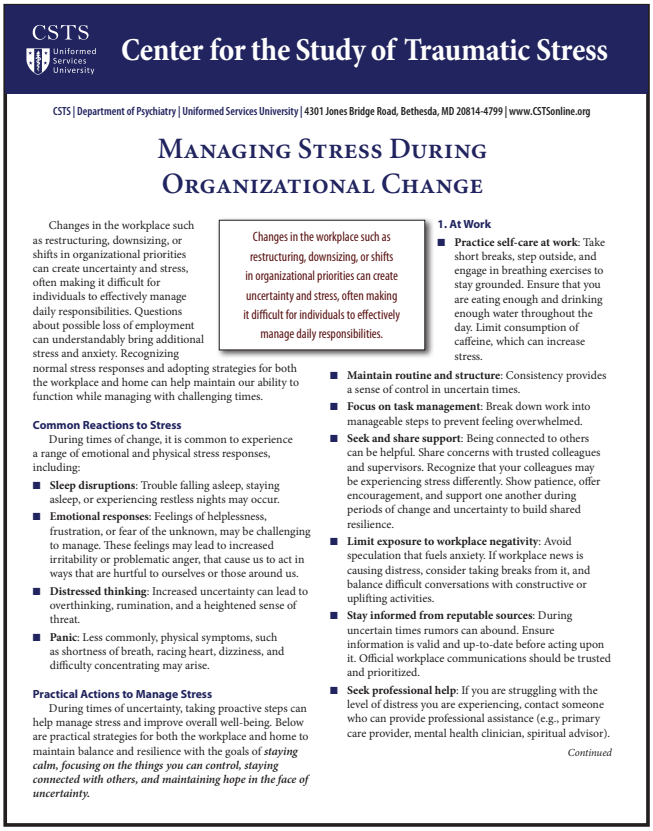

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Managing Stress During Organizational Change

Changes in the workplace such as restructuring, downsizing, or shifts in organizational priorities can create uncertainty and stress, often making it difficult for individuals to effectively manage daily responsibilities. Questions about possible loss of employment can understandably bring additional stress and anxiety. Recognizing normal stress responses and adopting strategies for both the workplace and home can help maintain our ability to function while managing with challenging times.

Changes in the workplace such as restructuring, downsizing, or shifts in organizational priorities can create uncertainty and stress, often making it difficult for individuals to effectively manage daily responsibilities.

Common Reactions to Stress

During times of change, it is common to experience a range of emotional and physical stress responses, including:

- **Sleep disruptions**: Trouble falling asleep, staying asleep, or experiencing restless nights may occur.
- **Emotional responses**: Feelings of helplessness, frustration, or fear of the unknown, may be challenging to manage. These feelings may lead to increased irritability or problematic anger, that cause us to act in ways that are hurtful to ourselves or those around us.
- **Distressed thinking**: Increased uncertainty can lead to overthinking, rumination, and a heightened sense of threat.
- **Panic**: Less commonly, physical symptoms, such as shortness of breath, racing heart, dizziness, and difficulty concentrating may arise.

Practical Actions to Manage Stress

During times of uncertainty, taking proactive steps can help manage stress and improve overall well-being. Below are practical strategies for both the workplace and home to maintain balance and resilience with the goals of ***staying calm, focusing on the things you can control, staying connected with others, and maintaining hope in the face of uncertainty.***

1. At Work

- **Practice self-care at work**: Take short breaks, step outside, and engage in breathing exercises to stay grounded. Ensure that you are eating enough and drinking enough water throughout the day. Limit consumption of caffeine, which can increase stress.
- **Maintain routine and structure**: Consistency provides a sense of control in uncertain times.
- **Focus on task management**: Break down work into manageable steps to prevent feeling overwhelmed.
- **Seek and share support**: Being connected to others can be helpful. Share concerns with trusted colleagues and supervisors. Recognize that your colleagues may be experiencing stress differently. Show patience, offer encouragement, and support one another during periods of change and uncertainty to build shared resilience.
- **Limit exposure to workplace negativity**: Avoid speculation that fuels anxiety. If workplace news is causing distress, consider taking breaks from it, and balance difficult conversations with constructive or uplifting activities.
- **Stay informed from reputable sources**: During uncertain times rumors can abound. Ensure information is valid and up-to-date before acting upon it. Official workplace communications should be trusted and prioritized.
- **Seek professional help**: If you are struggling with the level of distress you are experiencing, contact someone who can provide professional assistance (e.g., primary care provider, mental health clinician, spiritual advisor).

