DMA Initial Post Traumatic Stress Disorder (PTSD) Examination

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Note:
This document has been created as a print version of the VA EES web-based *DMA Initial PTSD Examination* course. For digital accessibility by users of assistive technology, the document has a dynamic table of contents, and electronic form fields and buttons have been provided in the DBQs, knowledge checks and exercises. Public-facing URLs may be hyperlinked too. However, no other interactivity exists in this document, even when referenced in the text.

Introduction

Welcome

Purpose

This Web-based training course provides an overview of the Initial Posttraumatic Stress Disorder (PTSD) disability examination. It provides updated information on how to prepare for, conduct, and properly document a thorough and legally defensible Initial PTSD 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 Initial PTSD examinations. Completion of this course also counts for certification of 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 Initial PTSD 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. Your knowledge will be checked periodically using quizzes and a case study designed to help you apply information you have just learned.

Disability 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 lessons in this course. You can access the Glossary in the course Resources at any time by selecting Resources from the main navigation bar.

Course Objectives

The terminal learning objective for this course is as follows:

Given an Examination Request (VA Form 2507), a 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 PTSD 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 seven enabling learning objectives. When you complete this course, you should be able to:

1. Recall the purpose and importance of an Initial PTSD disability examination.
2. Describe the qualifications required for conducting an Initial PTSD disability examination.
3. Describe best practices for activities performed prior to conducting an Initial PTSD disability examination.
4. Describe best practices for opening, conducting, and closing an Initial PTSD disability examination.
5. Identify best practices for guiding the Veteran or Servicemember through the examination.
6. Describe the PTSD diagnostic criteria found in DSM-5
7. Identify best practices for using a DBQ or other documentation protocol to document an Initial PTSD disability examination.

Important

Other documentation protocol refers to alternate forms used to document and report an Initial PTSD 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 Mr. Johnson. Mr. Johnson is a 30-year old Army Veteran who was deployed to Iraq in 2002 and in 2004. He recently filed a compensation claim with VBA for PTSD. Following best practices, you'll have an opportunity to review an Examination Request (2507) for Mr. Johnson and the required documentation protocol, a DBQ, prior to Mr. Johnson's examination, as though you were his examiner. There will also be opportunities to view brief transcripts that highlight parts of an Initial PTSD disability examination conducted with Mr. Johnson.

> **Note**
> The Veteran in this course is fictional and is not intended to resemble any Veterans or Servicemembers or their actual situations.

Initial PTSD Examination

Learning Objectives

Your role as a disability examiner is to provide consistent, high-quality Posttraumatic Stress Disorder (PTSD) 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 PTSD, 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 PTSD disability examination.
- Describe the qualifications required for conducting an Initial PTSD disability examination.

Purpose of the Initial PTSD Examination

An Initial PTSD 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. The initial disability examination for PTSD includes the following major areas of focus:

1. Determine whether or not a diagnosis of PTSD is warranted according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM).
2. Determine whether or not PTSD can be related to an in-service stressor or if it might be accounted for better by a non-service-related stressor.
3. Determine whether or not preexisting PTSD symptoms were exacerbated by service.
4. Assess for the degree to which PTSD impairs functioning.

Although the determination of whether to grant service connection for PTSD is made by the VA Regional Office or, on appeal, by BVA, the Initial PTSD disability examination provides important medical information that is used by VBA or BVA to fairly and correctly decide these claims.

The initial examination for PTSD must provide a complete review of a Veteran's or Servicemember's psychiatric symptoms and the traumatic situations that have been experienced to provide a well-supported diagnosis of PTSD. Benefits may be denied if the examination's findings do not support a diagnosis of PTSD. 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.

Assessment of PTSD for disability purposes should establish the presence or absence of a diagnosis of PTSD and establish a relationship between exposure to service-related stressors and current PTSD. Thorough assessment of PTSD requires inquiry into the presence or absence of all symptoms of the disorder, together with associated features articulated in the most current edition of the DSM for Mental Disorders. Assessment of PTSD will be enhanced by using a structured diagnostic interview. One such assessment tool, the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), has a number of advantages. For more information on the CAPS, see the following site: http://vaww.ptsd.va.gov/Assessment.asp.

Qualifications for Conducting Initial PTSD Examinations

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

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 doctoral-level psychologists working toward licensure under supervision by a board-certified, or board-eligible, psychiatrist or a licensed doctoral-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 PTSD disability examination, the importance of disability examination findings to the Veteran or Servicemember, and who is qualified to perform an Initial PTSD disability examination.

In the next lesson, you will learn about preparations for an Initial PTSD disability examination.

Before the Examination

Learning Objectives

The time allocated for a disability examination allows 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 Mr. Johnson's Examination Request (2507) and the Initial Posttraumatic Stress Disorder (PTSD) Disability Benefits Questionnaire (DBQ) for the course. When you complete this lesson, you should be able to describe best practices for activities performed prior to conducting an Initial PTSD disability examination.

Review the Examination Request Form (2507)

You play a role in the C&P 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 (2507) for a disability examination is initiated by the Regional Office (RO) and sent to the Veterans Health Administration (VHA) C&P clinic or to the equivalent Integrated Disability Evaluation System (IDES) clinic. For contractors, the request will come through 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 PTSD; 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 Initial PTSD DBQ may be listed in Capri under DBQ PSYCH PTSD INITIAL, which differs from the name on the Examination Request. Make sure you complete the latest, correct DBQ.

See below for the Examination Request Form (2507) for Mr. Johnson, the Veteran case study for this course.

> **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 any requirements or information in an Examination Request, you should call the VA Regional Office for clarification before beginning the examination, if possible, to avoid having the resulting exam report returned for further information.

PTSD Sample Examination Request (2507) for Fictitious Case Study

Name: JOHNSON, CHARLES ALBERT
SSN: [put SSN here]
C-Number: 39 666 777
DOB: JANUARY 13, 1981
Address: 1316 FREEMONT LANE
City, State, Zip+4: CINCINNATI, OH 45220
Country: UNITED STATES
Res Phone: (740) 555-2345
Bus Phone: (740) 555-3456
Entered active service: JUN 15, 2001
Released from active service: JAN 21, 2005

>>>Future C&P Appointments<<<

No future C&P appointments found.

