VOLUME 6 ISSUE 2

MORAL INJURY

ISTSS SPECIAL INTEREST GROUP NEWSLETTER

NOVEMBER 2024

NOW ACCEPTING APPLICATIONS

We will be accepting applications for Co-Chair and Student Chair of the SIG from now until December 22nd. The appointment for Co-Chair is for 2 years, and for Student Chair for 1 year. This is a wonderful opportunity to get to know more of our colleagues, create spaces for discussion and community building, and contribute to our growing field.

If you are interested, please submit your CV and a brief cover letter to DrErikaGuzman@gmail.com and Valentina.Stoycheva@gmail.com

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JOIN THE SPECIAL INTEREST GROUP!

- Log in to the ISTSS website as a member
- Click "Edit Your Profile" on the right side of the page
- Click the "SIG Choices" tab
- Check "44 - Moral Injury"
- Click "Save" – You're a member!

@ISTSS_MI_SIG

ISTSS Moral Injury SIG Facebook Group

MISSION STATEMENT

The Moral Injury Special Interest Group (SIG) aims to bring together clinicians and researchers from across healing disciplines and related fields including philosophy and ethics, military culture and history, and religious/spiritual studies in order to provide a professional home for moral injury discourse and development. In gathering ISTSS members from across these disciplines and the world, this SIG will facilitate a rich scientific conversation and will advance the state of the science in conceptualization, assessment, and intervention for moral injury. Though the concept of moral injury has recently regained a great deal of popular interest, the field is in its infancy. At present, essential conceptual distinctions need refinement and the potential paths to moral healing require paving. Addressing these areas will be the primary objectives of the Moral Injury SIG, and will be approached in the following ways:

- **Advocate for rigorous clinical and scholarly work that attends to cultural and contextual factors in this field**
- **Disseminate high quality scholarship in the moral injury field to ISTSS members and to the broader international community**
- **Support collaborative exploration of moral injury between members of the SIG, facilitating submission of proposals on moral injury and related topics to ISTSS Annual Meetings and other appropriate venues and nurturing research on moral injury and healing**
- **Establish and maintain an active SIG listserv to facilitate direct and wide-spread sharing of new and upcoming literature, training, etc. of interest to SIG membership**

ISTSS
International Society
for Traumatic Stress Studies

UPDATE FROM THE CHAIRS

Dear Moral Injury SIG members,

As the holiday season is fast approaching, we hope everyone is able to find moments of reflection and gratitude. Much has happened since the last issue of our Newsletter was published. In September, the annual ISTSS conference in Boston featured many MI-related submissions, including two Pre-Meeting Institutes focused on the conceptualization, assessment, and treatment of MI.

It was a great pleasure to get to see so many of you at the in-person SIG meeting! Those of you who could not make it were greatly missed. Here is a brief recap of what we discussed:

- We presented the idea of being more intentional in our goal of fostering mentorship between students and established professionals among us through facilitating "pair-ups" for those interested. While it appeared like there was interest in the idea, there was valid concern about how the pairings might work if those involved are from different countries with differences in educational/licensing/professional requirements. We can continue to figure out details and logistics for those that are interested.

- We also presented the idea of hosting book launches related to MI and of facilitating Q+A's or panels with the authors. Most appeared in favor of this idea. Following a member's wise advice, we are taking steps to inquire into the legal logistics of promoting intellectual property. In the meantime, we are also already working toward putting together the first book discussion in 2025!

- A couple of members suggested that it would be beneficial to have more structured discussions for in-person meetings. For example, putting together a panel of experts in the field who can talk/present something and have room for discussion/feedback. Another member suggested a moderated panel that includes taking questions from the group, which is also a great idea. We look forward to working with you all to help this come to life.

- The idea for Zoom panels throughout the year also received positive response.

- We reminded everyone that we will be taking applications for Co-chair and Student Co-Chair very soon!