Continued

Knowledge dissemination: CSTS fact sheets and pocket card.

Consultations

NATIONAL MENTAL HEALTH

- **Annunciation Catholic School Shooting.** Following the school shooting at the Annunciation Catholic School in Minneapolis, Minnesota, CSTS published resources on the CSTS website and disseminated them through social media.
- **DC Aircraft Collison.** CSTS resources supported the US Coast Guard response/recovery teams responding to the DC aircraft collision. These resources were also featured in the NASMHPD February 7, 2025 newsletter.
- **Exposure to Human Remains in the Military Consultation with Dr. Sarah Ashbridge.** CSTS participated in a virtual consultation with Dr. Sarah Ashbridge to discuss topics related to the impact of voluntary participation in MA work, the importance of having previous exposure to human remains, and permanent versus rotated staffing for MA capabilities. Dr. Ashbridge has participated in archeological excavations that include recovery of service member remains. She has published important findings related to mass fatality management and currently is a defense analyst in the United Kingdom.

Dr. Tatsa-Laur lectures at Fort Lee, Virginia.

- **Fostering Resilience and Managing Emotions (FRAME) Training at WRAIR.** CSTS consulted on the FRAME course focused on handling human remains.
- **Joint Mortuary Affairs Department (JMAD) Consultation.** A CSTS data collection team met with JMAD leadership and MA/FM Advanced Individual Training instructors to discuss research findings and training related to exposure to human remains.
- **Resilience and Stress in Homeland Security Employees (RSHSE) Program.** CSTS Scientists have begun a multi-year partnership with the Department of Homeland Security (DHS) to examine the impact of stress and trauma among personnel conducting child exploitation investigations. This mixed-methods longitudinal study will inform Homeland Security Investigations (HSI) leadership on the impact of child exploitation investigations, including exposure to child sex abuse material, and provide recommendations to promote health and resilience.
- **Visit to Naval Medical Center Camp Lejeune.** In her role as Psychiatry Clerkship Director, Dr. Elle S. Cleaves performed a site visit to Naval Medical Center Camp Lejeune in Jacksonville, North Carolina.
- **Visit to Texas HSI Leadership Facilities.** The RSHSE Program team traveled to two DHS offices in San Antonio, Texas, and McAllen, Texas, for productive visits. The trip included a key meeting with local HSI leadership, during which the team briefed them on the project. Additionally, Dr. James C. West and Dr. Adam K. Walsh toured the facilities and conducted key interviews with agents and analysts to better understand their experiences as child exploitation investigators.
- **Visit to Womack Army Medical Center**. In her role as Psychiatry Clerkship Director, Dr. Cleaves conducted a site visit to Womack Army Medical Center in Fayetteville, North Carolina.

