

DMA Initial Mental Disorder Examination

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Introduction

Welcome

Purpose

This Web-based training course provides an overview of the initial Mental Disorders disability examination. It provides updated information on how to prepare for, conduct, and properly document a thorough and legally defensible initial Mental Disorders disability examination. Learners will be successful if they pass the end-of-course assessment with a minimum score of 80%. In addition to the DMA General Certification Overview course, this course is required for certification as a disability examiner for Mental Disorders examinations. Completion of this course also counts for certification of Mental Disorders review exams if all other qualification standards to perform that type of examination are met.

Target Audience

This training is designed for physicians, psychologists, and other health care providers seeking certification to conduct Mental Disorders disability examinations.

Length of the Course

This course will take you approximately one hour to complete.

Please complete each lesson in the order presented. By doing so, you will be able to build on that knowledge in subsequent lessons.

Disability Examination Terminology

This course includes a Glossary of disability terminology used in this course. Some terms will be linked to the pertinent entry in the Glossary when they first appear within this course

Course Objectives

The terminal learning objective for this course is as follows:

Given an Examination Request form (VA Form 2507), condition-specific Disability Benefits Questionnaire (DBQ) or other documentation protocol, and any other applicable evidence, the disability examiner will be able to recall the general process for conducting and documenting an initial Mental Disorders disability examination that meets adjudication requirements for the Veterans Benefits Administration (VBA) and the Board of Veterans' Appeals (BVA).

To help you meet this objective, there are six enabling learning objectives. When you complete this course, you should be able to:

1. Recall the purpose and importance of an initial Mental Disorders disability examination.
2. Describe the qualifications required for conducting an initial Mental Disorders disability examination.
3. Describe best practices for activities performed prior to conducting an initial Mental Disorders disability examination.
4. Describe best practices for opening, conducting, and closing an initial Mental Disorders disability examination.
5. Identify best practices for guiding the Veteran or Servicemember through the examination.
6. Identify best practices for using a DBQ or other documentation protocol to document an initial Mental Disorders disability examination.

Important!

Other documentation protocol refers to alternate forms used to document and report an initial Mental Disorders disability examination. Use a DBQ unless otherwise instructed.

Case Study

The sample documents and transcripts viewed in this course are based on a fictitious case study centered on Ms. Amanda Jones, a Veteran. Ms. Jones served for many years in the National Guard before she was deployed to Iraq in 2004. Recently, Ms. Jones filed a compensation claim with VBA for depression. Following best practices, you'll have an opportunity to review an Examination Request (2507) for Ms. Jones and the required documentation protocol, a DBQ, prior to Ms. Jones' examination as though you were her examiner. There will also be opportunities to view brief videos that highlight parts of an initial Mental Disorders disability examination conducted with Ms. Jones.

Note

The Veteran in this course, Ms. Jones, is fictional and is not intended to resemble any Veterans or Servicemembers or their actual situations.

Initial Mental Disorders Examination

Learning Objectives

Your role as a disability examiner is to provide consistent, high-quality initial Mental Disorders disability examinations to ensure that Veterans and Servicemembers are evaluated fairly and consistently as part of the benefits claims process. As you know, disability examinations, including those for initial mental disorders, have a different purpose than treatment examinations.

When you complete this lesson, you should be able to achieve the following objectives:

- Recall the purpose and importance of an initial Mental Disorders disability examination.
- Describe the qualifications required for conducting an initial Mental Disorders disability examination.

Purpose of the Initial Mental Disorders Disability Examination

An initial Mental Disorders disability examination is required to establish the **initial** diagnosis for compensation purposes. Remember, an examination for compensation purposes differs significantly from an examination for treatment purposes. There are four elements to consider during the examination:

1. Is there a current mental disorder?
2. Was there a related event, injury, or disease that occurred during service or that was exacerbated by service?
3. Is there a medical nexus between a current mental disorder and an event, injury, or disease that occurred during service?
4. If there is a medical nexus, is there functional impairment caused by or the result of the mental disorder?

Although the determination of whether to grant service connection is made by the VA Regional Office or, on appeal, by the Board of Veterans' Appeals (BVA), the initial Mental Disorders examination provides important medical information that is used by the Veterans Benefits Administration (VBA) or BVA to fairly and correctly decide these claims.

The initial examination for mental disorders must provide a complete review of a Veteran's or Servicemember's psychiatric symptoms to provide a well-supported diagnosis. Benefits may be denied if the examination's findings do not support a diagnosis of a mental disorder. The examination report will be used along with all other evidence to determine what level of compensation may be afforded the Veteran or Servicemember. If your examination report includes incomplete or inaccurate information, the Veteran or Servicemember may not receive the amount of compensation to which he or she is entitled.

Note

Examiners should be aware that there are separate documentation requirements and DBQs for eating disorders and Posttraumatic Stress Disorder (PTSD).

Qualifications for Conducting an Initial Mental Disorders Disability Examination

Mental health professionals with the following credentials are qualified to perform initial Mental Disorders disability examinations:

1. Board-certified psychiatrists
2. Board-eligible psychiatrists (those who have completed a psychiatry residency and who are appropriately credentialed and privileged)
3. Licensed doctoral-level psychologists
4. Non-licensed doctorate-level psychologists working toward licensure under supervision by a board-certified or board-eligible psychiatrist or a licensed doctorate-level psychologist
5. Psychiatry residents under close supervision by a board-certified, or board-eligible, psychiatrist or a licensed doctoral-level psychologist
6. Psychology interns or residents under close supervision by a board-certified, or board-eligible, psychiatrist or a licensed doctoral-level psychologist

Important!

Close supervision means that the supervising psychiatrist or psychologist met with the Veteran or Servicemember and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist must cosign the examination report.

Lesson Summary

In this lesson, you learned about the purpose of an initial Mental Disorders disability examination, the importance of your findings to the Veteran or Servicemember, and who is qualified to perform an initial Mental Disorders disability examination.

The next lesson will focus on preparing for an initial Mental Disorders disability examination.

Before the Examination

Learning Objective

The time allocated for a disability examination includes time for you to prepare before the Veteran or Servicemember arrives, including thoroughly reviewing the documentation provided to you. You will be provided opportunities to review Ms. Jones's Examination Request (2507) and the Mental Disorders Disability Benefits Questionnaire (DBQ).

When you complete this lesson, you should be able to describe best practices for activities performed prior to conducting an initial Mental Disorders disability examination.

Review the Examination Request Form (VA Form 2507)

You play a crucial role in the disability process after a few events take place. First, the Veteran or Servicemember files an original claim for compensation with VA, and then the claim is considered by the Veterans Benefits Administration (VBA). If an examination is needed, an electronic Examination Request (VA Form 2507) for a disability examination is initiated by the VA Regional Office (VARO) and sent to the Veterans Health Administration (VHA) compensation and pension (C&P) clinic or to the equivalent Integrated Disability Evaluation System (IDES) clinic. For contractors, the request will come through the Veterans Examination Request Information System (VERIS).

You are expected to thoroughly review all parts of the Examination Request prior to the examination to determine the examination type, such as the Initial Mental Disorders; the priority of the examination, such as original service connection; the documentation protocols to use; specific questions you must answer; and what information the Regional Office may be providing to you. The "General Remarks" section on the Examination Request (2507) form is essential, as it provides specific instructions or directs you to information you need for the exam.