- Finally, we had a GREAT discussion about Dr. Litz's panel, "A cross-cutting framework to

UPDATE FROM THE CHAIRS

- conceptualize, assess and treat MI." It was a pop-corn style discussion where we shared our thoughts, respectfully debated disagreements, and built on each other's ideas. Thank you so much to all of you who participated and contributed!

- A special thank you to Lauren Borges and Sheila Frankfurt O'Brien who graciously came and shared with us about their current and future projects relating to MI – we are very much looking forward to all your future contributions to this topic!

In the current issue, you will find a spotlight on Drs. Borges and Farnsworth, who led one of the PMIS focused on utilizing Acceptance and Commitment Therapy (ACT) to help individuals impacted by morally injurious events. We thank them for taking the time to submit a brief description of their workshop, as well as answer our questions related to their interests and work on MI.

In this issue, you will also find a primer on Cultural Moral Injury by Drs. Spates and Callaway. Along with a spotlight of their work, they graciously contributed a brief article on a multidimensional approach to understanding moral injury, including moral foundations theory and distinguishing moral from narcissistic injury.

More recently, the last several weeks have been challenging for many in the United States, as the results of the November 5th elections bring much uncertainty and fear. The policies that the incoming government has promised will cause much harm to already vulnerable, under-resourced, and disenfranchised populations and have the potential to cause/perpetuate moral injury on a larger cultural scale. We believe our course of actions is in creating safety, continuing to build and support our communities, and fighting for those who will be most impacted—combatting the devastating impact of the proposed changes through action and civic engagement.

To that end, we hope that you may feel inspired to get involved in the leadership of our MI SIG this year. We will be accepting applications for Co-Chair and Student Chair of the SIG from now until December 22nd. The appointment for Co-Chair is for 2 years, and for Student Chair for 1 year. This is a wonderful opportunity to get to know more of our colleagues, create spaces for discussion and community building, and contribute to our growing field.

Valentina Stoycheva, PhD

Erika Guzman, PsyD

SPOTLIGHT

ACCEPTANCE AND COMMITMENT THERAPY FOR MORAL INJURY (ACT-MI): A TRANSDIAGNOSTIC APPROACH TO FINDING FREEDOM AFTER MORAL VIOLATIONS

By: Lauren M. Borges, Jacob K. Farnsworth, Kent D. Drescher, Sean M. Barnes, & Robyn D. Walser

Transdiagnostic treatments for moral injury are critical given increasing evidence that exposure to morally injurious events (MIE's) impacts a variety of international communities including military personnel, healthcare workers, refugees, and survivors of racial trauma (Borges et al., 2021; Currier et al., 2019; Hoffman et al., 2019; Fulton et al., 2024). Given the coping strategies individuals use to manage painful moral emotions (e.g., guilt, shame, contempt, anger, disgust) and cognitions (self-blame and other-blame), exposure to PMIEs can have transdiagnostic consequences like symptoms of PTSD, depression, and behaviors spanning diagnoses like substance use and suicidal behavior (Griffin et al., 2019). Moral injury results when attempts to avoid or control moral pain significantly interfere with an individual's personal, social, and spiritual functioning.

Acceptance and Commitment Therapy for Moral Injury (ACT-MI) is a transdiagnostic intervention that has been rigorously developed over the past decade to treat psychosocial functional impairment among individuals who experience morally injurious events. ACT-MI is an innovative mixed-modality 15-session intervention where the social functions of moral emotions are targeted through group psychotherapy whereas the specific behaviors causing moral injury to persist for each individual are explored via one-on-one case conceptualization sessions (ACT-MI; Borges et al., 2022; Farnsworth et al., 2017). In our ISTSS workshop, we presented results from a randomized controlled pilot trial (N = 74 participants) where warzone deployed Veterans were randomized to ACT-MI or Present Centered Therapy for Moral Injury (PCT-MI). Results suggest the impact of ACT-MI on psychosocial functioning. Data were presented supporting the acceptability of ACT-MI among warzone deployed Veterans from qualitative Narrative Evaluation of Intervention Interviews (NEII) like, "now I can say I did this [of the MIE], I lived through it, and now it's time to get on with what I care about. I haven't had that feeling...I don't believe ever" and "I can live life again. I can go outside. I can spend time with my kids. I can be a better mom. I thank God every day that I got to be a part of this."