GLOBAL MENTAL HEALTH

- **Aviation Disaster in Ahmedabad, India.** CSTS assisted Indian allies in the aftermath of the deadly air crash in Ahmedabad that claimed the lives of nearly 300 passengers and civilians. With leadership from the Indian Psychiatric Society and the World Psychiatric Association, CSTS Scientists provided psychological first aid and disaster mental health resources that delivered evidence-based guidance to families, responders, healthcare personnel, and community leaders to protect health and foster resilience and recovery for the affected communities.
- **Embassy of Israel Staffers Shooting.** In response to the shooting of two Israeli Embassy staffers in Washington, DC, CSTS compiled and disseminated resources.
- **Five Eyes Mental Health Research and Innovation Collaborative (MHRIC).** Dr. Ursano led a discussion about testing interventions for acute stress disorder with a team of international scientists from the Five Eyes MHRIC.
- **Visit from Israel Defense Forces (IDF) Psychiatric Leadership Delegation.** CSTS met with visiting senior IDF psychiatric leadership at the Rockledge office. The delegation included representatives from the IDF PTSD and Mental Health Services responsible for psychological well-being and trauma response of IDF personnel during combat operations and the IDF Medical Corps. Dr. Lucian Tatsa-Laur served as the delegation's commander during recent operations and was instrumental in positioning them in their current leadership roles. This was part of the delegation's week-long visit, during which they participated in multiple collaborative meetings focused on ongoing research initiatives, including the MATAN dataset for acute combat stress reaction, PTSD prevention and treatment, early intervention, and lessons learned from the Israel-Hamas war.
- **Visit from Ukraine Delegation.** Dr. Christina L. La Croix met with a delegation from Ukraine at WRNMMC at their request to talk about mental health.
- **Visit from Armed Forces Medical Services of India Delegation.** Dr. West represented PSY and CSTS in a meeting with a visiting delegation from the Director General of the Armed Forces Medical Services, India. The purpose of the meeting was to re-establish collaborations between the Armed Forces Medical Services of India and USU.
- **Visit from Japan Self-Defense Forces Delegation.** CSTS hosted a delegation of military medical leaders from the Japan Self-Defense Forces, including their Maritime, Air, and Ground Self-Defense Forces Surgeons General (SG). The meeting was requested by Fleet SG RADM Sawamura, who was familiar with the Center's work and sought an overview of Center activities for his colleagues, with an emphasis on military operational mental

Drs. Thomas, Serpico, Benedek, West, Biggs, and Kumer meet with a delegation from the Japan Self-Defense Forces.

health interventions and research. Dr. David M. Benedek provided the overview briefing, followed by a presentation from the delegation on their long-term follow-up of Japan Self-Defense Force responders to the 2011 Tohoku earthquake, tsunami, and resultant Fukushima nuclear accident. Center scientists engaged in active discussion with the visitors on topics including suicide prevention and promoting resilience in service members and families, as well as population-level interventions. The group also explored opportunities for future collaboration.

- **Visit to Taiwan Tri Service General Hospital Beitou Branch.** Dr. Benedek was invited to present "CSTS Activities Overview" at the Department of Psychiatry Grand Rounds at the Tri-Service General Hospital Beitou Branch in Taipei, Taiwan. Approximately 40 faculty members (civilians and members of the Taiwan Armed Forces), as well as psychiatry residents and nurses at the hospital, were present. Dr. Benedek represented the USU Department of PSY and CSTS at a meeting with leadership from Taiwan's Ministry of National Defense and National Defense Medical University, hosted by USU President Dr. Jonathan Woodson. After an overview of USU provided by Dr. Woodson and the School of Nursing by Dean Carol A. Romano, Dr. Benedek briefed the delegation on operational mental health and resiliency and promoted educational activities at the Center. Taiwanese leaders expressed keen interest and offered an invitation to Dr. Benedek to visit the Tri-Service General Hospital in Taipei to explore future collaborative opportunities.
- **Visit to Burundi with National Defence Force.** Dr. Kumer was invited by USAFRICOM to an initial collaboration between mental health and chaplaincy military to military engagement with the Armed Forces of the US and the National Defence Force of Burundi. In support of the Combatant Commander's Theater Strategic Guidance (Defend the homeland and strengthen partnership through burden sharing), and the Combatant Commander's Line of Effort on Spiritual Fitness, Burundi has been identified for religious leader engagements, resiliency touchpoints with US Embassy personnel, as well as a mental health initial assessment with the Burundi National Defence Force. The military-to-military (M2M), planned by the offices of the USAFRICOM chaplain and the USAFRICOM Office of the Command Surgeon, took place in support of the US Embassy in Burundi. The intent of the mission was to support US security interests by building rapport, through knowledge exchange of shared experiences and values, and communicating the desire for peace and prosperity for all. Additionally, while in country, the team met with US Embassy staff and families and the US Marine contingent assigned to the Embassy, to address the needs of DoW personnel.
- **Visit with Mozambique Defence Armed Forces.** Dr. Benedek completed a five-day M2M mental health engagement with the Mozambique Defence Armed Forces, in which he participated as the sole subject matter expert. During this engagement, Dr. Benedek assessed the progress of the Mozambique Defence Armed Forces in implementing their National Military Mental Health Strategy. He also exchanged best-practice knowledge regarding military operational mental health with physician leaders at the Mozambique Ministry of Health and military mental health providers at the Integrated Center for Treatment and Care of the Military Hospital of Maputo. He identified knowledge gaps as well as mechanisms to fill these gaps, and provided recommendations to the Office of Security Cooperation at the US Embassy in Mozambique.