Requested exams currently on file:
PSYCH PTSD INITIAL DBQ
Requested on JAN 12, 2013@ 08:47:13 by CLEVELAND-RO –Open

This request was initiated on JAN 12, 2013 at 08:47:3
Requester: DOE, ADELE A.
Requesting Regional Office: CLEVELAND-RO
VHA Division Processing Request: CINCINNATI, OH VAMC

Exams on this request:
PSYCH PTSD INITIAL DBQ

**Status of this request:
New

Other Disabilities:

5260	Limitation of motion of the left leg	20%
5260	Limitation of motion of the right leg	20%
6100	Hearing impairment, bilateral	10%
6260	Tinnitus	10%
	Combined Evaluation	50%

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

This is an OEF-OIF Veteran. Please expedite.

Disabilities claimed:

1. Posttraumatic stress disorder

MILITARY SERVICE: Army 6/15/2001 to 1/21/2005

PERTINENT SERVICE TREATMENT RECORDS: No evidence of a mental disorder.

PERTINENT VA RECORDS: None found

PRIVATE TREATMENT RECORDS: None of record.

The veteran is claiming service connection for Posttraumatic Stress Disorder (PTSD). We have conceded the in-service stressor of combat per the Training Letter 10-05 dated July 16, 2010.

Please examine in accordance with the Diagnostic and Statistical Manual of Mental Disorders, DSM, complete the PTSD INITIAL DBQ, and describe his current level of functional impairment. Please provide mental disorder diagnoses and also comment on competency. If there is a post service stressor, please identify and address its impact.

The examiner should specify the diagnosis for the psychiatric condition using the DSM. In addition, the examiner should conduct whatever additional testing is necessary to document diagnostic impressions, functional impairment, competency, and service-related and post-service-related stressor exposure and impact.

If PTSD 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: Disabled American Veterans
(For medical facilities) We have the same address for this Veteran as you.
If you have any questions, please contact Sam Myers, RVSR, at 216-555-6789.

Examination Priorities

As mentioned previously, you will find the priority of examination request listed on the Examination Request (2507). For your information, in addition to the Initial PTSD disability examination to establish original service connection there are two other priorities for a PTSD 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 service connected condition(s) on the DBQ or other documentation protocol 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	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. NOTE: For certain disabilities that are not static, VA is required to periodically re-evaluate their disabling effects on the Veteran. Please refer to the following links for information on protection of service connection and evaluation: 38 USC 1159 38 CFR 3.957 30 CFR 3.951	Record a detailed history of the service connected 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). 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 Records

For all Initial PTSD disability evaluations, you are instructed to review the Veteran's claims file (C–file) or e-folder and any other available medical records provided to you prior to conducting the examination. For an Integrated Disability Examination System (IDES) examination, 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 Veteran's or Servicemember's claim before the examination. Particularly, the C–file or e-folder contains private and sensitive information and may be useful to answer these questions:

- How long has the claim been in process?
- Has there been 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 documentation of any diagnoses from other examiners?

You may find that the Veterans Benefits Administration (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., VBMS, Virtual VA). 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 Initial PTSD 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 an Initial PTSD 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 clinical perspective but an insufficient examination report from an adjudication perspective. The DBQ or other documentation protocol is in place to help ensure that the results of the examination are fully captured for consideration by the VBA adjudicative staff. Remember, adjudicative staff decides claims based on the review of the DBQ or other documentation protocol and all other evidence of record.

> **Important!**
> The DBQ included here is the most current version as of the release of this course. You should access and use the most up-to-date version of the DBQ or other documentation protocol required on an Examination Request (2507).

Disability Benefits Questionnaire
Initial Posttraumatic Stress Disorder (PTSD)

Note: This document has been formatted for accessibility purposes according to Section 508 of the Americans with Disabilities Act.

Name of Patient/Veteran: SS number:

This form is for use only by VHA, DoD, and VBA staff and contract psychiatrists or psychologists who have been certified to perform Initial PTSD Evaluations. **VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes. <u>This evaluation should be based on DSM5 diagnostic criteria.</u>**

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line at 1-800-273-TALK(8255). Stay on the Crisis Line until help can link the Veteran to emergency care.

Mental Health professionals with the following credentials are qualified to perform initial C&P examinations for mental disorders. They are: Board Certified psychiatrist; psychiatrists who have successfully completed an accredited psychiatry residency and who are appropriately credentialed and privileged; licensed doctoral-level psychologist; non-licensed doctoral level psychologists working toward licensure under close supervision by a board certified, or board eligible psychiatrist or a licensed doctoral level psychologist; psychiatry residents under close supervision by a board certified, or board eligible psychiatrist or a licensed doctoral level psychologist ; psychology interns or residents under close supervision by a board certified, or board eligible psychiatrist or a licensed doctoral level psychologist .

NOTE: *Close supervision means that the supervising psychiatrist or psychologist met with the Veteran and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist co-signs the examination report.*

SECTION I:

1. **Diagnostic Summary**

This section should be completed based on the current examination and clinical findings.

Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria based on today's evaluation?

☐ Yes ☐ No

If no diagnosis of PTSD, check all that apply:

☐ Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-5 criteria
☐ Veteran does not have a mental disorder that conforms with DSM-5 criteria
☐ Veteran has another Mental Disorder diagnosis. Continue to complete this Questionnaire and/or the Eating Disorder Questionnaire:

____

2. **Current Diagnoses**

a. Mental Disorder Diagnosis #1:
Comments, if any:______________________________

Mental Disorder Diagnosis #2:
Comments, if any:

Mental Disorder Diagnosis #3:
Comments, if any:

Mental Disorder Diagnosis #4:
Comments, if any:

If additional diagnoses, describe (using above format):

b. Medical diagnoses relevant to the understanding or management of the Mental Health Disorder (to include TBI):

Comments, if any:

3. Differentiation of symptoms

a. Does the Veteran have more than one Mental disorder diagnosed?

☐ Yes ☐ No

If yes, complete the following question (3b):

b. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

☐ Yes ☐ No ☐ Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis:

If yes, list which symptoms are attributable to each diagnosis:

c. Does the Veteran have a diagnosed traumatic brain injury (TBI)?

☐ Yes ☐ No ☐ Not shown in records reviewed Comments, if any

If yes, complete the following question (3d):

d. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

☐ Yes ☐ No ☐ Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis:

If yes, list which symptoms are attributable to each diagnosis:

4. Occupational and social impairment

a. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses?

(Check only one)

- ☐ No mental disorder diagnosis
- ☐ A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication
- ☐ Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by medication
- ☐ Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although generally functioning satisfactorily, with normal routine behavior, self-care and conversation
- ☐ Occupational and social impairment with reduced reliability and productivity
- ☐ Occupational and social impairment with deficiencies in most areas, such as work, school, family relations, judgment, thinking and/or mood
- ☐ Total occupational and social impairment

b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?