Workshop participants practiced ACT-MI skills, including learning to apply exercises performed in ACT-MI group settings (e.g., conducting exercises to practice observing and accepting shame and anger in group environments) and individual contexts (e.g., engaging in individual case conceptualization content). Presenters demonstrated strategies from the manualized ACT-MI treatment protocol to facilitate building skills to accept moral pain for the sake of building a meaningful life. Specifically, participants learned to connect with moral pain from the perspective of an observer who holds but is not defined by this pain, creating the opportunity to choose to live values even in the presence of moral pain.

Q & A WITH DR. LAUREN BORGES AND DR JACOB FARNSWORTH

We sat down with Dr. Lauren Borges and Dr. Jacob Farnsworth to get to know them and their research and clinical practice better. Here is what we found out:

Q: Can you tell me about your site including its mission, what it provides, and to whom?

Dr. Borges' site is the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) for Suicide Prevention. The MIRECC's mission is the prevention of suicide among Veterans. Given that exposure to morally injurious events has been identified as a significant risk factor for suicidal ideation and behavior, our work intervening on moral injury aligns with the mission of the Rocky Mountain MIRECC. The Rocky Mountain MIRECC is collocated within the Eastern Colorado Healthcare System (ECHCS). Dr. Farnsworth is the Internship Training Director and Psychology Discipline Lead at ECHCS, which is one of the leading VA health care systems in the Rocky Mountain Region. ECHCS has 12 locations in eastern Colorado and western Kansas, including its primary flagship facility the Rocky Mountain Regional VA Medical Center in Aurora, Colorado. You can learn more about ECHCS Psychology Training opportunities here and Rocky Mountain MIRECC training opportunities here.

Q: What inspired your work on the topic of moral injury and what led you to serve those suffering after morally injurious experiences?

Dr. Borges: My exposure to Dialectical Behavior Therapy (DBT) early in graduate school emphasized the significance of shame and the behaviors people often use (e.g., suicidal behavior) to escape or control their experience of this painful emotion. On internship, my training history involving coping with shame was activated when I provided an evidence-based psychotherapy for PTSD for the treatment of moral injury. While the Veteran I worked with was considered a responder to treatment in that their PTSD symptoms significantly improved, they still struggled and responded to shame through suicidal behavior following the intervention. It became apparent to me that the skills I learned early in graduate school to facilitate contextual behavioral intervention on behaviors used to cope with shame may be relevant to moral injury treatment.

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Together the Veteran and I used skills from Acceptance and Commitment Therapy and DBT to help him change his relationship with shame and build a more meaningful life. This sparked my interest in further developing Acceptance and Commitment Therapy for Moral Injury (ACT-MI) for Veterans.

Dr. Farnsworth: When I began studying psychology, I knew early on that I was interested in trauma. However, although I felt compelled by the stories of survivors and experienced first-hand the benefits that existing PTSD treatments could offer, I had an unexplainable sense that something was missing in the current discourse around PTSD. I remember the exact moment that I read the term “moral injury” in the title of a scientific article and realized that considerations of human morality within the scope of traumatic events was a big part of what I felt was missing. From then onward, I’ve been exploring this topic and have felt very grateful to collaborate and learn from others who share this passion, including the development of Acceptance and Commitment Therapy for Moral Injury.

Q:What do you find most challenging about this work at this time? What do you find most rewarding?