NATIONAL GUARD PROGRAMS (NGP)

National Guard Bureau (NGB) Integrated Primary Prevention (IPP)

Our team continued to support the NG Integrated Primary Prevention Workforce (IPPW) by conducting Quality Assurance Checks (QACs) on Comprehensive Integrative Primary Prevention (CIPP) Plans. In total, 12 CIPP plans were reviewed, with each

review including structured feedback sessions with plan development teams to discuss findings and recommendations. Originally launched in 2024, the QAC process was further streamlined for the 2025 submission cycle to improve efficiency and consistency. In addition, CSTS staff initiated preparations for a comprehensive analysis of all CIPP plans submitted in 2025. Findings from this analysis will inform NGB priorities for supporting states, territories, and the District of Columbia (S/T/DC).

The team also supported IPPW capacity building by developing Continuing Prevention Education courses aligned with credentialing requirements. These monthly training courses addressed required content outlined in DoD Instruction (DoDI) 6400.11 and contributed to workforce readiness and professional development. CSTS staff led five sessions that covered topics including CIPP plan implementation, data literacy, and financial literacy. Each session included more than 150 attendees and multiple components and branches.

Project Safe Guard (PSG) continued nationwide implementation of secure firearm storage training. A total of 31 in-person training courses were delivered across nine S/T/DC, reaching more than 828 participants and resulting in the distribution of 707 secure firearm lockboxes. A peer-reviewed manuscript introducing the third iteration of PSG was published, highlighting the program's expanded and enhanced training approach. Across implementations, participants and senior leaders consistently rated the training as highly engaging and more effective than standard suicide prevention programming, with multiple S/T/DC requesting additional sessions.

Army National Guard Behavioral Health (ARNG BH) Program

This year, the ARNG BH Program has continued its strategic efforts to support the field of ARNG BH providers through data gathering, education, and standardization. Key achievements included support for planning and execution of the annual Behavioral Health Training Event (BHTE) and conducting structured conversations with ARNG provider representatives to gather insights into workforce health and program needs. Additionally, the program has focused on developing critical practice standardization products, including providing input to a national standard operating procedure for the ARNG Psychological Health Program and building a library of quick reference products to assist with the training and onboarding of new providers.

The program began a new effort in 2025 to develop best practice guidance for mental health providers supporting NG service members activated to missions within the US. These missions, ranging from border security to pandemic response to support for law enforcement during periods of civil unrest, have increased in recent years and bring unique logistical, administrative, and clinical challenges. Current work is focused on two main efforts: identifying and articulating appropriate communication and coordination practices for federal civilian and uniformed mental health personnel supporting service members during domestic activations; and developing guidance for civilian providers to offer relevant and effective care to them after they return home.

NGP Data and Evaluation

In 2025, the NGP team published two manuscripts, with the first examining the Quality Assurance Process Model of the CIPP Plan aimed at reducing harmful behaviors within the US NG. The second detailed the evolution of PSG, highlighting an integrated and sustained approach to firearm injury prevention in the NG. The team further disseminated NGP's work nationally through three presentations at national conferences.

CSTS PERSONNEL

Information about CSTS Personnel is available on the CSTS website.

https://www.cstsonline.org/about-us/our-team/csts-personnel/

CSTS PUBLICATIONS AND PRESENTATIONS

Information about CSTS Publications and Presentations is available on the CSTS website.