VBA and VHA may refer to a DBQ under different names. The Mental Disorders DBQ may be listed in Capri under DBQ PSYCH INITIAL MENTAL DISORDER, which differs from the name on the Examination Request. Make sure you complete the latest, correct DBQ.

Look below to view or print the Examination Request form (2507) for Ms. Jones, the Veteran case study for this course. You'll have an opportunity shortly to check your understanding of Ms. Jones's Examination Request.

NOTE:

It is recommended that Veterans being examined for a condition related to Military Sexual Trauma be given the opportunity to state their preference for either a same or opposite-sex examiner and this preference should be given all due consideration and accommodation. It is recommended that the Veteran's preference be determined far enough in advance so that the examination can be scheduled with an examiner of the preferred gender.

Important!

If you have a question about an Examination Request, you should call the VARO for clarification before beginning the examination, if possible, to avoid having the resulting examination report being returned for further information.

Sample Request for Examination

Name: JONES, AMANDA SUE
SSN: [put SSN here]
C-Number: 37 444 333
DOB: April 1, 1968
Address: 530 KEWANNA DR
City, State, Zip+4: TOPEKA, KS 66622
Country: UNITED STATES
Res Phone: (785) 555-7811
Bus Phone: (785) 555-8321
Entered active service: MAR 17, 2004
Released from active service: MAR 16, 2007

>>>Future C&P Appointments<<<

No future C&P appointments found.

Requested exams currently on file:
PSYCH MENTAL DISORDERS DBQ
Requested on APR 22, 2013@ 09:57:19 by WICHITA-RO -Open

This request was initiated on APR 22, 2013@ 09:57:19
Requester: WILSON, FLORENCE E.
Requesting Regional Office: WICHITA-RO
VHA Division Processing Request: TOPEKA, KS VAMC

Exams on this request:
PSYCH MENTAL DISORDERS DBQ

** Status of this request:
ORIGINAL_____

No rated disabilities on file
Other Disabilities:

General Remarks:
CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

This is an OEF-OIF Veteran. Please expedite.
Disabilities claimed:
depression

MILITARY SERVICE: Army 3/17/2004 to 3/16/2007

PERTINENT SERVICE TREATMENT RECORDS: Was provided an anti-depressant prescription while deployed.

PERTINENT VA RECORDS: OPTs show treatment for major depressive disorder.

PRIVATE TREATMENT RECORDS: None.

Please examine in accordance with the Diagnostic and Statistical Manual of Mental Disorders, DSM, complete the Mental Disorder DBQ. Please provide mental disorder diagnoses and also comment on competency.

In addition, please conduct whatever additional testing is necessary based on your examination.

If depression is found along with other mental disorders, the severity of each psychiatric condition should be EVALUATED SEPARATELY to the greatest extent possible, and any relationship of causality or aggravation among the disorders should be disclosed.

Thank you for your time and consideration.

POA: None

(For medical facilities) We have the same address for this veteran as you.

If you have any questions, please contact Jason Irvine, RVSR, at 316-555-5297.

Examination Priorities

For your information, in addition to the initial Mental Disorders disability examination to establish an original service connection, there are two other priorities for a Mental Disorders examination, Claim for Increase and Review. An overview of each priority is provided in the following table.

Exam Priority	Description	History
Original Service Connection	The Veteran or Servicemember is claiming condition(s) he or she believes is (are) related to their military service. This priority is for a claimant who has never been granted service–connection for the claimed disability.	Record a detailed history of the claimed condition(s) on the DBQ or other documentation protocol from its origin until today, including any mechanism of injury.
Claim for Increase	The Veteran is already service-connected for a condition(s). The claimant believes the condition(s) has (have) increased in severity since the last evaluation.	Record a detailed history of the claimed condition(s) on the Examination Request (VA Form 2507) from the date of the last disability examination until today, including where the Veteran goes for care of the condition(s). NOTE: It is rarely necessary to provide the history prior to the last disability exam, (such as the circumstances of the original onset of the disability), as this information has been previously documented.
Review	<p>The Veteran is already service-connected for a condition. The VA is requesting an examination to see if the condition has changed since the last rating.</p> <p>NOTE: For certain disabilities that are not static, VA is required to periodically re-evaluate their disabling effects on the Veteran or Servicemember.</p> <p>Please refer to the following links for information on protection of service connection and evaluation:</p> <ul style="list-style-type: none"> • 38 USC 1159 • 38 CFR 3.957 • 30 CFR 3.951(b) 	<p>Record a detailed history of the claimed condition(s) on the DBQ or other documentation protocol from the date of the last disability examination until today, including where the claimant goes for care of the condition(s).</p> <p>NOTE: It is rarely necessary to provide the history prior to the last disability exam, (such as the circumstances of the original onset of the disability), as this information has been previously documented.</p>

Review Records

You are **required** to review the Veteran's or Servicemember's claims file, C-file or e-folder and any other available medical records provided to you prior to conducting the mental disorders examination. For IDES examinations, you are required to review the Servicemember's medical records.

The C-file or e-folder will allow you to gain an understanding of the status of the Veteran's or Servicemember's claim before the examination. In particular, the C-file or e-folder contains private and sensitive information and may be useful to answer questions such as these:

- How long has the claim been in process?
- Is there some other action such as a previous denial of the claim?
- Has the Veteran or Servicemember had mental health treatment outside of the VA system or at the Vet Centers?
- Is there anything in the Veteran's or Servicemember's record that indicates mental health care or a diagnosis of a mental disorder during military service?
- Is there any supplemental paperwork that indicates how the Veteran or Servicemember may have presented symptoms in a previous exam or diagnoses from other examiners?

You may find that VBA has tabbed certain information in the C-file that is especially pertinent to the present claim. At the time of this writing, information was not being tabbed in the e-folder (i.e., Veterans Benefits Management System [VBMS], Virtual VA [VVA]). Regardless of any tabbing that is provided by VBA, the examiner remains responsible for reviewing the entire file, not only the tabbed material if available. How much time one needs to spend reviewing the C-file or e-folder will vary depending on the amount of information provided.

Review the Appropriate DBQ or Other Documentation Protocol

The Mental Disorders DBQ, or other documentation protocol, was created for the purpose of guiding the documentation of the examination findings. The DBQ is not meant as a guide for the examination itself and should never be used in this manner. You need to conduct a thorough assessment in order to fulfill the purposes and needs of the examination and to enable you to file an adequate report. The DBQ or other documentation protocol provides a uniform format for a Mental Disorders examination report that will contain the information needed by adjudicators for rating purposes.

As a practical matter, it is possible to have a perfect examination from a medical perspective but an insufficient examination report from an adjudication perspective. The DBQ or other documentation protocol is in place to help ensure that the pertinent results of the examination are fully captured for consideration by the VBA adjudicative staff. Remember, adjudicative staff decide claims based on the review of the DBQ or other documentation protocol and all other evidence of record.

Important!

You should access and use the most up-to-date version of the DBQ or other documentation protocol required on an Examination Request.