☐ Yes ☐ No ☐ No other mental disorder has been diagnosed

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis:

If yes, list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis:

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBI?

☐ Yes ☐ No ☐ No diagnosis of TBI

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis:

If yes, list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis:

SECTION II:

Clinical Findings:

1. Evidence review
In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

Medical record review
a. Was the Veteran's VA claims file reviewed?

☐ Yes ☐ No

Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed?

☐ Yes ☐ No

If yes, list any records that were reviewed but were not included in the

Veteran's VA claims file:

If no, check all records reviewed:

☐ Military service treatment records

☐ Military service personnel records

☐ Military enlistment examination

☐ Military separation examination

☐ Military post-deployment questionnaire

☐ Department of Defense Form 214 Separation Documents

☐ Veterans Health Administration medical records (VA treatment records)

☐ Civilian medical records

☐ Interviews with collateral witnesses (family and others who have known the veteran before and after military service)

☐ No records were reviewed

☐ Other:

b. Was pertinent information from collateral sources reviewed?

☐ Yes ☐ No

If yes, describe:

2. History

a. Relevant Social/Marital/Family history (pre-military, military, and post-military):

b. Relevant Occupational and Educational history (pre-military, military, and post-military):

c. Relevant Mental Health history, to include prescribed medications and family mental health (pre-military, military, and post-military:

d. Relevant Legal and Behavioral history (pre-military, military, and post-military):

e. Relevant Substance abuse history (pre-military, military, and post-military):

f. Other, if any:

3. Stressors

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE: For VA purposes, "fear of hostile military or terrorist activity" means that a veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

Describe one or more specific stressor event (s) the Veteran considers traumatic(may be pre-military, military, or post-military):

a. Stressor #1:
Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
☐ Yes ☐ No
Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
☐ Yes ☐ No
If no, explain:
Is the stressor related to personal assault, e.g. military sexual trauma?
☐Yes ☐ no
If yes, please describe the markers that may substantiate the stressor

b. Stressor #2:
Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
☐ Yes ☐ No
Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
☐ Yes ☐ No
If no, explain:
Is the stressor related to personal assault, e.g. military sexual trauma?
☐ Yes ☐ No
If yes, please describe the markers that may substantiate the stressor

c. Stressor #3:
Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
☐ Yes ☐ No
Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
☐ Yes ☐ No
If no, explain:
Is the stressor related to personal assault, e.g. military sexual trauma?
☐ Yes ☐ No
If yes, please describe the markers that may substantiate the stressor

d. Additional stressors: If additional stressors describe (list using the above sequential format):

4. PTSD Diagnostic Criteria

Please check criteria used for establishing the current PTSD diagnosis. Do **NOT** mark symptoms below that are clearly not attributable to the criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6 - other symptoms. The diagnostic criteria for

PTSD, referred to as Criteria A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

Criterion A:

Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

☐ Directly experiencing the traumatic event(s)

☐ Witnessing, in person, the traumatic event(s) as they occurred to others

☐ Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related

Criterion B:
Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

- ☐ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ☐ Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
- ☐ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☐ Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Criterion C:
Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

- ☐ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☐ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Criterion D:
Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☐ Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
- ☐ Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,: “No one can be trusted,: “The world is completely dangerous,: “My whole nervous system is permanently ruined”).
- ☐ Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
- ☐ Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- ☐ Markedly diminished interest or participation in significant activities.
- ☐ Feelings of detachment or estrangement from others.
- ☐ Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)

Criterion E:

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☐ Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- ☐ Reckless or self-destructive behavior.
- ☐ Hypervigilance
- ☐ Exaggerated startle response.
- ☐ Problems with concentration.
- ☐ Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F:

- ☐ Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

Criterion G:

- ☐ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H:

- ☐ The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

5. Symptoms

For VA rating purposes, check all symptoms that actively apply to the Veterans diagnoses.

- ☐ Depressed mood
- ☐ Anxiety
- ☐ Suspiciousness
- ☐ Panic attacks that occur weekly or less often
- ☐ Panic attacks more than once a week
- ☐ Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- ☐ Chronic sleep impairment
- ☐ Mild memory loss, such as forgetting names, directions or recent events
- ☐ Impairment of short- and long-term memory, for example, retention of only highly learned material, while forgetting to complete tasks
- ☐ Memory loss for names of close relatives, own occupation, or own name
- ☐ Flattened affect
- ☐ Circumstantial, circumlocutory or stereotyped speech
- ☐ Speech intermittently illogical, obscure, or irrelevant
- ☐ Difficulty in understanding complex commands
- ☐ Impaired judgment
- ☐ Impaired abstract thinking
- ☐ Gross impairment in thought processes or communication
- ☐ Disturbances of motivation and mood
- ☐ Difficulty in establishing and maintaining effective work and social relationships
- ☐ Difficulty in adapting to stressful circumstances, including work or a work like setting
- ☐ Inability to establish and maintain effective relationships
- ☐ Suicidal ideation
- ☐ Obsessional rituals which interfere with routine activities
- ☐ Impaired impulse control, such as unprovoked irritability with periods of violence
- ☐ Spatial disorientation
- ☐ Persistent delusions or hallucinations
- ☐ Grossly inappropriate behavior
- ☐ Persistent danger of hurting self or others
- ☐ Neglect of personal appearance and hygiene
- ☐ Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
- ☐ Disorientation to time or place

Behavioral Observations: ____

6. Other symptoms

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?

☐ Yes ☐ No

If yes, describe:

7. Competency

Is the Veteran capable of managing his or her financial affairs?

☐ Yes ☐ No

If no, explain:

8. **Remarks.(including any testing results) if any:**

Psychiatrist/Psychologist signature & title: Date:

Psychiatrist/Psychologist printed name: Phone:

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

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 Initial, Increase or Review PTSD disability examinations (as well as 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 PTSD disability exams. 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 examination 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 assure that sites have appropriate operational equipment and to facilitate the telemental health examination. Coordination with VBA is necessary to arrange procedures for Veteran or Servicemember selection and to assure that Veterans or Servicemembers are provided with information 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 PTSD disability examination, including reviewing the Examination Request (2507) 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 PTSD disability examination and for guiding the Veteran or Servicemember through the examination.

Conduct the Examination

Learning Objectives

A 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 achieve these objectives:

- Describe best practices for opening, conducting, and closing an Initial Posttraumatic Stress Disorder (PTSD) 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 require the same information as the DBQ.

