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FY24 Traumatic Brain Injury and Psychological Health Research Program (TBIPHRP)

Emerging Research Award Topic Areas

Psychedelic clinical trials involving eligible active-duty Service Members are allowed: Section 723 of the [National Defense Authorization Act](#) for Fiscal Year 2024 authorizes the DOD to conduct research involving using psychedelic substances (e.g., 3,4-Methylenedioxy-methamphetamine, psilocybin, ibogaine, 5-Methoxy-N,N-dimethyltryptamine, and other plant-based alternative therapies) as treatments for TBI or PTSD. The Secretary of the DOD may authorize any member of the Armed Forces serving on active duty who is diagnosed with a covered condition (TBI or PTSD) to participate in a clinical trial.

Inclusion of classified research data within the application and/or proposing research of which the anticipated outcomes may be classified or deemed sensitive to national security concerns may result in application withdrawal. This includes, but is not limited to, research involving directed energy (e.g., photonic, radio frequency, acoustic energy, other non-kinetic sources), Anomalous Health Incidents, Havana Syndrome, and associated neurological syndromes/injuries.

- 1. Blast/Impulse Exposure and Psychological/Cognitive Health:** There have been recent emphasis placed on the unseen wounds of war and brain health deficits seen in Warfighters returning from combat zones, but with no diagnosable conditions (1,2). These Service Members are not experiencing the classical symptoms of traumatic brain injury nor the symptoms necessary for a posttraumatic stress disorder (PTSD) diagnosis. If clinical providers probe further, there are clear deficiencies that coincide with chronic impulse exposure and insults to the head, but without a named disorder, it is very difficult to build an effective treatment regimen. There is a need for increased research to understand the mechanisms of how these exposures are affecting the brain physically and increased etiological considerations for how the physical blows manifest to cognitive deficits and psychiatric episodes outside of the International Classification of Diseases (ICD) paradigm. ***Focus areas under this topic include:***
 - Understand the physiological/biological/physical mechanisms of hazardous impulse/impact/blast exposures that result in adverse effects on the brain.

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- Understand changes in cognitive performance and psychological status associated with brain exposure(s).
- Develop and/or validate safe and effective countermeasures to protect or restore brain health (cognition; psychological health) in the event of exposure(s).

2. **Diagnosis and Treatment of Anger:** Large survey studies of U.S. (Army STARRS¹, Millennium Cohort Study²) and Australian military personnel have found that problematic anger is prevalent among Service Members and Veterans (3,4). Anger is frequently comorbid with PTSD, and a history of anger attacks is predictive of persistent PTSD and of new onset depression, anxiety, substance use, and suicidality (5). While anger is listed as a factor to consider in the Department of Veterans Affairs/Department of Defense (VA/DOD) Clinical Practice Guidelines for the Assessment and Management of Patients at Risk of Suicide, there are no known guidelines for treating anger and aggression in Service Members and Veterans (6). A current systematic review of treatments for anger in military populations with PTSD found that PTSD-focused and mind-body treatments were largely ineffective in addressing anger (7). Given the prevalence and negative impact of problematic anger among military personnel, as well as its association with new onset psychological health issues, more research is needed.

Focus areas under this topic include:

- Developing and evaluating screening and early intervention strategies.
- Systematizing the measurement and assessment of anger symptoms.
- Treatment approaches that directly address anger, especially in individuals who have sustained a traumatic brain injury where the experience/expression of anger or aggression/impulsivity may be related, in part, to the biological dysregulation secondary to brain injury.

3. **Define risk and protective factors for harmful behaviors at the interpersonal and organizational levels:** Risk and protective factors for harmful behaviors (8) at the interpersonal and organizational level of the social-ecological model (9) need to be further understood in a military context; most research to date has been contextualized at the individual level. There is a need to better understand protective factors and risk factors that are shared across multiple forms of harmful behaviors. Defining these factors beyond the individual level that align with a military setting and with recommendation 2.3a (implementation of prevention strategies at organizational and community levels) of the Independent Review Commission on Sexual Assault in the Military (10) will set the stage for future studies to identify change over time and program evaluation efforts (focused on modifying those factors) to decrease harmful behaviors. ***Focus areas under this topic include:***