Telemental Health Disability Examinations

Although many disability examinations are performed face-to-face, VBA has implemented a policy to accept telemental health disability examinations as sufficient for rating purposes for all original, increased rating, or review examinations for mental disorders. The following rules apply:

- The examiner and Veteran or Servicemember are at VA or Department of Defense (DoD) sites, (e.g., VA Medical Center, Community-Based Outpatient Clinics (CBOCs)).
- VA-approved encrypted videoconferencing equipment is used to clearly view non-verbal cues, mannerisms, and other behavioral manifestations.
- The examiner is fully credentialed and privileged to conduct mental disorder exams per VBA policy. Additionally, the examiner should complete telemental health training as available from the Office of Telehealth Services, using Talent Management System (TMS) training modules and opportunities for live one-on-one remote simulation training with the Rocky Mountain Training Center or other VHA approved training(s).
- The exam and content of the report conforms to current disability guidance.

Implementation of telemental health examinations involves collaboration of C&P, Mental Health, Telehealth, and Telemental Health Service leaders at both the examiner and Veteran or Servicemember locations to determine appropriate sites with operational equipment and to facilitate the telemental health examination. Coordination with VBA is necessary to arrange procedures for Veteran or Servicemember selection and arrange to provide information to Veterans or Servicemembers regarding the telemental health examination. VBA and VHA must coordinate scheduling and the transfer of records, such as the C-file, to the examination sites.

VHA is ultimately responsible for deciding whether an examination will be conducted via telemental health technology.

Lesson Summary

In this lesson, you learned important preparation considerations for an initial Mental Disorders disability examination, including reviewing the Examination Request form, the Veteran's or Servicemember's records, and the DBQ or other documentation protocol for the examination. Additionally, telemental health disability examinations were discussed.

In the next lesson, you will learn best practices for opening, conducting, and closing an initial Mental Disorder disability examination, while guiding the Veteran or Servicemember through the examination.

Conduct the Examination

Learning Objectives

The Mental Disorders disability examination begins as you greet the Veteran or Servicemember. Start guiding the Veteran or Servicemember through the disability exam when you introduce yourself. This lesson provides pointers on obtaining the information required to complete your documentation and what you should or should not discuss with the Veteran or Servicemember as you close the disability exam. When you complete this lesson, you should be able to meet these objectives:

- Describe best practices for opening, conducting, and closing an initial Mental Disorders disability examination.
- Identify best practices for guiding the Veteran or Servicemember through the examination.

Although your examination may not necessarily proceed in the order presented here, this lesson will follow the Clinical Findings section of the sample Disability Benefits Questionnaire (DBQ) included in this training module. Other documentation protocols may be required but will likely elicit the same information as the DBQ.

Greet the Veteran or Servicemember and Explain the Process

The initial Mental Disorders examination begins in the transcript on the next page. Before you view the transcript, here are important considerations for this stage of the examination.

Generally, the first time you meet the Veteran or Servicemember in the disability examination process is the only time that you will meet him or her. It is important to clarify the process and quickly establish rapport with that person. It is also important to acknowledge that you are not replacing a therapist that the person might be seeing for treatment; the disability exam is a different kind of process. Explain the difference between the disability exam and a treatment exam, and explain the purpose of the DBQ or other documentation protocol that you may be filling out as the examination continues.

Acknowledge that you've had a chance to look at the Veteran's or Servicemember's records but that you still need to hear from him or her about current and past symptoms, problems and functioning.

Greet the Veteran or Servicemember and Explain the Process (continued)

Because of cultural and individual factors, as well as the potential for stigma, some Veterans or Servicemembers may find it difficult to address emotional and behavioral issues with an examiner. For these reasons it is crucial that you place emphasis on avoiding an authoritarian role, avoiding judgmental interventions, and establishing rapport through an initial focus on current life experiences or other discussion which encourages comfort in the interview.

Ask the Veteran or Servicemember if he or she has any questions before you begin the examination.

Read the transcript below as the examiner reviews Ms. Jones's C-file. He then greets Ms. Jones and begins the process of orienting her to the disability examination. The examiner explains the

nature of the disability examination and how this examination will be used to gather information for adjudicating Ms. Jones's claim. He discusses how he will refer to the DBQ to ensure that he captures all of the information needed from the examination. This part of the examination continues in a transcript on the next page.

[Examiner, at desk, reviews C-file.]

[Office door. Examiner and Veteran enter.]

Examiner: Have a seat in the blue chair on the other side of the desk.

Veteran: OK.

[Examiner closes door.]

[They sit opposite each other to one side of desk.]

[Examiner speaks.]

Examiner: Good morning Ms. Jones, thank you so much for coming in today.

Veteran: Sure.

[She leans forward.]

Examiner: I am Dr. Gresen, I'm a psychologist here at the VA Medical Center. Before we get started today though, I would like to spend a few minutes just talking to you a little bit about why we are meeting today and to make sure we both have the same understanding about that.

Veteran: OK.

Examiner: I have had a chance to take a look at your record and I see that you or someone on your behalf has filed a claim that you have a mental disorder. Specifically depression that maybe related to your time in the military, which we often refer to as service connected. So I guess, first of all, I would like to make sure that sounds like the claim that you intended to have submitted.

Veteran: Yeah so far, that seems right.

Examiner: OK, so part of the process, once a claim has been submitted, is to conduct a mental disorders examination which is actually the reason that we are meeting today is to have that examination completed.

Veteran: Yeah, I'm little nervous about this. What exactly is involved in the mental ... What is it?

Examiner: Mental Disorders exam.

Veteran: Exam?

Examiner: Sure let me tell you a little bit about what we are going to do today.

Veteran: OK.

Examiner: So, I'll be asking you quite a few questions, both about things that have happened in the past as well as how things are going for you day today now. Since this is a mental disorder examination, I'm also going to ask quite a few questions about mental health related problems that you have had in the past, as well as any mental health issues that you are facing currently. As we go through the exam, I'll be looking at a form off and on, which I look at to make sure I'm covering all the questions that need to be asked for this examination. And I'll also be taking notes along the way just to make sure that when I write my report later, that I'll include all the information that you and I have talked about today. Does that help at all in terms of the process and kind of what we will be doing with our time today?

Veteran: Yeah, I just... since, I have never done this before I just...I wasn't certain about the process, but, I think you have explained everything.

Examiner: Alright, good. I also want you to know that the report that I end up preparing stays very much focused on your mental health problems and any effects that's having on your day-to-day life. The report does not include anything at all about an opinion regarding your claim itself. That's a decision that gets made by the Regional Office after they have had a chance to review all of your information.

Veteran: OK, so you don't have any say whether my claim is accepted or not.

Examiner: That's correct. So my part of this process is to make sure I understand from talking to you today, you know the problem that you're having in terms of mental health, so that's what we'll be doing.

Veteran: OK.

Invite and Answer Questions

In the transcript you just read, the examiner talked with Ms. Jones to make her comfortable before the beginning of the examination and clarified the disability examination process. In the transcript on this page, the examiner will discuss Ms. Jones's records, including the C-file that he reviewed for the examination. He invites and answers questions from Ms. Jones to ensure that

she understands the purpose of the examination. The examiner also explains that he is not replacing either clinician that Ms. Jones is seeing for treatment, and that the disability exam is for a different purpose than for treatment.

Examiner: Before we get started here, I want you to know that I had a chance to look at your records. There are really two different records that I have looked at; one is called the Claims File, or C-file for short. That the file that's kept by the Regional Office and it includes everything that they have that's related to your claim. Includes your military records, any treatment you had in the service, any statements including the claim that you initially submitted. It also will have in there any information or treatment records had you been treated outside of VA or outside of the military, which I don't think is the case in your situation; at least I didn't see any records like that.