PUBLICATIONS:
https://www.cstsonline.org/resources/journal-articles/2025

PRESENTATIONS:
https://www.cstsonline.org/education-and-training/presentations/2025

Selected Publications

Biggs, Q. M., **Wang, J.**, Amin, R., **Hooke, J. A.**, **Dhanraj, N.**, **Fullerton, C. S.**, & **Ursano, R. J.** (2025). Implications for optimizing treatment timing: Day of week variation in PTSD symptom clusters. *Frontiers in Psychiatry, 16*.

Capaldi, V., Werner, J. K., Herrin, J., Stryckman, B., Williams, S., Funk, W., Albrecht, J., & Wickwire, E. (2025). 0511 Association between insomnia disorder and healthcare resource utilization in the united states military health system. *Sleep*, *48*(Supplement_1), A222-A223.

Dempsey, C. L., **Benedek, D. M.**, **Spangler, P. T.**, **West, J. C.**, Bossarte, R. M., Nock, M. K., Zuromski, K. L., **Georg, M. W.**, **Ao, J.**, **Haller, K.**, **Probe, D. M.**, & **Ursano, R. J.** (2025). Gun ownership for safety/protection and unsecured firearm storage practices: Suicide risk and prevention among U.S. Army servicemembers. *American Journal of Preventive Medicine, 68*(2), 311–319.

Glickman, G. L., Harrison, E. M., Herf, M., Herf, L., & Brown, T. M. (2025). Optimizing the potential utility of blue-blocking glasses for sleep and circadian health. *Translational Vision Science & Technology, 14*(7), 25.

Kessler, R. C., Millikan-Bell, A. M., Edwards, E. R., Gildea, S. M., King, A. J., Liu, H., Petukhova, M. V., Sampson, N. A., Ziobrowski, H. N., Wagner, J. R., Stein, M. B., & **Ursano, R. J.** (2025) Effects of exposure to pandemic-related stressors on anxiety and mood difficulty during versus before the COVID-19 pandemic in US Army soldiers and veterans. *Nature Mental Health, 3*, 1191–1201.

Mash, H. B. H., **Shor, R.**, **Naifeh, J. A.**, **Aliaga, P. A.**, **Fullerton, C. S.**, Kao, T.-C., Sampson, N. A., Stein, M. B., Kessler, R. C., & **Ursano, R. J.** (2025). Risk of suicide attempt in US Army infantry, combat engineer, and combat medic soldiers. *Military Medicine, 190*(11-12), e2489–e2498.

Naifeh, J. A., Edwards, E. R., Bentley, K. H., Gildea, S. M., Kennedy, C. J., King, A. J., Kleiman, E. M., Luedtke, A., **Nassif, T. H.**, Nock, M. K., Sampson, N. A., Zainal, N. H., Stein, M. B., **Capaldi, V. F.**, **Ursano, R. J.**, & Kessler, R. C. (2025). Predicting suicide attempts among US Army soldiers using information available at the time of periodic health assessments. *Nature Mental Health, 3*, 242–252.

Rice, A. J., **Ogle, C. M.**, **Fisher, J. E.**, & **Cozza, S. J.** (2025). The role of family-level factors in firearm storage practices. *Journal of Community Health, 50*(5), 833–841.

Shor, R., **Greene, E. A.**, **Sumberg, L.**, & **Weingrad, A. B.** (2025). AI tools in academia: Evaluating NotebookLM as a tool for conducting literature reviews. *Psychiatry*, 1–10.

Sumberg, L., **Berman, R.**, Pazgier, A., Torres, J., Qui, J., Tran, B., Greene, S., Atwood, R., Boese, M., & **Choi, K.** (2025). A semi-automated and unbiased microglia morphology analysis following mild traumatic brain injury in rats. *International Journal of Molecular Sciences, 26*(17), 8149.

Vance, M. C. & **Morganstein, J. C.** (2025). Behavioral health impacts of disasters and system changes designed to mitigate and prevent them: Historical highlights from the past to inform the future. *Psychiatry, 88*(2), 98-104.

Walsh, A. K., Bryan, C. J., Anestis, M. D., Betz, M. E., **Morganstein, J. C.**, **Heintz Morrissey, B. A.**, **Godin, S. J.**, **Kruger, B. J.**, & Vernon, E. (2025). The evolution of Project Safe Guard in the National Guard: Toward an integrated sustained approach to firearm injury prevention. *Military Medicine, 190*(Supplement 2), 156–162.