¹ <https://starrs-ls.org/>

² <https://www.millenniumcohort.org/>

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- Understanding protective and protective factors beyond the individual level that are shared across multiple forms of harmful behaviors (8).
 - Research involving collective efficacy is of interest. Community collective efficacy, in which a group perceives an ability to work together to agree on mutually valued goals, is associated with reduced rates of child maltreatment and intimate partner violence. (11,12,13)
 - Research involving alcohol outlet density and other community- and societal level risk factors are of interest. Community-level factors such as alcohol outlet density, neighborhood disorder, and firearm availability and accessibility increase risk for harmful behaviors. Examples of societal level risk factors include gender stereotypes and institutionalized racism. (14)
4. **Relationship Between Social Media and Mental Health:** Growing concerns about the relationship between problematic social media use (PSMU) and negative mental health outcomes is gaining public awareness. Calls for action for more research on social media’s harms and potential benefits on mental health have been issued by the White House (15) and the U.S. Surgeon General’s Office (16). In a recently conducted systematic review, the Psychological Health Center of Excellence found a longitudinal association between PSMU and depression, sleep disturbances, and other mental health outcomes in predominantly healthy populations (17); however, we found no research on social media use or social media addiction in active-duty Service Members. The DOD has similarly prioritized understanding Service Members’ activities and prevention needs within the cyber environment to include use of social media platforms and online “information cocoons” (i.e., when a person’s cyber experience is shaped by a reflection of the person’s own views) (18). ***Focus areas under this topic include:***
- Understanding social media use impacts (e.g., prevalence of “information cocoons” and problematic social media use) and whether and how engagement on social media contributes to harmful behaviors (8) and adverse mental health outcomes among Service Members.
 - Examining the role of risk factors and modifiable targets in social media addiction to develop preventive interventions and identifying interventions to treat social media addiction.

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References

1. <https://www.nytimes.com/2023/11/26/us/military-brain-injury-rocket-launcher.html>
2. <https://www.nytimes.com/2023/11/05/us/us-army-marines-artillery-isis-pentagon.html>
3. Adler AB, LeardMann CA, Roenfeldt KA, et al., and Millennium Cohort Study Team. 2020. Magnitude of problematic anger and its predictors in the Millennium Cohort. *BMC Public Health* 20, 1-11.
4. Varker T, Cowlshaw S, Baur J, et al. 2022. Problem anger in veterans and military personnel: Prevalence, predictors, and associated harms of suicide and violence. *Journal of Psychiatric Research* 151, 57-64.
5. Metcalf O, Finlayson-Short L, Forbes D, et al. 2023. A systematic review of treatments for problem anger in veteran and military populations with PTSD. *Aggression and Violent Behavior* 101837.
6. Department of Veterans Affairs/Department of Defense. 2019. VA/DoD Clinical Practice Guidelines for the Assessment and Management of Patients at Risk of Suicide. <https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskFullCPGFinal5088212019.pdf>
7. Smith DM, Meruelo A, Campbell-Sills L, et al. 2021. Pre-enlistment anger attacks and postenlistment mental disorders and suicidality among US Army soldiers. *JAMA Network Open* 4(9), e2126626-e2126626.
8. Harmful behaviors include adverse outcomes such as sexual assault, suicide, and interpersonal violence (including intimate partner and family violence). <https://www.armyresilience.army.mil/ard/images/pdf/Policy/PPOA%202.O.pdf>
9. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
10. Independent Review Commission on Sexual Assault in the Military. 2021. Hard truths and the duty to change: Recommendations from the Independent Review Commission on Sexual Assault in the Military. Independent Review Commission on Sexual Assault in the Military. <https://media.defense.gov/2021/Jul/02/2002755437/-1/-1/0/IRC-FULLREPORT-FINAL-1923-7-1-21.PDF>
11. Capaldi DM, Knoble NB, Shortt JW, et al. 2012. A systematic review of risk factors for intimate partner violence. *Partner Abuse* 3(2), 231-280. <https://doi/10.1891/1946-6560.3.2.231>
12. Lippy C, DeGue S. 2016. Exploring alcohol policy approaches to prevent sexual violence perpetration. *Trauma Violence Abuse* 17(1), 26-42. <https://doi/10.1177/1524838014557291>
13. Sanchez C, Jaguan D, Shaikh S, et al. 2020. A systematic review of the causes and prevention strategies in reducing gun violence in the United States. *American Journal of Emergency Medicine* 38(10), 2169-2178. <https://doi/10.1016/j.ajem.2020.06.062>
14. Armstead TL, Wilkins N, and Doreson A. 2018. Indicators for evaluating community- and societal-level risk and protective factors for violence prevention: Findings from a review of the literature. *Journal of Public Health Management Practice* 24, S42-S50. <https://doi/10.1097/phh.0000000000000681>
15. The White House. (February 2023). White House Report on Mental Health Research Priorities. Retrieved October 27, 2023, from <https://www.whitehouse.gov/wp-content/uploads/2023/02/White-House-Report-on-Mental-Health-Research-Priorities.pdf>
16. U.S. Department of Health and Human Services. 2023. Surgeon General Issues New Advisory About Effects Social Media Use Has on Youth Mental Health. <https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html>
17. Bellanti DM, Boyd C, Smolenski DJ, et al. 2023. Problematic social media use and mental health: A systematic review of longitudinal studies. [Manuscript submitted for publication].
18. Office of the Under Secretary of Defense (Personnel and Readiness). 2022. FY23 Integrated Prevention Research Agenda. Retrieved on October 27, 2023, from <https://www.prevention.mil/Portals/130/Documents/2023%20Integrated%20Prevention%20Research%20Agenda.pdf?ver=5nWUoNuEEzzlw9Y0GczGA%3D%3D>

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