Veteran: So, if everything is already in the C-file, why do we have to go through this?

Examiner: Yeah, that's a good question. There is quite a bit of information in there that is related to the questions that I need to ask you, but it's really not a complete record and the claim process is a little bit different and has its own specific requirements. And for those reasons, it's...it's necessary for us to meet face to face. Do you have any other questions or anything else you want to say before we get started today?

Veteran: I mean just that I... I haven't been feeling well for a really long time and I need to get these problems taken care of. You know I have a psychologist and I have a psychiatrist and it is a little bit better since I started seeing them.

Examiner: Good.

Veteran: You know I'm still nowhere near where I used to feel. And I'm really glad I'm here because I'm hoping that you can help me out.

Examiner: And this is a point that often is kind of confusing for Veterans. We are here today to talk about the claim that you've submitted and to make sure that we gathered the information we need about your mental health condition and the effects that that's having on your life day-to-day, but this is quite separate from you getting your treatment here at the VA. I would just encourage you to keep talking to your mental health providers and make sure that they know that you're feeling better, but not really where you want to be and make sure that you keep talking to them about other things that they may be able to do with you.

Veteran: OK, makes sense.

Examiner: OK, Any other questions before we start?

Veteran: No.

[She fidgets.]

Obtain Pertinent History

After you have reviewed the Veteran's or Servicemember's records and provided an orientation to the examination, you will begin to conduct the examination. History needs to be taken in several different areas, including information from the Veteran or Servicemember about his or her pre-military, military, and post-military history.

Collecting the Veteran's or Servicemember's military history is a key component of the disability examination process because you are determining if an event or injury or the onset or aggravation of an illness occurred while the person was in the military. You must also place the individual's military history in context by collecting pre-military and post-military history. This is critical to an understanding of how the Veteran or Servicemember was functioning prior to military service and how military experiences may have affected him or her after discharge from the military.

Although you may collect the information in a different order in your examination, the DBQ or other documentation protocol for the initial Mental Disorders exam provides areas to report relevant historical evidence in pre-military, military, and post-military service contexts:

- Social/marital/family history
- Occupational and educational history
- Mental health history, to include prescribed medications and family mental health
- Legal and behavioral history
- Substance abuse history

Remember

Although it is extremely important to be thorough and complete for adjudication purposes, limit your questions and the discussion to what is needed for this particular examination.

Assess for a Nexus

One of the main tasks of the disability examination is to investigate the connection, or nexus, between the Veteran's or Servicemember's mental disorder and military service. Pertinent information on this topic may be evaluated during the mental health history as well as other times during the examination.

Examiner: Ms. Jones, I wonder if you could tell me the first time that you recall beginning to notice that you were having mental health problems?

Veteran: Well, I guess it was around the holidays in 2005, or no I think it was 2004, late fall 2004. I was in Baghdad and I was really missing my family and thinking about them a lot. And around that time, I started having a lot of trouble sleeping. And I think that's when I went to see the medic and I told him about how sad I was feeling and he gave me some pills. I don't remember what they were, but ... and they didn't do anything so I stopped taking them.

[She shakes her head.]

Veteran: And then, I don't know what happened. I think the holidays ended and I just thought ... you know, I tried to pull myself together. That was just a really hard time and I just thought I'd just move on ... try and make the best of things.

Examiner: Can you remember if around that same time whether you were having any other problems that may have been mental health-related beyond the feelings of sadness and the sleeping problems that you were having?

Veteran: I don't know. You know around that time, when I was feeling so sad, it was just hard to care about anything, you know. Everything just seemed so hard. I had difficulty even caring about anything or I had no interest in anything, and no energy, and I just wanted to sleep all the time.

[She frowns.]

Veteran: My friends, they tried to talk to me about it and you know, I don't think I was very nice to them when they tried to talk to me about it, so they stopped trying to talk to me about it and I stopped talking to them and I just tried to avoid them more and more.

Examiner: So, in addition to feeling sad and having sleeping problems, you were also noticing it was having effects on your relationships with other people as well?

Veteran: Yeah.

Examiner: I wonder, can you think whether there were any other times earlier in your life, either in the military or even before the military, where you experienced feelings, you know like that?

Veteran: No.

[She shakes her head.]

Veteran: Not at all.

Veteran: I was really a happy kid growing up and I... even when I joined the service, I was happy and excited about it. Never felt like this before at all.

[She shakes her head.]

Military Sexual Trauma (MST)

The transcript on this page demonstrates the need for the examiner to be alert for indications of Military Sexual Trauma (MST). While many examiners may associate MST with Posttraumatic Stress Disorder (PTSD), it is important to remember that MST may contribute to a variety of mental disorders. The examiner is also aware that the gender of the examiner can be very important in either allaying or inducing anxiety in an individual who has experienced MST. When this subject comes up or is suspected, it is often very useful to explore the issue of the Veteran's or Servicemember's comfort with the gender of the examiner before proceeding with the interview.

Examiner: Ms. Jones, is there anything else that occurred during your military service that you would like to tell me about today?

[Arms crossed, she closes her eyes, then looks at ceiling.]

Veteran: I don't know. There was one other thing that happened that I didn't report at the time ... and I don't even know if I should be talking about it here.

Examiner: So this is something that was important to you then, and certainly looks like it continues to be important to you now, that happened when you were in the military that we haven't talked about at all I guess from what you have said. But even though you haven't didn't report it while you were in the service, I think it might be important for us to talk about it today if you could tell me anything more about it.

[She shakes her head.]

Veteran: I don't know, I mean I have only talked about it to my sister and my best friend and... I get really upset just thinking about it; I just try to keep it out of my mind as much as I possibly can.

[She looks angry, uncomfortable.]

Veteran: It's also very embarrassing and because you know it's a sexual thing.

[She looks down.]

Examiner: So I can see that this is something that's really tough for you to talk about even a little bit. And the fact that you haven't talked to more than a couple of very close people in your life about this up to this point in time, and you try to keep it out of your mind. Now that you mention that it is of a sexual nature, I am wondering if the fact that you are talking to a male examiner makes this more difficult for you and even more difficult for you to tell me anything more about it.

[She glances at examiner, then down.]

MST Information

Military personal assault/Military Sexual Trauma (MST) is very broadly defined to include rape, physical assault, domestic battery, robbery, mugging, stalking, and harassment that occurred during military service. The geographic location of the military personal assault/MST, the gender of victim, or the relationship to the perpetrator do not matter. Many Veterans and Servicemembers who have experienced military personal assault/MST have mental disorder diagnoses. The most frequent mental disorder diagnoses among Veteran users of VA healthcare services who screened positive for MST are PTSD, anxiety disorders, depressive disorders, bipolar disorders, drug and alcohol disorders, and schizophrenia and other psychotic disorders.

Veterans or Servicemembers who develop health, occupational, or social impairments because of in-service sexual trauma may be eligible for VA disability benefits. In general, for Veterans or Servicemembers to obtain VA disability benefits, there must be evidence from a health care provider demonstrating:

- current disability;
- the incurrence of or aggravation of a disease or injury while in the service; and
- a nexus between the in-service injury or disease and the current disability.

Further information about the Veterans Health Initiative Military Sexual Trauma program is available on a VA intranet address listed in the Resources area of this course. This program is also available in booklet form.

Note

Eligibility for MST counseling, care and services does not require service-connection for disorders secondary to MST.