Greet the Veteran or Servicemember and Explain the Process

Generally, the first time you meet the Veteran or Servicemember in the disability process is the **only** time that you will meet him or her. It is important to clarify the process and quickly establish rapport with the Veteran or Servicemember. Acknowledge that you are not replacing a therapist that the Veteran or Servicemember 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 and problems.

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

> **Important!**
> For PTSD disability examinations, it is critical before proceeding to determine if the Veteran or Servicemember is able to adequately comprehend the purpose, nature, and scope of the evaluation, especially if the person has been diagnosed with a neurocognitive disorder, including traumatic brain injury (TBI). As the examiner, you should be alert to any cognitive impairment or deficits in comprehension and document such in your examination report. Ensure that you evaluate the Veteran's or Servicemember's ability to comprehend the examination procedures before you continue. Contact the Regional Office or your supervisor if you have concerns about the person's ability to understand the examination.

Introduction Considerations

Accurate diagnosis requires extended discussion of traumatic experiences and some Veterans or Servicemembers may have strong negative reactions during your review of their trauma history and other stressors. Sensitivity, tact, and ongoing assessment of the level of distress throughout the examination are required.

Because of the potential discomfort associated with disclosing the details of the traumatic stressor to a complete stranger, some Veterans or Servicemembers may find it difficult to be forthcoming with you. In order to obtain the best information during the examination, you should avoid an authoritarian role, avoid judgmental questions or comments, and do your best to establish rapport. One best practice to build rapport may be through an initial focus on current life experiences or other discussion which encourages comfort in the interview.

Introduction Considerations

There may be other individual and cultural factors that might affect a Veteran's or Servicemember's level of openness during the examination. One sometimes overlooked, but important, factor that may affect the quantity and quality of information obtained during the examination is the examiner’s familiarity with military terminology and culture. You should have at least a basic understanding of military occupational specialties and their roles (e.g., combat, combat support, administrative) as well as some knowledge of military terms, official and slang, and customs. In the event that you are unfamiliar with some terminology, deployment location or other information provided, you should ask as many questions as possible to make sure that you have a full understanding of the information that the Veteran or Servicemember is providing. This will also help you establish and/or maintain rapport.

Although the interview is meant to be an objective examination, please ensure that you as the examiner, conduct the examination in a manner that is both culturally competent and gives the Veteran all due courtesy and consideration.

Select play to watch the examiner greet the Veteran and explain the process.

[Review Records and Greet the Veteran]

[The examiner reviews the C-File]

[The examiner's office. The examiner and Veteran are seated.]

Examiner: Hi Mr. Johnson, I'm Dr. Pollack, and I'm a psychologist here at the VA and I'm going to be meeting with you today. Do you know why you're here today?

Veteran: I'm here for a "PSTD," right?

Examiner: That's right, you are here for PTSD and you're here for a Posttraumatic Stress Disorder compensation and pension evaluation, not for a treatment.

Veteran: And, what's the difference?

Examiner: So for a compensation and pension evaluation, this is the only time that you and I are going to be meeting together. If you were here for a treatment evaluation or treatment, we'd be meeting together multiple times. So this is going to be the only time today that you and I meet.

Veteran: Okay.

Examiner: Let me tell you a little bit about how this is going to work today. I'm just going to be asking you a whole lot of questions. We're going to be together for about 2 hours.

[Vet sighs; looks tired.]

Examiner: I can tell you think that's probably a long time, but there's a lot of information that I need from you. I'm going to be asking you a whole lot of questions, questions about your childhood, about your military experiences, about what led you to file a claim for PTSD, okay?

Veteran: Okay.

Examiner: You'll see today that I'm going to be taking notes as well as typing some information on my computer to make sure that I capture everything that you tell me and that it can go into the report that goes to the Veterans Benefits Administration where they make decisions about claims.

Veteran: Okay, so I'm here for an evaluation and not treatment, right?

Examiner: That's correct. I did look through your records before and it looks like you're 50% service-connected for some physical disabilities. Is that correct?

Veteran: That's correct

Examiner: And you're not getting care at the VA. Is that correct?

Veteran: Right, I don't get care at the VA, but I'm looking into doing that, so if can let me know what I need to do I can get it done

Examiner: Sure, when we finish up here today, I will make sure to get you over to eligibility where they can get you enrolled. You are eligible for VHA care as you are currently 50% service-connected. So I'll make sure we get you that before you leave today. Okay?

Veteran: Alright.

Examiner: Any questions before we get started?

Veteran: No, no.

Examiner: Okay, so let's get started, okay?

Veteran: Alright, thank you.

Obtain Pertinent History

After you review the Veteran's or Servicemember's records and provide the Veteran or Servicemember with an orientation to the examination, begin to collect information from the Veteran or Servicemember about his or her pre-military, military, and post-military history.

This historical information will enable you, the examiner, to make a judgment about how the person may have been affected by his or her PTSD symptoms or other mental disorder symptoms. A complete disability evaluation would seek information not only about when and where an individual served, but would also ask for more pertinent details about military service. Not only must you assess a Veteran's or Servicemember's military history, but you also must assess his or her pre-military and post-military history.

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

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

In the transcript on this page, the examiner will ask Mr. Johnson questions to gather pertinent history, including information about military history. This transcription provides an example of the types of questions that may be asked during an Initial PTSD disability examination. An examiner conducting an actual PTSD disability examination would ask many more questions than what you will read below.

[Obtain Pertinent History]

Examiner: So Mr. Johnson, I'm going to be asking you some questions about your military experiences, okay. From reviewing your records, it looks like you were in the Army from 2001 to 2005. Is that correct?

Veteran: Yeah, and I was deployed in 2002 and then again in 2004.

Examiner: Okay, 2002 and 2004. And, where were you deployed to?

Veteran: I was primarily in Baghdad, but I moved around quite a bit.

Examiner: Okay so you moved around a bit. What was your MOS?

Veteran: Infantry.

Examiner: Infantry. And when you were in the military, did you ever have any disciplinary actions?

Veteran: Yeah, actually I received an Article 15 when I went back to Fort Lewis. Waiting for the discharge, I didn't want to put up with the bullshit so, you know.

Examiner: Okay, we may talk about that a little bit later, okay. What was your highest rank?

Veteran: E-3.

Examiner: And what was your final rank?

Veteran: E-3.

Examiner: And what type of discharge did you have?

Veteran: Honorable discharge.

Examiner: Okay.