One of the most challenging aspects of our work in ACT-MI has been participating in the rigorous and often slower than ideal process of intervention development. While ACT-MI is based on ACT, its unique structure has required significant testing through a randomized controlled pilot trial. ACT-MI is in part a group psychotherapy (12 group sessions) given the social functions of moral emotions. The intervention has also evolved to include individual case conceptualization sessions to target the unique behaviors maintaining moral injury for each individual (3 individual sessions). Conducting a randomized controlled pilot trial to test the acceptability of ACT-MI has been time consuming and challenging.

As co-facilitators of the ACT-MI intervention, we have also had the incredibly rewarding privilege of directly witnessing how our clients have used the skills from treatment to change their lives. Our pilot trial of 74 warzone deployed Veterans recently concluded and we’ve found ACT-MI to be highly acceptable to Veterans, feasible to implement in the VA healthcare system, and that ACT-MI improves psychosocial functioning, based on preliminary data. Qualitative feedback from participants suggests that following treatment, they are living their lives more meaningfully which many have directly attributed to their participation in ACT-MI (e.g., “it’s changed my life and the way I do things”). Getting to be

part of these changes is deeply gratifying for us because we both value service and contribution to others.

Q: Describe your goals for your career and your work in the field of moral injury going forward.

We have applied for grant funding to pursue a larger scale randomized controlled efficacy trial for ACT-MI where we plan to compare the intervention's impact on psychosocial functioning to our active control condition, Present Centered Therapy for Moral Injury. Given the promising results of our pilot trial, we have been training providers at conferences and meetings in components of ACT-MI. We're also interested in eventually expanding our current work to include other clinical populations and cultural groups and learning in what ways our approach will need to be adapted in order to be most beneficial to them. As we move into the future, we look forward to opportunities to continue to collaborate and disseminate ACT-MI to providers and organizations who are interested in learning how it might assist them in their work.

Q: What other MI projects are you excited about (either your own or work from others that you are looking forward to)?

We are very much looking forward to continuing to investigate the impacts of ACT-MI. If found to be efficacious we hope to disseminate our intervention to Veterans on a national scale and train providers nationally and internationally in our model. We are also excited to continue to participate in discourse about conceptual models of moral injury and efficient and effective methods of intervention. This includes potentially adapting ACT-MI for other treatment contexts and for other clinical populations.

Dr. Lauren Borges

Dr. Jacob Farnsworth

ARTICLE SUBMISSIONS

We invite SIG members to submit relevant articles of no more than 500 words. Submissions may be data-driven, descriptive, theoretical, clinically oriented, etc. provided that they are relevant to the field of moral injury. Consistent with our mission to bring together clinicians and researchers from across healing disciplines and related fields, we hope to consider a range of submissions.

Articles should be no more than 500 words (including references, tables, and figures). At least one SIG member should be an author on all submissions, though non-members may contribute in any role. As always, collaborations among members are highly encouraged. Submissions should addressed to the SIG Chairs:

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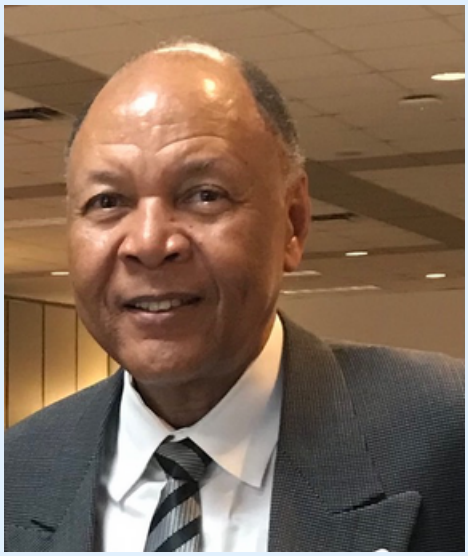
SPOTLIGHT