Mental Status Examination

As part of an initial Mental Disorders disability examination, a Mental Status Examination (MSE) should be performed with the Veteran or Servicemember to include assessment of the following:

- Appearance and behavior
- Language/speech
- Thought process (loose associations, ruminations, obsessions) and content (delusions, illusions, and hallucinations)
- Mood (subjective)
- Affect (to include intensity, range, and appropriateness to situation and ideation)
- Cognitive function

Other assessments may be considered as clinically indicated.

The Veteran or Servicemember's functioning should also be assessed in the following areas: work/school, family, interpersonal relationships, housing, legal, financial, unit/community involvement, recreation, and other pertinent areas.

Differential Diagnosis—Distinguishing Symptoms

As most mental disorders, have signs and symptoms that overlap with one another, it is important to think about alternative diagnoses as the interview proceeds. In the case of depression, for instance, other possible diagnoses could include schizoaffective disorder, bipolar disorder, and a neurocognitive disorder, among others. Read below as the examiner interviewing Ms. Jones determines whether she is suffering from a disorder other than or in addition to depression.

Examiner: Ms. Jones, up to now we have been talking a lot about your feelings of sadness and loss of energy and other problems kind of related to that. I am wondering if there has ever been

a time where you have experienced something kind of the opposite of that; where you had lots of energy, and really to the point where you had trouble focusing on what you were doing. Getting yourself involved in so many things, you really kind of lost track of what they were and really weren't able to finish any of them?

Veteran: No, nothing like that.

Examiner: Nothing like that. Did you ever have a time where you found your thoughts racing or you felt just incredibly happy or had an extended period of time where you just didn't feel like you needed any sleep at all?

Veteran: No, I wish.

Examiner: Nothing like that. Alright, have you had any experiences of hearing voices or seeing things that other people couldn't see or hear and that maybe really weren't there?

Veteran: No, no, no

Examiner: Nothing like that?

[Shakes her head.]

Examiner: Have you ever had the feeling or the experience that something or someone outside of yourself was trying to control your thoughts, your feelings or maybe your behavior?

Veteran: No, no.

Competency

Competency, for VA benefits purposes, refers to the ability of the Veteran or Servicemember to manage VA benefit payments in his or her own best interest. Incompetency, for VA benefits purposes, means that the Veteran or Servicemember, because of injury or disease, is not capable of managing benefits in his or her best interest. The examiner must assess each Veteran's or Servicemember's competency and document it in the examination report. To comment on whether or not a Veteran or Servicemember is competent to manage his/her funds, you will need to ask questions of the Veteran or Servicemember that are beyond those questions documented on the DBQ. For example, the examiner may ask if the Veteran or Servicemember pays his/her own bills, is aware of current income, knows the amounts and types of bills owed monthly, handles the money prudently, etc.

While keeping in mind that the intent of the law is to protect the Veteran's or Servicemember's financial interests, an opinion by a disability examiner that a Veteran or Servicemember is incompetent for VA purposes should not be taken lightly, and should be supported by adequate historical and contemporary facts, including functional impairment, and/or clinical symptomatology.

Important!

When a determination of incompetency for VA purposes is initiated by a disability examiner, it may set in motion a process by which the adjudicative staff and the Regional Office notify the Veteran or Servicemember of a proposed decision to declare him or her incompetent for VA purposes, to take away his or her right to handle VA benefits as he or she sees fit, and to find someone to take over this task for the Veteran or Servicemember. If he or she fails to submit adequate evidence to rebut this proposal within

a reasonable time frame, a guardian is appointed to handle his or her VA benefits, using those resources to pay outstanding debts as required, and to provide the Veteran or Servicemember with an allotment for his or her personal spending.

Assessment of Social and Occupational Impairment

In addition to establishing an initial diagnosis, you are also required to evaluate impairment in social and occupational functioning associated with the Veteran's or Servicemember's mental disorder, as highlighted in the transcript on this page.

Note that activities and functioning outside of work are important to assess, as they provide information that may be relevant to the Veteran's or Servicemember's occupational impairment.

Examiner: I wonder Ms. Jones, if you could tell me about your current job and how things are going?

Veteran: Well, I have been on the job I have now for two years and I really like the work and I'm good at it. I mean, I was good at it when I started, but lately, like everything else I just, I don't have much interest in it. And it's hard to concentrate; make a lot of dumb mistakes. My supervisor is great; he's a great guy. He's a Veteran himself. You know, at first he would just sort of turn a blind eye to all of my mistakes and everything, but you know after a while, he started saying things to me about it lately.

Examiner: So how are things going on the job now?

Veteran: OK, I mean I missed a couple of days here and there.

[Examiner writes.]

Examiner: So like over maybe the last three to six months, how much time do you think you might have missed?

Veteran: I don't know. Maybe I missed one day every two or three weeks or maybe a little more, just lately.

Examiner: So you have been working for about two years on this job that you like and feel that you did a good job until you noticed your performance slipping some. You have almost been missing a few days and attracting some attention because of that from your supervisor. So I have that kind of about right?

Veteran: Yeah.

Examiner: How about outside of work? What kinds of things do you do?

[She concentrates.]

Veteran: Well, me and my husband work full-time, so by the time we get home, we are very tired, so you know, we are supposed to split the chores 50/50 but, I mean I end up doing most of them usually, but lately you know I just, I just haven't been able to do them. Like, like he doesn't, he doesn't cook and I used to love to cook, so that was fine, but lately I just...

[Looks away.]

Veteran: And you know the house is kind of messy all the time now and I don't have the energy to clean it up.

Examiner: So what kinds of things do you do for fun?

Veteran: Sleep.

[Ironic smile.]

Veteran: I don't know. You know, I do what other people do. I watch TV. I like to knit a little bit. Sometimes, I'll pick up some knitting and do that while I'm watching TV. I used to do that a lot. I used to make sweaters and scarves for like Christmas and stuff, but it's been a long time since I've been able to finish anything. I'm just not interested.

Examiner: How about family and friends? Do you get together and do things with other people?

Veteran: Well, I talk to my sister about once or twice a week and I have my friend from high school, but, you know I see her sometimes; just not, just not much lately. I haven't gone out much lately; just want to stay home.

Assessment of Social and Occupational Impairment

You may want to consider the use of a standardized and validated measure of social and occupational functioning. The DSM-5 recommends using the World Health Organization (WHO) Disability Assessment Schedule II (WHODAS- II) to assess functioning. The WHODAS-II was developed to assess disability related to physical and mental disorders experienced within the past 30 days and provides a profile of functioning across six activity domains—understanding and communicating, mobility, self-care, getting along with others, life activities, and participation in society—as well as an overall disability score. A notable asset of the WHODAS-II is its relationship with the International Classification of Functioning, Disability, and Health, which is an internationally recognized system of classifying the consequences of physical and mental health conditions. The WHO has also developed and validated a self-report version of the WHODAS-II that can be used in instances when an interview is not feasible or efficient.