AWARDS AND APPOINTMENTS

Dr. Ursano Received MHSRS Distinguished Service Award: Dr. Ursano received top honors at the MHSRS. Dr. Ursano was presented with the 2025 MHSRS Distinguished Service Award during the opening session of the annual research conference in Kissimmee, Florida. Presented by Dr. Stephen L. Ferrara, acting Assistant Secretary of War for Health Affairs, the award recognizes Dr. Ursano's remarkable four-decade career advancing trauma and resilience research in support of military health. This award honors Dr. Ursano as one of military psychiatry's most influential voices.

Dr. Cozza Received the Dr. Mary M. Keller Award for Distinguished Contributions to Science: Dr. Cozza was recognized for his significant contributions to military families through the 2025 Dr. Mary M. Keller Award for Distinguished Contributions to Science from the MCEC. The honor recognizes Dr. Cozza's exceptional work in advancing the well-being of military children and families through research and innovation, particularly his pioneering studies on military family resilience and bereavement.

Dr. Ursano receives the MHSRS Distinguished Service Award presented by Dr. Ferrara.

Drs. Capaldi and Cleaves celebrate Dr. Cleaves' retirement.

Dr. Biggs Awarded Best Poster at BBM: Dr. Biggs and coauthors received a "Best Poster" award for their poster submission to the BBM 2025 Spring Conference titled, "Speculating about PTSD symptom cluster circuits and sleep disturbance circuits: New questions."

MSgt Jessica Moore Received Air Force Element 1st Quarter Award: MSgt Moore received the Air Force Element 1st Quarter Award in the Senior Non-Commissioned Officer (NCO) category, USU.

Military Promotions:

- MSgt Antoinette Marrow
- CDR Mary C. Vance

Faculty Appointments:

- Dr. Elle S. Cleaves, Clinical Associate Professor of Psychiatry
- Dr. Kelly L. Cozza, Professor of Family Medicine
- Dr. Kimberly D. Kumer, Clinical Associate Professor of Psychiatry
- Dr. Christina L. La Croix, Clinical Associate Professor of Psychiatry
- Dr. Lucian Tatsa-Laur, Assistant Professor of Psychiatry
- Dr. Mary C. Vance, Associate Professor of Psychiatry
- Dr. James C. West, Professor of Psychiatry

FUNDED GRANTS

EXTERNALLY FUNDED AWARDS (January–December 2025)	FUNDING INSTITUTION
Alcohol & Substance Use Prevention and Recovery (ASUPR) Program	Defense Health Program (DHP)
Army National Guard Behavioral Health Project (ARNG BH)	Army National Guard (ARNG)
Better Together: A Relationship Enrichment Program Targeting Transdiagnostic Interpersonal Emotion Regulation Among Military Couples (Get Better Together [GBT])	Congressionally Directed Medical Research Programs (CDMRP)
Brain Bank Project: Consortium for the Translational Neuroscience and Treatment of Stress and PTSD (VA Biorepository Brain Bank: PTSD Brain Bank Protocol)	Department of Veterans Affairs (VA)
CSTS Program	DHP
Central Nervous System (CNS) Correlates Study	Military Operational Medicine Research Program (MOMRP)
Dynamics of Emotion Regulation, Trauma, and Grief Among Survivors of the World Trade Center Attacks (Survivor Emotion Regulation [SER] Study)	Centers for Disease Control and Prevention (CDC)
Emotion Regulation and Cognitive Flexibility Program (ERCFP): Targets for Improving Psychological Health and Enhancing Performance (STRENGTHEN)	Defense Advanced Research Projects Agency (DARPA)
Examining Innovative Dissemination Strategies of an Evidence-Based National Guard Family Resilience Program: Adaptive Parenting Tools (ADAPT)	Uniformed Services University (USU)
A Folic Acid Randomized Controlled Trial at the Maximum Safe Upper Limit to Reduce Suicide Risk (FACT-Max)	CDMRP
Grief and Health-Related Quality of Life in World Trade Center (WTC) Survivors: Associations with Bereavement, Trauma Exposures, and Mental and Physical Health Conditions	CDC
A Military Gun Counter Project: Evaluation of Secure Firearm Storage and Suicide Prevention Interventions at Marine Corps Exchange Gun Counters (Gun Shop Project)	DHP
National Guard Bureau (NGB) Joint Staff Prevention Workforce Project	NGB