DR. C. RICHARD SPATES & DR. KARIS L. CALLAWAY

C. Richard Spates, PhD



Dr. C. Richard Spates, Ph.D., is a distinguished clinical psychologist and professor emeritus at Western Michigan University, with a career spanning over forty years. After earning his Ph.D. from the University of Illinois in 1976, he worked in Michigan's Department of Mental Health before joining Western Michigan University in 1987, where he served as Professor of Psychology and Director of Clinical Training and for a period as Department Chair. His research has focused on anxiety disorders, trauma, and empirically supported treatments, particularly EMDR and cognitive-behavioral treatments for PTSD, Social Anxiety, and Clinical Depression. As an educator, he has mentored over 30 doctoral students and engaged in international collaborations, especially in Asia and Australia. His contributions have earned him multiple honors, including recognition as Psychologist of the Year by the West Michigan Psychological Association, a Special Tribute from the Michigan Legislature, and several commendations from Governors. He has been a consultant to the VA Medical Center of Battle Creek and is a Board Certified Expert in Traumatic Stress. Dr. Spates is well published in the Trauma, Anxiety, and Depression literature, and his latest book – co-authored with Dr. Karis Callaway, is entitled "The Moral Injury Spectrum: From Conflict to Healing in Individual and Cultural Contexts."

Karis L. Callaway, PhD, C Psych

Dr. Karis L. Callaway is a Clinical Psychologist who received her Ph.D. from Western Michigan University in 2019. Her clinical work spans multiple institutions, including the Mindful Living Centre in Ottawa, the Operational Stress Injury Clinic at The Royal Ottawa Mental Health Centre, and Veterans Affairs Canada. Dr. Callaway specializes in mental health in military populations, moral injury, and substance abuse. Notable work includes training Ukrainian psychologists in assessing trauma reactions in service members returning from Crimea. She has authored peer-reviewed publications on moral injury in military members and mental health assessment in conflict-affected adults. She is affiliated with the College of Psychologists of Ontario, the Canadian Psychological Association, and the American Psychological Association. Her work on moral injury has led to numerous invited addresses, including before the Canadian Parliament, The Atlas Institute for Veterans and Families, and numerous consultancies. She is co-author of the aforementioned book "The Moral Injury Spectrum: From Conflict to Healing in Individual and Cultural Contexts." It is available on Amazon Worldwide, Barnes & Noble, and Indigo booksellers.

Website: https://moralinjuryspectrum.com

SPOTLIGHT

DR. C. RICHARD SPATES & DR. KARIS L. CALLAWAY

Expanding Our Understanding of Moral Injury: A Multidimensional Approach

Recent advancements in traumatic stress studies have led to a more comprehensive understanding of moral injury, expanding its relevance beyond military contexts. This article explores current perspectives on moral injury, its manifestations across various settings, and innovative approaches to assessment and treatment.

The Evolution of Moral Injury

The concept of moral injury, initially introduced by psychiatrist Jonathan Shay (1994), has evolved significantly. Originally defined in the context of war veterans' experiences, moral injury is now recognized as a profound psychological, emotional, and spiritual harm resulting from actions that violate one's deeply held moral beliefs (Litz et al., 2009). This expanded definition has allowed researchers and clinicians to examine moral injury in diverse contexts, including healthcare, law enforcement, education, and corporate environments (Spates & Callaway, 2024).

A Moral Foundations Perspective

One innovative approach to understanding moral injury involves the integration of Haidt's Moral Foundations Theory (Haidt, 2012). This framework suggests moral injury can result from violations of six fundamental moral foundations: care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, sanctity/degradation, and liberty/oppression.

By applying this theory, researchers can develop a more sophisticated approach to assessing moral transgressions across cultures and contexts. **See Box 1.**

Box 1 ~ Moral Foundations Theory

In the context of Haidt's moral foundations theory, which proposes six innate and universal moral foundations (care, fairness, loyalty, authority, sanctity, and liberty), repeated or sustained moral injury can profoundly impact these moral dimensions:

1. **Care/Harm:** Witnessing or engaging in repeated harmful events can lead to learned helplessness, undercutting the care foundation.