PTSD-DSM 5

In the DSM-5, in order to be diagnosed with PTSD, an individual must have been exposed to actual or threatened death, serious injury or sexual violence (Criterion A). This exposure may be from either directly witnessing the traumatic event, witnessing the event as it occurred to others, learning that the traumatic event occurred to a close family member or friend, or experiencing repeated or extreme exposure to aversive details of the traumatic event. The person does not need to experience feelings of fear, helplessness, or horror during the traumatic experience to be diagnosed with PTSD.

The 20 symptoms of PTSD are organized under four symptom clusters (i.e., the B, C, D, and E symptom clusters).

- Cluster, or Criterion, B is referred to as the “intrusion” cluster, to underscore the emphasis on intrusive versus ruminative processes.
- Cluster, or Criterion C, termed “persistent avoidance of stimuli associated with the traumatic event(s)” is comprised of two effortful avoidance symptoms that are associated with the traumatic event.
- Cluster, or Criterion D, titled “Negative alterations in cognitions and mood,” lists seven symptoms, including two symptoms that are intended to reflect the persistent negative appraisals and pervasive negative moods associated with the syndrome. An example of a symptom found in this cluster is: “persistent and exaggerated negative expectations about one’s self, others, or the world.”
- Criterion E is titled “Alterations in arousal and reactivity that are associated with the traumatic event(s)” and includes a “reckless or self-destructive behavior” symptom as well as an irritability/anger symptom that places an emphasis on irritable or aggressive behavior.

In DSM-5, to meet criteria for a PTSD diagnosis, the individual must meet Criterion A, have at least one symptom from Criterion B, at least one symptom from Criterion C, at least two symptoms from Criterion D and at least two symptoms from Criterion E.

PTSD Clinical Practical Guidelines

In order to assist with assessment of PTSD, examiners may want to refer to the VA/DoD PTSD Clinical Practice Guidelines (CPG) [http://www.healthquality.va.gov/post_traumatic_stress_disorder_ptsd.asp] which were published jointly in 2010 by the Departments of Veterans Affairs and Defense. The purpose of publishing these CPGs was to bring the evidence-based practice to VA and DoD clinicians who provide assessment and treatment to trauma survivors and those with PTSD. These guidelines recommend that individuals should receive a detailed assessment of their trauma histories and PTSD symptoms. Regarding the assessment of trauma exposure, examiners should carefully assess the nature of the event and the examinee's involvement in it. It is also important to obtain a complete history of exposure to traumatic event(s). Regarding the assessment of PTSD symptoms themselves, examiners should obtain information on their time of onset, frequency, course, severity, as well as associated distress and impairment. The CPGs also recommend using validated, self-report measures and diagnostic interviews to ensure systematic, standardized, and efficient review of the examinee’s trauma history and PTSD symptoms.

PTSD Stressors

Consistent with the VA/DoD CPGs for PTSD, the examiner will need to determine whether the Veteran was exposed to a traumatic event of sufficient magnitude to meet DSM-5 stressor criterion. In order to do so, it is recommended that you use all sources of information that are provided to you, complementing self-reported data with information from objective reports (e.g., military records). In terms of gathering information via the Veteran or Servicemember's self-report, a best practice is to use standardized self-report measures as well as record a description of the trauma in the Veteran or Servicemember's own words. Importantly, because disclosing some details of the trauma may be difficult and unpleasant for the examinee, you should keep in mind that the Veteran or Servicemember only needs to provide enough information to help you gain an understanding of what he or she experienced and whether or not it was related to their military service. The examinee does not need to provide explicit details of his or her experience that might otherwise be needed for a clinical evaluation or treatment session.

There are several different types of recognized stressor situations: combat, non-combat, and other specialized situations. Each type is discussed to help you understand the different legal rules that apply to PTSD claims, depending on the type of stressor involved.

Combat Stressors

If *the claimed stressor is related to combat*, then

- in the absence of clear and convincing evidence to the contrary;
- and provided that the claimed stressor is consistent with the circumstances, conditions, or hardships of the Veteran's or Servicemember's service;
- the Veteran's or Servicemember's lay testimony alone may establish the occurrence of the claimed in-service stressor.

Important!

"Lay testimony" or "lay evidence," is evidence from someone who does not have expertise in a relevant profession, such as medical or legal training, or other specialized training or expertise. Although Veterans and Servicemembers are qualified to report information concerning their symptomatology, they generally are not qualified to diagnosis the condition that is causing the symptomatology, unless he or she is a trained medical professional.

Service in a general combat area or combat zone is not sufficient for VBA to concede exposure to a combat related stressor. Rather, "engaging in combat with the enemy" means personal participation in events constituting an actual fight or encounter with a military foe or hostile unit or instrumentality. It includes presence during such events either as a combatant, or a Servicemember performing duty in support of combatants, such as providing medical care to the wounded. Many military decorations can be considered as evidence of exposure to combat-related stressors, including, for example, the Combat Infantry Badge (CIB), or the Purple Heart.

Non-Combat and Other Stressors

Non-combat Stressors

Non-combat stressors that can be associated with PTSD include accidents of all kinds and assaults of various sorts. When a Veteran or Servicemember submits a claim for PTSD that is based on a non-combat stressor, a Veteran's or Servicemember's lay testimony alone is not sufficient to establish the occurrence of the stressor and instead must be corroborated by credible supporting evidence. If there is any question as to what the asserted non-combat stressor or stressors are for a claim for service connection, the examiner should seek clarification from the Regional Office.

Important
Keep in mind that sometimes what is traumatic is not a single incident, but the cumulative impact of multiple experiences. In that regard, whether an identified stressor is sufficient to support a diagnosis of PTSD is a medical determination for the examiner to decide.

There are special legal rules that apply for Veterans and Servicemembers who are seeking service connection for PTSD based on an in-service diagnosis of PTSD and for PTSD claimed to be related to the Veteran's or Servicemember's experience as a former prisoner of war (POW). For both types of claims, a Veteran's or Servicemember's lay statement alone may be sufficient to establish the occurrence of the stressor.

The responsibility for determining whether or not a non-combat based stressor exists is generally the role of VA adjudicators, with two very important exceptions involving claims of either: a) fear of hostile military or terrorist activity, or b) in-service personal assault/sexual trauma. An after-the-fact disability examination may be utilized for these two types of claims to corroborate the occurrence of the in-service stressor.

Fear of hostile military or terrorist activity and military sexual trauma are discussed on the next few pages.