A Phase 2, Multi-Center, Multi-Arm, Randomized, Placebo-Controlled, Double-Blind, Adaptive Platform Trial to Evaluate the Safety, Tolerability, and Efficacy of Potential Therapeutic Interventions in Active-Duty Service Members and Veterans with PTSD (M-PACT)	US Army Medical Research and Development Command (MRDC)
Pilot Trial Comparing Exposure and Non-Exposure Treatments for Post-Trauma Nightmares and Insomnia: Nightmare Deconstruction and Reprocessing vs. NightWare Wristband (NDR)	DHP
Pre-Deployment and Deployment-Related Risk and Resilience Factors for Insomnia in Military Personnel	MOMRP
Relationship and Connection (RECON) Study: Evaluation of the Got Your Back Program (Got Your Back [GYB])	CDMRP
Resilience and Stress in Homeland Security Employees (RSHSE) Program	Department of Homeland Security (DHS)
Study to Assess Risk and Resilience in Servicemembers (STARRS)/ STARRS — Longitudinal Study (STARRS-LS)	DHP
Suicide Avoidance Focused Enhanced Group Using Algorithm Risk Detection (SAFEGUARD)	DHP
Targeting Family Risk Associated with Unsafe Firearm Storage Practices	MOMRP
Tele-Sleep OSA: Clinical Effectiveness, Implementation, and Economic Impact of Telehealth Care for Obstructive Sleep Apnea in the Military Health System	University of Maryland — Baltimore (UMB)
Using Machine Learning to Identify Factors that Increase Risk of Family Dysfunction Throughout the Deployment Cycle (Co-Occurring Harmful Behaviors in Military Families)	University of Idaho
Value-Based Military Sleep Medicine: Health Economic Aspects of Sleep Disorders Treatments in the US Military Health System (VBS)	UMB

Partnerships

The Center has worked with organizations in the public and private sectors through research partnerships, project collaborations, consultations, and training. CSTS would like to acknowledge and thank our partners and collaborators listed below (new partnerships in 2025 are in **bold**):

Administration for Strategic Preparedness and Response (ASPR)
Alfred P. Sloan Foundation
American Academy of Child and Adolescent Psychiatry (AACAP)
American Association for the Advancement of Science (AAAS)
American Gold Star Mothers, Inc.
American Psychiatric Association (APA)
American Psychological Association (APA)
Architect of the Capitol
Armed Forces Retirement Home
Army National Guard (ARNG)
Broad Institute of Massachusetts Institute of Technology (MIT) and Harvard
The Carter Center
Catholic University of America (CUA)
Medical University of South Carolina (MUSC)
Centers for Disease Control and Prevention (CDC)
Columbia University
Columbia University Mailman School of Public Health
Cornell University
Dartmouth University
Defense Advanced Research Projects Agency (DARPA)
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE TBI)
Defense Health Agency (DHA)
Defense Institute for Medical Operations (DIMO),
Department of Behavioral Health (DBH) of the District of Columbia
Defense Support of Civil Authorities (DSCA)
Department of War Military Community and Family Policy
Disaster Psychiatry Canada
Dover Air Force Base
Drexel University
Embassy of Italy, Washington, DC
Employer Support of the Guard and Reserve (ESGR)
European College of Neuropsychopharmacology (ECNP)
Federal Bureau of Investigation (FBI)
Federal Bureau of Prisons (BOP)
Federal Emergency Management Agency (FEMA)
Florida Department of Health
Fort Bragg, NC (formerly Fort Liberty)
Fort Hood, TX (formerly Fort Cavazos)
Fort Lee, VA (formerly Fort Gregg-Adams)
Fort Stewart, GA
Fostering Resilience and Managing Emotions (FRAME) Training at WRAIR
George C. Marshall European Center for Security Studies
Gold Star Wives of America, Inc.
Harvard Medical School
Harvard T.H. Chan School of Public Health
Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF)
Human Performance Resources by CHAMP (HPRC)
International Initiative for Mental Health Leadership (IIMHL)
International Ministerial Five Eyes Alliance Mental Health Research and Innovation Collaboration (MHRIC)
International Society for Traumatic Stress Studies (ISTSS)
Israel Defense Forces (IDF)
Israel Defense Forces (IDF) Medical Corps
Japan Self-Defense Forces (JSDF)
Joint Base Lewis-McChord
Joint Mortuary Affairs Center (JMAC) and School, Fort Lee (formerly Fort Gregg-Adams)
Las Vegas Psychiatric Association
Mass General Brigham (MGB)
Military Child Education Coalition (MCEC)
Military Mortuary Affairs (MA)
Ministry of National Defense, Taiwan
Mozambique Defence Armed Forces
National Association for PTSD
National Association of State Mental Health Program Directors (NASMHPD)
National Center for Health Care Research (NCHR)