2. **Fairness/Cheating:** Experiencing repeated unfair treatment without the ability to address it can diminish efforts to engage in fair practices and yield to moral disengagement.

3. **Loyalty/Betrayal:** Repeated exploitation of loyalty can lead to indifference towards bonds and potentially defensive strategies to sabotage future attempts at loyalty.

4. **Authority/Subversion:** Exposure to overbearing authorities misusing power can cause disengagement from systems of authority.

5. **Sanctity/Degradation:** Repeated violations of what one considers sacred can lead to desensitization or loss of faith.

6. **Liberty/Oppression:** Continued experiences of oppression may breed resignation and surrender of one's volition and freedom.

Repeated and inescapable moral injuries can profoundly threaten one's psychological framework, ultimately undermining the foundational moral structure that guides individuals' decisions and behaviors. Addressing learned helplessness requires both individual and collective efforts to reinstate a sense of agency and empowerment, often entailing challenging the structures that perpetuate such inescapable threats. (Excerpted from Spates & Callaway, 2024).

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DR. C. RICHARD SPATES & DR. KARIS L. CALLAWAY

Assessment and Treatment Approaches

Current research emphasizes the need for refined assessment tools and evidence-based treatments for moral injury. Promising interventions include Adaptive Disclosure (Litz et al., 2016), Impact of Killing workshops (Maguen et al., 2017), and Moral Injury Group Psychotherapy (Held et al., 2018). However, experts in the field advocate for a context-sensitive approach that considers individual differences in moral development and vulnerability when designing and implementing treatments.

Distinguishing Moral Injury from Narcissistic Injury

It's important to differentiate moral injury from the concept of narcissistic injury, as these two psychological phenomena are distinct in their nature and impact. As discussed throughout this article, moral injury involves a transgression of deeply held moral beliefs and can affect individuals across various personality types (Litz et al., 2009). In contrast, narcissistic injury refers to a perceived threat to a narcissist's self-esteem or self-worth (Kernberg, 1975).

While both concepts involve psychological distress, they differ in several key aspects:

- **Origin:** Moral injury stems from actions that violate one's moral code, often involving harm to others or failure to prevent harm. Narcissistic injury results from perceived slights or criticisms to one's self-image.
- **Focus:** In moral injury, the focus is on the transgression of moral values and its impact on others. In narcissistic injury, the focus is primarily on the self and one's ego.
- **Emotional response:** Moral injury often leads to guilt, shame, and a need for atonement. Narcissistic injury typically results in anger, resentment, or a desire for revenge.
- **Long-term effects:** Moral injury can lead to profound changes in one's worldview and relationships with others. Narcissistic injury may reinforce maladaptive patterns of behavior and interpersonal difficulties.

Understanding these distinctions is crucial for accurate diagnosis and appropriate treatment approaches (Spates & Callaway, 2024). While interventions for moral injury focus on reconciling moral transgressions and rebuilding a sense of moral identity, treatments for narcissistic injury often involve addressing underlying personality structures and improving interpersonal functioning.

Cultural Dimensions of Moral Injury

An emerging area of study is the concept of cultural moral injury – the collective psychological harm experienced by societies due to historical and systemic injustices. Case studies ranging from post-World War II Germany to contemporary issues of racial discrimination offer insights into the far-reaching societal impacts of unresolved moral injuries. This perspective highlights the need for interventions that address moral injury at both individual and societal levels. **See Box 2.**

SPOTLIGHT NOMINATIONS

The Moral Injury SIG welcomes nominations for students, researchers, clinicians, and anyone advancing the moral injury field to be "spotlighted" in an upcoming newsletter.

Nominations should include a brief nominating statement and the CV of the nominee. Self-nominations are encouraged. Nomination materials should be sent to the SIG Chairs:

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SPOTLIGHT

DR. C. RICHARD SPATES & DR. KARIS L. CALLAWAY

Box 2 ~ Cultural Moral Injury

Cultural moral injury denotes a collective psychological harm or ethical concern experienced by a culture, society, or group due to actions or events associated with its history, such as the Holocaust. While not widely recognized in academic literature, it describes how historical wrongdoings can collectively affect a society's moral conscience.