Although the WHODAS is recommended in DSM-5, there are a variety of other reliable and validated measures that can be used to assess functioning and quality of life. The Medical Outcomes Study 36-item Short Form Health Survey-veterans version (SF-36V; Ware & Sherbourne, 1992) provides eight domain scores indexing physical functioning, physical role, bodily pain, general health, vitality, social functioning, emotional role, and mental health; in addition, summary physical and mental health scores may be computed. The reliability and validity of the SF-36 are well documented (e.g., McHorney, Ware, & Raczek, 1993). The Quality of Life Inventory (Frisch, 1992) is a 16-item instrument employing a Likert-type response format and producing a weighted summative score across multiple facets of life satisfaction (e.g., standard of living, work, home, and relationships with relatives). The psychometric qualities for this measure are strong, with high test-retest and internal consistency reliability and strong validity coefficients for clinical and community samples, including Veterans.

Suicide Risk Assessment

A suicide risk assessment must be conducted by the examiner during an initial Mental Disorders disability examination. Though this can occur at various points during the examination, it will often happen during the Mental Status Examination.

Examiner: As you've talked to me about your experiences with depression, I'm wondering if you have ever had a time or times where you've thought about harming yourself or maybe taking your life?

[She looks away, concentrates.]

Veteran: I mean I, I mean thought about dying many times, but killing myself. I mean, doesn't everybody think about killing themselves at some point...?

[Examiner writes.]

Veteran: ...but I don't think I would ever go through with it.

Examiner: So you have thought about it. So I wonder, I guess I would like to ask a little bit more about that. So, have you had thoughts about how you might proceed with, with taking your life or moving in that direction?

Veteran: No, I mean it would be something like thinking if I died in my sleep, that might be better for everybody...

[She looks sad.]

Veteran: ...but I don't think it was like a serious thought.

Examiner: Have you ever attempted to take your life or take any steps in that direction?

Veteran: No.

Examiner: How often do think you might think about suicide?

Veteran: Oh gosh, I don't know, once a year. But not every year, you know.

[Looks away.]

Examiner: When is the last do you think you might have thought about suicide?

Veteran: I don't know, 6 months or a year ago.

Examiner: OK.

[Examiner writes.]

Examiner: So I want to make sure before you leave today that I give you a card that has a telephone number on it of the VA Crisis hotline. I understand that you are not feeling suicidal right now and you haven't for some time, but this is a number that's available to all Veterans free of charge, 24 hours a day, 7 days a week, 365 days a year. And should you start having those thoughts again or feeling that you're in another crisis in your life or another difficult time, this will be a number that would be available for you to call anytime.

Veteran: OK, but you know I have a psychiatrist and a psychologist, so I mean I could, I could call them too if, if I felt like I needed to, right?

Examiner: Yeah, sure. Yeah, In fact that, as we talked before, it's really important that you stay in touch with them and that you talk to both your psychiatrist and a psychologist about how you're doing, especially during the time when you might be having suicidal thoughts or where something else difficult in life is going on. So but, in addition to that, I just want to give you this card just so you have another option and another number to call should the need arise.

Veteran: OK.

Suicide Risk in Veterans and Servicemembers

Based on information available from the Centers for Disease Control and VA, Veterans and Servicemembers die by suicide at a higher rate than the general population. As an examiner, it is important to note that Veterans or Servicemembers undergoing any transitions, **including the disability examination process**, may be at higher risk for suicide.

Suicidal thoughts and behaviors are commonly found at increased rates among individuals with mental disorders, especially major depressive disorder, bipolar disorders, schizophrenia, PTSD, anxiety, chemical dependency, and personality disorders. A history of a suicide attempt is the strongest predictor of future suicide attempts, as well as death by suicide. Intentional self-harm (i.e., intentional self-injury

without the expressed intent to die) is also associated with long-term risk for repeated attempts as well as death by suicide. Additionally, the risk of suicide may increase with the severity of Veterans' and Servicemembers' war-related injuries. All Veterans and Servicemembers who present for a Mental Disorders disability examination must have a suicide risk assessment completed by the examiner.

Note

All Veterans and Servicemembers, regardless of risk, should be given the Veterans Crisis Line number. A Veteran or Servicemember can reach the Veterans Crisis Line by dialing: 1-800-273-TALK (8255), and then pressing 1. Veterans can also chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week.

Select the links below to view the Suicide Prevention Resources for Providers website and access helpful documents to have on hand.

- Suicide Risk Assessment Guide, http://www.mentalhealth.va.gov/docs/Suicide_Risk_Assessment_Reference_Guide.pdf
- Suicide Risk Assessment Guide (Pocket Card), <http://www.mentalhealth.va.gov/docs/VASafetyPlanColor.pdf>
- Suicide Prevention Resources for Providers, http://www.mentalhealth.va.gov/suicide_prevention/

Close the Examination

The following considerations are important when closing a disability examination.

At the conclusion of the examination, ask the Veteran or Servicemember if he or she has any questions. You should provide clear information on what's next without stating legal opinions. If the Veteran or Servicemember asks what the outcome of the claim will be, explain that this is not a decision that the examiner makes. Inform the Veteran or Servicemember that your role is to perform the examination and that VBA will determine the final rating based on all relevant information, not just the examination, and the decision will be sent to him or her. **DO NOT** respond by speculating on a claim outcome.

Topics to Avoid

You should also avoid discussing or addressing any of these issues during and while closing the disability exam:

- Avoid discussing the merits of the claim.
- Never discuss the percentage of service-connected disability to be granted.
- Do not guess the likely outcome or benefits as a result of the examination.
- Do not offer an opinion regarding the relationship of the disorder to service.
- Avoid discussing the correctness of a determination that a disorder is or is not service-connected.
- Avoid making treatment recommendations.

Appropriate Topics

The following topics are appropriate for discussion at the close of the examination process:

- Give the Veteran or Servicemember the opportunity to bring up additional topics or ask questions.
- Explain the rest of the disability examination process to the Veteran or Servicemember.
- Reinforce to the Veteran or Servicemember the importance of discussing treatment-related questions with his/her treatment provider if appropriate.
- Educate the Veteran or Servicemember about potential VHA and non-VHA resources.
- Remind the Veteran or Servicemember how to access the Veteran Crisis Line - 1-800 273-TALK.

Examiner: Well, we've almost completed the examination for today, and I want to thank you again for all of the information that you have provided, but before we end today, I want to make sure that you have had a chance to say everything that you have wanted to say today. Is there's anything that you hoped to say that you did not get an opportunity so far or, is there's anything that you want to make sure that the Regional Office hears from you?

Veteran: Just that, I-I need some help.

[She is anxious, arms crossed.]

Veteran: I was never depressed before, before I was in the service.

Veteran: So what happens now?

Examiner: So what will happen now is that I will prepare an examination report that will be based on the information that, that I got from you here today in the examination. It includes some information that's available in your record, and also the results from the psychological testing that you took a little bit earlier. Regional Office will take my report and put it with all the other information they have in your Claims File, and they will make a decision about your claim. And once they have done that, they will notify you with a letter. It's called a Decision Letter and in that letter, in addition to the decision itself, you will see their thinking process in terms of how they got to that decision and they'll also provide you with some additional information. There will be contact information, so that if you have questions, you will know who to call. And if there's something about their decision you do not agree with, there's also information in the letter about your appeal rights.

Veteran: OK.

[She nods.]

Examiner: So before we end today, as I mentioned earlier, I want to give you a card that has the Veteran crisis line phone number on it. As I said, it's a number that's available to Veterans 24-hours a day. This is not a replacement for your mental health providers. Please stay in touch with them and keep working with them, but this is a phone number that's available to you anytime, and just another resource that you have should the opportunity or occasion ever, ever come up.

[She glances at card.]