Stressors Related to Fear of Hostile Military or Terrorist Activity

With respect to PTSD claims based on a Veteran's or Servicemember's fear of hostile military or terrorist activity, a Veteran's or Servicemember's lay testimony alone generally is sufficient to establish the occurrence of the claimed in-service stressor, if all of these requirements are met:

- The claimed stressor is consistent with the places, types, and circumstances of the Veteran's or Servicemember's service.
- An examiner confirms that the claimed stressor is adequate to support a diagnosis of Posttraumatic Stress Disorder.
- The examiner confirms that the Veteran's or Servicemember's symptoms are related to the claimed stressor.

This standard does not have a geographic requirement in terms of where the Veteran or Servicemember served and is not limited to service in a combat zone, nor is it limited to a particular military occupational specialty (MOS). While the impetus for creating a special standard for PTSD claims based on a Veteran's or Servicemember's fear of hostile military or terrorist activity flows from the urban and guerilla warfare tactics experienced by Veterans and Servicemembers in Iraq and Afghanistan and the challenges that are posed in attempting to verify the occurrence of such events, the application of this standard is not limited only to Veterans and Servicemembers who served in those countries.

Important
The responsibility for determining whether or not a non-combat stressor exists is generally the role of VA adjudicators. However, the sufficiency of a stressor to support a diagnosis of PTSD is a determination that is made by the disability examiner.

Stressors Related to Military Sexual Trauma (MST) or Other Personal Assault

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 health diagnoses, with PTSD being the most frequent mental health diagnosis among Veteran users of VA healthcare services who screened positive for MST. As mentioned previously, similar to claims based on fear of hostile military or terrorist activity, an after-the-fact medical opinion can be used to corroborate the occurrence of a stressor for PTSD claims based on military sexual or personal trauma.

With respect to military personal assault/MST claims, for the most part the alleged stressor is non-combat related. Consequently, the Veteran's or Servicemember's lay testimony alone is not sufficient to support the occurrence of the claimed stressor, which must instead be corroborated by *credible supporting evidence*. Providing this type of supporting evidence, however, is oftentimes difficult for Veterans and Servicemembers because military personal assault/MST is an extremely personal and sensitive issue, with many incidents not officially reported in service records.

As a consequence, special rules have been established to allow evidence from sources other than service records to corroborate the occurrence of the traumatic event in cases of PTSD. Such indirect, or circumstantial, evidence for these types of claims is sometimes referred to as "markers." Some examples of this type of marker evidence are:

- military and civilian police reports;
- rape crisis center or center for domestic abuse reports;
- pregnancy tests or tests for sexually transmitted diseases;
- personal diaries or journals;
- statements from family members or roommates; or
- records from mental health counseling facilities or other medical reports.

These types of circumstantial marker evidence can be significant for purposes of showing *evidence of behavioral changes* that occurred at the time of or subsequent to the reported military personal assault/MST stressor incident. Examples of such *behavioral changes* include:

- a sudden request for transfer to another military duty assignment;
- deterioration in work performance and/or use of leave;
- substance abuse or changes in use of prescription or over-the-counter medications;
- episodes of depression, panic attacks, or anxiety;
- unexplained economic or social behavior changes, such as obsessive behavior or changes in eating habits; or
- breakup of a primary relationship.

Opinions Regarding Military Personal Assault/MST

For PTSD claims that include a claimed personal assault/MST stressor, an opinion from an appropriate mental health professional can be helpful to VBA or BVA in interpreting the marker and behavior changes by either corroborating the claimant's account or helping to place the evidence in its proper context. Accordingly, for PTSD military personal assault/MST claims, the Regional Office may submit any evidence it receives to an appropriate mental health professional for a medical opinion as to whether it is consistent with what would be expected following an undocumented account of sexual/personal assault.

> **Note**
> There is a difference between eligibility for MST counseling, care and services, and eligibility for compensation for disorders secondary to MST or other personal assault. Veterans do not need any documentation of their experiences of MST and service connection is not required to receive MST-related services in the Veterans Health Administration (VHA). These services are provided free of charge.
>
> **Important**
> Although the special regulations addressed above only apply in cases where PTSD is diagnosed as a result of a MST, please be aware that MST may be related to other mental health and physical diagnoses and that individuals who have experienced MST may file for benefits related to these diagnoses. However, as to date, the evidentiary standard regarding markers can only be applied in the context of a PTSD diagnosis.

PTSD Stressor Assessment

Examiner: So, Mr. Johnson, you filed a claim for PTSD and as part of that I'm going to need for you to share one or two of the traumatic experiences that you went through when you were deployed.

[Veteran sighs and looks uncomfortable.]

Veteran: Okay.

Examiner: I know it is often hard to talk about those things. So, for the purpose of this evaluation, I don't need you to tell me everything, just one or two of the more traumatic experiences you went through.

Veteran: I knew you would say that

Examiner: Yeah, I know it's often very hard to talk about those things and it may be difficult for you to share those things with me, especially given that this is the first time that you and I are meeting. So take your time and whenever you're ready to share. Again, I recognize that this will be hard for you.

Veteran: Okay.

[Vet looks troubled]

Veteran: Okay. You know there were sounds of mortars and explosions and talks of suicide bombers. A lot of times I felt like a lame duck. One time, I was leaving the mess hall with my buddy Joe. We were walking the base and I was teasing him about a letter that he had just gotten from his girlfriend. We were joking and playing and Joe . . . and Joe ran ahead pretending that he was pissed off at me. And, all of sudden I heard an explosion.

[He looks distraught.]

Veteran: It was about a 100 feet away from me. I felt the ground shake. It was like an earthquake. My first thought was Joe. So, I ran ahead. I ran ahead and I realized . . . I realized that Joe was hit and it was gruesome. There were body parts everywhere.

[Vet begins to cry.]

Veteran: Three people were killed that day and Joe, Joe . . . You know, if I hadn't . . . if I hadn't been teasing him, playing a joke. You know. It's my fault. It's my fault.

Examiner: Mr. Johnson, here's some tissues.

Examiner: I appreciate you sharing this. I can obviously tell there's a lot of distress as you talk about this. This was certainly very traumatic for you. I know when we started talking today you had asked me some questions about treatment, and do want to make sure that when we finish up this evaluation that I get you that information and make sure that you find out how you can get somebody to talk to about these experiences that you're having. Okay?

Veteran: Okay.

Examiner: Obviously I can tell you're in a lot of pain so if you want to take a few minutes and take a couple of deep breathes before we go on we can do so. I appreciate you sharing what you went through with me, though. One question for you: Do you remember what date this event occurred?

Veteran: June eighteenth. I can never forget that day.

Examiner: Okay, June eighteenth, and again, you can just take some time, take a couple of deep breaths before we move on. Okay?