In post-World War II Germany, the term Vergangenheitsbewältigung, or "working through the past," describes the ongoing effort to grapple with the events of the Holocaust through remembrance, education, and reparations. This process involves individuals within the society feeling a sense of guilt or responsibility for their nation's past actions, even if they did not take part in them.
Other instances of cultural moral injury could include the United States and slavery/racial discrimination, Australian and Canadian treatment of indigenous peoples, Japan's conduct during World War II, and colonial history. Recognizing shared guilt or responsibility is a step toward preventing future atrocities and fostering a culture that upholds human rights and tolerance.

Challenges and Future Directions

Moral injury research faces challenges, including more precise definitions, improved measurement tools, and robust empirical support for treatments. Ethical considerations in moral injury interventions are also crucial, with researchers cautioning against approaches that might reinforce harmful biases or impose dominant cultural values.

Implications for Practice

For clinicians and researchers in traumatic stress studies, these developments offer valuable insights into the multifaceted nature of moral injury. The importance of cultural humility, self-reflection, and a refined understanding of moral frameworks when working with individuals from diverse backgrounds is increasingly recognized. Experts advocate for interventions that allow for moral complexity and promote growth rather than simply realigning individuals with their initial moral values.

As the understanding of moral injury continues to evolve, it becomes clear that this phenomenon extends far beyond its original conceptualization. By broadening the concept, integrating moral foundations theory, and addressing cultural dimensions, researchers and clinicians are developing more comprehensive frameworks for future research and practice. These advancements promise to enhance our ability to address the complex phenomenon of moral injury in an increasingly interconnected and morally diverse world.

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TRAINEE SECTION

Welcome to the trainee section! This corner covers various topics that arise as a trainee working with moral injury across disciplines. Every newsletter includes a spotlight and a list of training opportunities. If you'd like to nominate a trainee, spotlight your training site or suggest something else you'd like to see covered here, please email Andrea D'Alessandro-Lowe (student chair) at dalesa1@mcmaster.ca

TRAINING OPPORTUNITIES

The following is an up-to-date list of training sites that offer opportunities in moral injury (clinical, research, or otherwise) within the U.S. If you would like your site listed here, please contact Andrea D'Alessandro-Lowe (student chair) at dalesa1@mcmaster.ca

Training Site	Training Level Offered
Boston VA Healthcare System Boston, MA	Psychology Postdoctoral Fellow *More opportunities available working in Dr. Brett Litz's laboratory
Road Home Program: Center for Veterans and Their Families (Rush University Medical Center) Chicago, IL	Psychology Postdoctoral Fellow *Email Dr. Brianna Werner for information about clinical & research opportunities (Brianna_Werner@rush.edu)
Rocky Mountain Regional VA Medical Center Denver, CO	Psychology Intern & Postdoctoral Fellow *Email Dr. Jacob Farnsworth for more information (jacob.farnsworth@va.gov)
Loma Linda VA Medical Center Loma Linda, CA	Psychology Postdoctoral Fellows via Holistic Mental Health focus area
San Francisco VA Healthcare System San Francisco, CA	Psychology Intern & Postdoctoral Fellow *Email Dr. Shira Maguen for more information (Shira.Maguen@va.gov)
VISN 17 Center of Excellence for Research on Returning War Veterans Waco, TX	Psychology Postdoctoral Fellow *Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)
Central Texas Veterans Healthcare System Temple, TX	Psychology Intern *Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)
VA North Texas Health Care System Dallas-Fort Worth, TX	Postdoctoral Fellows *Email Dr. Wyatt Evans for more information (wyatt.evans@va.gov)

RESEARCH HIGHLIGHTS

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