Examiner: So, thank you again for your time today and for coming in and I'd also like to thank you for your military service.

Veteran: Thank you.

[DN: Later, at desk, examiner checks notes, types report.]

Lesson Summary

In this lesson, you learned about best practices for opening, conducting, and closing an initial Mental Disorders disability examination and best practices for guiding the Veteran or Servicemember through the examination.

In the next lesson, you will learn how to document the examination properly for VBA and BVA adjudication purposes.

Document the Examination

Learning Objective

Now that the examination has been completed, you must document relevant information required for VBA to make a rating decision. Your report should be completed promptly, during or as soon as possible after the examination by documenting your exam findings in appropriate fields on the DBQ or by following another documentation protocol. A complete examination report is necessary to assist claims adjudicators in accurately rating a Mental Disorders claim.

At the end of this lesson, you should be able to identify best practices for using a DBQ or other documentation protocol to document an initial Mental Disorders disability examination.

Information to Be Included in the Examination Report

It is essential to follow DBQs or other documentation protocols when preparing examination reports. DBQs and other documentation protocols have been specifically designed to elicit all information legally required under VA laws and regulations to make a determination on a Veteran's or Servicemember's claim. In addition to providing required information, you can add relevant information that is not specifically requested in the DBQ or other documentation protocol.

While the questions, order, or organization of the DBQ or other documentation protocol may seem strange or puzzling to you as an examiner, the information being requested is needed for addressing particular legal requirements that exist under the law.

Also, keep in mind that, just as there is a difference between a treatment examination and a disability examination, there is a distinction between a treatment examination report and a disability examination report. A treatment examination report requires information for treatment purposes and is written primarily for clinicians to understand; a disability examination report requires medical information for legal purposes and the intended audience is primarily Regional Office adjudicative staff, lawyers, and judges.

For legal purposes, disability examination reports require answers to the following questions:

- Does a claimed mental disorder actually exist?
- Is it connected to an in-service event?
- What are the functional effects of the disorder?

Documentation of Multiple Diagnoses

If there are multiple mental disorders, delineate to the extent possible the symptoms associated with each disorder and document the relationship between the disorders. This is particularly important if one mental disorder is related to service and another is not. If it is not possible to separate which symptoms are related to which disorders, you must explain why. All co-occurring mental disorder diagnoses, as well as traumatic brain injury (TBI), if present, should be discussed in your report in relation to service and to each other.

Drug or Alcohol Abuse

VA is prohibited from paying compensation for a Veteran's primary alcohol or drug abuse. It is also prohibited from paying compensation for a disability resulting from a Veteran's alcohol or drug abuse, unless the alcohol or drug abuse disability is secondary to or is caused or aggravated by a primary service-connected disorder, such as PTSD or depression. No compensation can ever be paid for nicotine dependence or the secondary effects of smoking.

In circumstances where there is both a service-connected mental disorder, and the presence of alcohol or drug abuse, a medical opinion may be needed concerning the relationship, if any, between the service-connected mental disorder and the alcohol or drug abuse, including whether the alcohol or drug abuse is secondarily related to the service-connected disorder.

For compensation purposes, mental retardation and personality disorders are the only two diseases or injuries that may not be service-connected. However, disability resulting from a mental disorder that is superimposed upon mental retardation or a personality disorder may be service-connected. (Authority: 38 U.S.C. 1155)

Insufficient Reports

If a disability examination report is insufficient for rating purposes, it will be returned to the examiner as insufficient and the decision regarding the Veteran's or Servicemember's claim will likely be delayed. Examples of reasons for an insufficient report include these:

- Examination was performed by an unqualified examiner
- Required information is omitted
- A requested opinion is missing or incomplete
- Administered test results are not considered by the examiner
- A diagnosis is not substantiated

Diagnosis Do's

Here are a few things you should do regarding your diagnosis:

- **Provide a specific diagnosis:** Do provide the diagnosis of a specific mental disorder rather than using phrases such as "differential diagnosis" or "rule out."
- **Provide an exact diagnosis, if known:** A diagnosis based on the DSM is required rather than using symptoms (hallucinations) or signs (agitation).
- **Obtain results from all pertinent studies, evaluations, and tests before completing report.** If further studies, evaluations, or tests are necessary to diagnose a mental disorder, perform or order them as appropriate, and obtain the results before completing the report. Otherwise the examination is incomplete and will be returned as insufficient.
- **Provide a current and accurate diagnosis, even if it is different from the previous disability diagnosis.** In such cases, carefully explain the discrepancy and adequately substantiate the new diagnosis.

Note

If you determine that the Veteran or Servicemember would benefit from a traumatic brain injury (TBI) examination, you should contact the VBA regional office, according to local procedures, with your recommendation to schedule an examination. The examiner is not responsible for conducting this evaluation as part of a Mental Disorders disability evaluation.

Considerations in Changing a Previous Disability Diagnosis

When a diagnosis is made that differs from a previously established disability examination diagnosis, an important question is presented for the examiner as to whether this change in diagnosis is reflective of a progression or correction of the prior diagnosis, or instead is a new and separate condition. It is critical in this circumstance that you provide a complete explanation with respect to the change in diagnosis and explain the reasons for the change.

Multiple or Alternative Diagnoses

When an examination for a specifically identified mental disorder has been requested, but other comorbid or related mental disorders are in addition to, or alternatively, diagnosed, it is necessary for you to provide a medical nexus for any of these other mental disorders. This is the one instance where you should provide an opinion even though one has not been specifically requested. The reason for the exception is that, as held by the courts, a Veteran or Servicemember generally is not competent to diagnose her or his own mental disorder, but rather is only competent to identify and explain the symptoms that she or he observes and experiences. Accordingly, although a claimant may identify a particular mental disorder, such as depression, on his or her claim application, the scope of the claim cannot be limited by VA only to the condition stated, but rather must be considered a claim for any mental disorder that may reasonably be encompassed by several factors, including

- the Veteran's *description* of the claim,
- the *symptoms* the Veteran describes, and
- the information the Veteran submits or that VA obtains in support of the claim.

As stated by the courts, it is the domain of medical professionals to diagnose or label a mental condition; a claimant cannot do so. In cases where an initial Mental Disorders examination is requested for a specific disability and the examiner diagnoses another mental disorder(s) rather than the named disability, the examiner must address the nexus to service for these conditions or the examination report is inadequate.

Medical Opinions

If a formal Medical Opinion has been requested by the VARO, you will usually be asked to use a Medical Opinion DBQ in addition to the Mental Disorders DBQ. Medical Opinions are a complex and critical disability topic; a very general and high-level discussion follows.

Because VA adjudicators cannot exercise independent medical judgment in deciding an appeal, a medical opinion needs to include a supporting rationale. A mere conclusion by a clinician does not provide a sufficient basis to make an informed decision as to what weight to assign to an opinion. Indeed, most of the probative value of a medical opinion comes from its reasoning, and not just the data and conclusions. Similarly, the review of the claims file by you, the examiner, alone, does not automatically render your opinion competent or persuasive. Consequently, a medical opinion must include sound reasoning to be entitled to any weight in deciding a medical issue.