Mental Status Examination

As part of the Initial PTSD disability examination, a Mental Status Examination (MSE) should be performed with the Veteran or Servicemember to include the following areas:

- 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

Differential Diagnosis–Distinguishing Symptoms

Many symptoms of PTSD, such as sleep problems, concentration difficulties, and anger and irritability may also be found in other mental disorders, and in mild traumatic brain injury (mTBI). So examiners must often make a differential diagnosis and determine if the Veteran's or Servicemember's history and symptom presentation are consistent with PTSD or another disorder.

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 regarding competency 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 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 medical 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.

World Health Organization (WHO) Disability Assessment Schedule II (WHODAS–II)

As part of your disability examination, you should assess for functional impairment.

The VA/DoD CPGs for PTSD recommend a thorough, comprehensive approach to assessing PTSD-related functional impairment and quality of life. Although the CPGs do not define what is meant by "thorough" and "comprehensive", you should take it to mean that your assessment should assess all relevant domains of functioning and quality of life for your examinees.

The DSM-5 mentions using the World Health Organization (WHO) Disability Assessment Schedule II (WHODAS–II) to assess functioning. The WHODAS–II was developed to assess disabilities 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.

The WHODAS–II has been used with individuals with PTSD and other stress-related disorders and research has shown it to be useful in these populations. 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-II is mentioned in DSM-5, there are a variety of other reliable and validated measures that can be used to assess functioning and quality of life. For instance, 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). A modified version of the SF-36 to be used with Veterans, the Veterans Rand 36 item Health Survey (VR-36; Kazis et al., 1998), is also available. 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.

Clinician-Administered PTSD Scale

The VA/DoD CPGs recommend using the Clinician-Administered PTSD Scale (CAPS) to diagnose PTSD. The CAPS is generally considered to be the “go to” structured diagnostic interview for PTSD. It is a 30-item interview that assesses trauma exposure as well as all of the other core parts of the DSM diagnosis for PTSD. It also assesses for other associated features, such as dissociation. The CAPS can be used to make either current, or lifetime, diagnosis, and can be used to assess PTSD for more than one trauma. It also provides information about PTSD symptom severity. The full interview takes between 30 and 45 minutes to complete.

The CAPS-5 reflects the revisions to the PTSD diagnostic criteria in DSM-5. The severity of each symptom is rated by the interviewer along a 5-point ordinal scale. The total score ranges from 0 to 80 to reflect symptom severity but the measure can also be used to provide a dichotomous diagnostic decision for PTSD. At the time of this writing, psychometrics and diagnostic cutoffs for the CAPS-5 are still being evaluated.

In the transcript on this page, the examiner administers a segment of the CAPS-5. Specifically, the examiner asks Mr. Johnson about his nightmares. The symptom severity for nightmares is scored on the CAPS-5. When you finish the transcipt, look below to view how the examiner scored the symptom severity on this assessment: scoring for Item 2 (nightmares) on the CAPS-5. [For item 2, Nightmares, the symptom severity was scored as a 3 = severe/markedly elevated as the Veteran reported that he had nightmares at least twice per week and that he experienced pronounced distress, more than one hour sleep loss.]

[CAPS Assessment: Item 2]

Examiner: So, Mr. Johnson, in the past month have you had any unpleasant dreams about your experiences?

Veteran: Yeah, actually I had one last night.

Examiner: Can you describe a typical dream for me?

Veteran: I dream about dead people sometimes, but I often time dream about my buddy Joe and what happened in Iraq. It is just like what happened.

Examiner: Okay. And when you have these dreams do they wake you up?

Veteran: Almost always.

Examiner: Almost always.

Veteran: Yeah, I wake up in a cold sweat. My sheets are like completely soaked. It's pretty bad.

Examiner: Okay, so what happens when you wake up?

Veteran: Well, typically I'll walk around the house a bit; maybe I even turn on the television, you know, just something to help take my mind off of it.

Examiner: Okay, so walking around the house, watching some T.V.

Veteran: Yeah, typically I walk around the house a bit. Actually I think the nightmares are probably what caused problems between me and my girlfriend. You know, all the screaming and yelling. It was . . . You know, it was probably scaring her a lot. You know.

Examiner: Okay, and when you're having these nightmares, would you say that you lose about one or two hours of sleep on an average night when you're having a nightmare?

Veteran: Yeah. I would say about one or two hours. Yeah.

Examiner: Okay. And, how much do these dreams bother you?

Veteran: A lot

Examiner: A lot. Okay, and how often have you had these dreams in the past month?

Veteran: About two to three times a week.

Examiner: Two to three times a week. Okay.

CAPS (Continued)

In the transcipt on this page, the examiner assesses Mr. Johnson’s difficulties with anger (criterion E1) by utilizing the CAPS–5. When you finish the transcipt, look below to view how the examiner scored the symptom severity for this item: scoring for Item 15 (anger and irritability) on the CAPS–5. [The symptom severity scoring is moderate—at least two times a month, aggression clearly present, primarily verbal. The Trauma—relatedness is definite. (note—for items 9 and 11–20 on the CAPS, the examiner must document whether or not the symptom is related to the trauma.) Options for the examiner are “definite, probable, or unlikely.”]

[CAPS Assessment: Item 15]

Examiner: So, Mr. Johnson, in the past month have there been times when you have felt especially irritable or angry and showed it in your behavior?

Veteran: Yeah.

Examiner: Can you give me some examples?

Veteran: Well to think about it, at work, for sure. I had problems with a co-worker, quite often, and it had gotten pretty bad; another co-worker had to intervene, you know. Pretty much tell us to cut it out. And even today, just earlier today, I was . . . I was coming here, pulling up in the parking lot, and another guy comes and he cuts me off and took my parking space. I got out the car, I was heated, you know. I was about to go off, but I didn't. I don't know. I just . . . I feel so, so angry a lot.

Examiner: So when you're angry how do you show your anger? Do you raise your voice or do you yell? Do you throw or hit things? Do you push people or get physically aggressive?

Veteran: No, no, I don't do anything physical.

Examiner: Okay.

Veteran: Okay, I don't allow myself to get that way. Definitely yelling, though, a lot of yelling. People definitely know when I'm angry. I get really heated, and loud. Look, I'm not proud of it. But, I just don't know how to help it.

Examiner: Okay. And how often have you gotten angry like that in the last month?

Veteran: I don't know. One, two, three . . . two, three times a week. Something.

Examiner: Okay, so a couple times a week?

Veteran: Yeah.

Examiner: Okay, and this anger, did it start when you were in Iraq? Did it get worse after you came home?