National Center for PTSD (NCPTSD)
National Child Traumatic Stress Network (NCTSN)
National Defense Medical Center, Taiwan
National Fallen Firefighters Foundation
National Guard Bureau (NGB)
National Institute for Occupational Safety and Health (NIOSH)
National Institute of Mental Health (NIMH)
National Institutes of Health (NIH)
National Military Family Association (NMFA)
National Intrepid Center of Excellence (NICoE)
North Atlantic Treaty Organization (NATO)
Norwegian Armed Forces
The Rockefeller University
Psychological Health Center of Excellence (PHCoE)
Rutgers University Cell & DNA Repository (RUCDR)
Rutgers School of Social Work
Armed Forces of Senegal
Sesame Workshop
Smithsonian National Museum of Natural History
Stanford University
State of California
State of Colorado
State of Texas
State of Maryland
Substance Abuse and Mental Health Services Administration (SAMHSA)
Syracuse University
Syracuse VA Medical Center
Tragedy Assistance Program for Survivors (TAPS)
Tulane School of Social Work
Ukraine
Uniformed Services University (USU)
Union Pacific Railroad
US Africa Command (USAFRICOM)
US Agency for International Development (USAID)
US Air Force (USAF)
US Army (USA)
US Army Family Advocacy Program (FAP)
US Army Family Programs
US Army Installation Management Command (IMCOM)
US Army Medical Research & Development Command (MRDC)
US Coast Guard (USCG)
US Department of War (DoW)
US Department of Energy (DoE)
US Department of Health and Human Services (DHHS)
US Department of Homeland Security (DHS)
US Department of Justice (DOJ)
US Department of State (DoS)
US Department of Veterans Affairs (VA)
US National Guard (NG)
US Postal Service (USPS)
University of California — Los Angeles (UCLA)
University of California — San Diego (UCSD)
University of Miami Miller School of Medicine
University of Michigan
University of Pennsylvania
University of Pittsburgh
University of Virginia (UVA)
University of Virginia's Critical Incident Analysis Group (CIAG)
University of Washington
Washington VA Medical Center
Vibrant Emotional Health
Walter Reed Army Institute of Research (WRAIR)
Walter Reed National Military Medical Center (WRNMMC)
World Psychiatric Association (WPA)
Wright State University
Yale University
Yale School of Medicine and VA Connecticut Healthcare System (VACHS)
Yellow Ribbon Reintegration Program (YRRP)
Zero to Three

Faces of CSTS

Dr. Biggs presents at the ISTSS 41st Annual Meeting.

Department of Psychiatry and CSTS Scientists at the ADMSEP Summer Annual Meeting.

Mr. Duque recruits for the M-PACT study.

Ms. Blumhorst, Ms. Naik Olson, and Ms. Warrior at the APS Annual Convention.

Drs. Maggio, Cozza, Ursano, Capaldi, Paxton Willing, and Pabst at the MHSRS Conference.

CSTS staff enjoy the Holiday Gathering

CSTS staff deliver holiday gifts to the Fisher House at NSA Bethesda.

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