It is equally important for examiners to remember that a conclusion that a diagnosis or nexus opinion cannot be provided "without resort to speculation" is a medical conclusion just as much as a firm diagnosis or a conclusive opinion and, therefore, must be supported by evidence and a reasoned analysis. To be adequate, a statement that the examiner cannot provide an opinion because to do so would be speculative must include an explanation that supports the basis for this opinion such as science does not presently know the answer to this question, or important medical facts are presently missing that prevent the ability to provide the opinion.

Important!

The inability to provide an opinion without resorting to speculation should only be done in very limited circumstances. Remember that the disability examination and opinion process is critical for VA to be able to fairly, quickly, and accurately decide claims for Veterans' benefits. Also, it can mean the difference between VA satisfying its duty to assist legal obligations and not satisfying those obligations in helping Veterans or Servicemembers develop the evidence needed to support their claims for benefits.

Lesson Summary

In this lesson you learned the criteria for an initial Mental Disorders disability examination report that include substantiation for each diagnosis and interpretation of any test results included in the report. This lesson also discussed the context and requirements for any formal Medical Opinion requested of you and your judgment of the Veteran's or Servicemember's capacity to handle VA benefits in his or her best interests.

You have finished this required course for basic certification as a disability examiner for an initial Mental Disorders disability examination.

Resources

Public-facing Websites

VBA website: www.vba.va.gov/VBA/

Suicide Prevention Resources for Providers page: http://www.mentalhealth.va.gov/suicide_prevention/

Suicide Risk Assessment Reference Guide:

http://www.mentalhealth.va.gov/docs/Suicide_Risk_Assessment_Reference_Guide.pdf

Suicide Risk Assessment Reference Guide (Pocket Card):

<http://www.mentalhealth.va.gov/docs/VASafetyPlanColor.pdf>

Public website for DBQs: http://benefits.va.gov/COMPENSATION/dbq_ListByDBQFormName.asp

Documents

Sample Examination Request Form

Sample Request for Examination

Name: JONES, AMANDA SUE
SSN: [put SSN here]
C-Number: 37 444 333
DOB: April 1, 1968
Address: 530 KEWANNA DR
City, State, Zip+4: TOPEKA, KS 66622
Country: UNITED STATES
Res Phone: (785) 555-7811
Bus Phone: (785) 555-8321
Entered active service: MAR 17, 2004
Released from active service: MAR 16, 2007

>>>Future C&P Appointments<<<

No future C&P appointments found.

Requested exams currently on file:
PSYCH MENTAL DISORDERS DBQ
Requested on APR 22, 2013@ 09:57:19 by WICHITA-RO -Open

This request was initiated on APR 22, 2013@ 09:57:19
Requester: WILSON, FLORENCE E.
Requesting Regional Office: WICHITA-RO
VHA Division Processing Request: TOPEKA, KS VAMC

Exams on this request:
PSYCH MENTAL DISORDERS DBQ

** Status of this request:
ORIGINAL_____

No rated disabilities on file
Other Disabilities:

General Remarks:
CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

This is an OEF-OIF Veteran. Please expedite.
Disabilities claimed:
depression

MILITARY SERVICE: Army 3/17/2004 to 3/16/2007

PERTINENT SERVICE TREATMENT RECORDS: Was provided an anti-depressant prescription while deployed.

PERTINENT VA RECORDS: OPTs show treatment for major depressive disorder.

PRIVATE TREATMENT RECORDS: None.

Please examine in accordance with the Diagnostic and Statistical Manual of Mental Disorders, DSM, complete the Mental Disorder DBQ. Please provide mental disorder diagnoses and also comment on competency.

In addition, please conduct whatever additional testing is necessary based on your examination.

If depression is found along with other mental disorders, the severity of each psychiatric condition should be EVALUATED SEPARATELY to the greatest extent possible, and any relationship of causality or aggravation among the disorders should be disclosed.

Thank you for your time and consideration.

POA: None

(For medical facilities) We have the same address for this veteran as you.

If you have any questions, please contact Jason Irvine, RVSR, at 316-555-5297.

Glossary

A

Aggravation

A pre-existing injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

B

Board of Veterans' Appeals (BVA)

Members of the Board review benefit claims determinations made by local VA offices and issue decisions on appeals. These veterans law Judges are attorneys experienced in veterans law and in reviewing benefit claims, and they are the only ones who can issue Board decisions. Staff attorneys, also trained in veterans law, review the facts of each appeal, and assist the Board members.

C

Claims File (C-file) or e-folder

The folder that contains the Veteran's, Servicemember's, or claimant's service treatment records, claim correspondence, evidence including medical records, and documentation of all benefit awards. The C-file is confidential and the Veteran may not have access to the C-file without the presence of an authorized VBA representative. C-files should not be given to Veterans to carry from one clinic to another or from the Medical Center to the Veterans Service Center.

D

Disability Benefits Questionnaire (DBQ)

The DBQ is a form designed to provide pertinent and easily accessible medical information to document the disability examination. DBQs are concise, straightforward documentation tools tailored to the VA Schedule for Rating Disabilities (Rating Schedule). DBQs streamline the disability examination documentation process.

Disability Examination

A disability examination has the purpose of providing diagnostic and other clinical evidence concerning the severity of a disability needed by VBA to determine entitlement to benefits for the party you examine.

E

Examination Request (VA Form 2507)

An electronic request for a disability examination is initiated by the VA Regional Office. Examinations are requested after the Veteran has made a substantially complete application for disability benefits. The examination request should be reviewed in detail by the disability examiner prior to conducting the requested examination. Also known as a Request for Examination.

I

Integrated Disability Evaluation System (IDES)

IDES is a joint VA/DoD program to help DoD determine whether wounded, ill, or injured Servicemembers are able to continue to serve. IDES quickly returns to duty those who are determined fit for duty. For those who are not, the IDES process determines the disability ratings they will receive from DoD and VA.

M

Medical Nexus

The term "medical nexus" for VA disability compensation purposes refers to evidence that establishes a link or connection between a current condition and a relevant event, injury or disease that was incurred during service or, if such condition preexisted service, evidence which shows that the preexisting condition was aggravated beyond its normal course during service. While a medical opinion is one way of providing "medical nexus" evidence, such evidence may, in appropriate circumstances, also be provided by medical treatment records, medical treatises, or lay evidence (Veteran's statements, buddy statements, etc.).

O

Other Documentation Protocol

A documentation protocol is used to gather information for adjudication purposes. There will be occasions when the DBQ is not requested on the Examination Request (2507) and another documentation protocol such as a worksheet is used.

S

Schedule for Rating Disabilities (Part 4 of title 38 of the Code of Federal Regulations (CFR))

VA's Schedule for Rating Disabilities (rating schedule) is a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The ratings represent the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition.

V

Veterans Benefits Administration (VBA)

VBA is the administration responsible for a wide variety of VA benefit programs authorized by Congress, including disability compensation, disability pension, burial assistance, rehabilitation assistance, education and training assistance, home loan guarantees, and life insurance coverage.

Veterans Benefits Management System (VBMS) (VBA Transformation initiative)

The VBMS is a web-based, paperless claims processing solution that will assist VA in eliminating the claims backlog and enable fast, accurate and integrated claims processing.

Veterans Health Administration (VHA)

Veterans Health Administration governs the medical treatment facilities within the Department of Veterans Affairs.

Virtual VA (VVA)

Virtual VA is an electronic centralized repository of documents that can be viewed by clinicians and claim examiners in support of Veterans' claims, including medical evidence (excluding X-rays), agency forms, correspondence, and supporting documentation.