Veteran: It got worse when I came home. It's like when I got home it definitely got worse. It's like when I was in Iraq, I didn't have time to be upset.

Examiner: Okay, and do you think your anger is related to your experiences in Iraq?

Veteran: Yes. Hell, yes. Yes. It's like when I . . . when I got home my short fuse, like everything started to bother me. Actually, that's one of the reasons why me and my girlfriend broke up. We were always arguing and she started to like hate the way I started to respond to things. You know. I was always talking about or saying that I was overreacting. You know. To some things. Our relationship was good before all of this.

CAPS–Occupational Functioning Assessment

In the transcript the examiner will ask Mr. Johnson about his occupational functioning. Please take note that during this segment of the examiner's interview, the Veteran discusses how some of his PTSD symptoms are impacting his occupational functioning, according to CAPS Item 25 (impairment in occupational or other important areas of functioning). When you finish reading the transcript, look below to see how the examiner scored the severity of this item: scoring for Item 25 on the CAPS. [Scoring would be 2- moderate impact, definite impairment, but many aspects of occupational/other important functioning still intact.]

[CAPS Assessment: Item 25]

Examiner: So, Mr. Johnson, are you currently working?

Veteran: Yeah, I think you asked me that earlier. I work at a warehouse. I have been there for about five months now.

Examiner: Okay. And, in the past month, how have the PTSD symptoms that you mentioned to me earlier affected your work or your ability to work?

Veteran: Well, I'll say this. Before my current job, I used to work at another warehouse; I got fired from that. So, I would say that it affects my ability to work.

Examiner: And, what led up to you getting fired?

Veteran: The fighting. Yeah. Having problems with my co-workers. I received several complaints, and was told that I would be let go if I received more. I received more complaints, so I was let go. But the position I have now . . . the job I have now, it works out better for me. There are less people and the guy I stay in more contact with, he's also a vet so, it works out better for me. It's a lot easier. We share a common bond, so it definitely works out better.

Examiner: And in the past month, are there other ways that your PTSD symptoms have impacted your ability to work?

Veteran: A little bit. When I have to deal with my supervisor that can surely be a pain. I have to keep myself in check. I have to watch out, you know, when he's around. I forget things sometimes, you know, I lose focus and concentration. Thankfully for Tom, that's the guy I work with, he helps me out. And, I have to say, I'm pretty proud of myself. You know. I haven't received any complaints at the current position.

Examiner: Okay.

Veteran: Believe it or not, I used to work retail before I joined the military and I was pretty good at it. Actually I was really good at that, but I couldn't do that now. You know. I forget things a lot of times. You know. Concentrating. And I certainly can't deal with the people.

Examiner: Okay, so it sounds like in a lot of ways your PTSD symptoms have impacted your ability to work?

Veteran: Yeah.

Examiner: What about your attendance, any difficulties with attendance at work?

Veteran: No, no, I don't have a problem with that. Actually, I prefer to work. It's good for me. It helps keep my mind on some other things.

Examiner: So you like working?

Veteran: I do.

Examiner: Okay. But it sounds like from overall from what you're saying there have been some changes since you've come home in terms of your functioning at work?

Veteran: Yeah, keep me away from all the people.

Examiner: Keep you away from all the people. Okay. How have the difficulties that you're talking about impacted other areas of your life?

Veteran: Like what?

Examiner: Other areas. Things like housekeeping or schoolwork or volunteering.

Veteran: No, I don't go to school and I don't volunteer. And my roommate she keeps a pretty good hand on the house. So, no.

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 PTSD or Mental Disorders disability examination must have a suicide risk assessment completed by the examiner.

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

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/VA029AssessmentGuide.pdf]

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

Suicide Risk Assessment

As noted on the last page, risk of suicidal thoughts and behaviors can be associated with PTSD and other mental disorders. Though disclosure of suicidal ideation can occur at various points during the examination, the examiner often directly assesses for it during the mental status examination.

[Suicide Ideation Assessment]

Examiner: So, Mr. Johnson, I know we've been talking a lot about PTSD today and about depression that may be associated with PTSD. Sometimes when people feel depressed, they have thoughts of suicide, thoughts of either harming themselves, hurting themselves in some way. Do you ever have those kind of thoughts?

Veteran: No.

Examiner: Okay.

Veteran: Never. I mean life isn't great, but I wouldn't think about killing myself. I mean, no. I mean, my faith is too important to me for me to even consider suicide. There was a buddy of mine, that I served with. He killed himself. But me? No. No.

Examiner: I'm sorry to hear about your friend. I am glad that you have a strong faith, though, and that it would keep you from harming yourself. Even though you're not currently feeling suicidal, I want to give you this card.

Examiner: This is the telephone number of the VA Crisis Hotline. You can see on the card the number is 1-800-273-TALK. It's a hotline that's staffed 24-hours a day, 7-days a week so that you or any other Veteran was feeling like harming him or herself, they could call that hotline and get in touch with a mental health professional at any time of the day. It may not be something you need right now but it may be beneficial to someone else. Do you have a computer at home?

Veteran: I do.

Examiner: The reason I ask is because the crisis hotline also has a chat feature. Sometimes people prefer going online because of the anonymity of it, and so there is a chat feature with the hotline as well.

Veteran: Is this the website here?

[Vet holds up card; points to it.]

Examiner: Yep. The website is on the card right there so I'm glad you'll take that with you. It may not be something that you need right now but it may be beneficial to you or another Veteran down the road.

Veteran: Okay, thank you.

Close the Examination

The examiner closes the examination with Mr. Johnson in the transcipt on this page. 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 her or him. 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 discussion 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 examination.
- Do not offer an opinion regarding relationship of the disorder to service.
- Avoid discussing the correctness of a determination that a disorder is or is not service-connected.

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 to discuss treatment-related questions with his or her treatment provider if appropriate.
- Remind the Veteran or Servicemember how to access the crisis line: 1-800-273-TALK.
- Educate about potential VHA and non-VHA resources.

[Close the Examination]

Examiner: So, Mr. Johnson, I think I've asked you all the questions that I needed to ask you for the purpose of today's evaluation. Anything I didn't ask you about that you feel I need to know about?

Veteran: No, I think you covered everything. You asked a lot of questions.

Examiner: I did ask a lot of questions. Let me explain to you what happens next. I take all the information that you gave to me and I put it into a report that goes to VBA the Veterans Benefits Administration where they make decisions about your claim. I don't make any decisions about your claim myself. Okay? Any questions you have for me?

Veteran: No, I just want to know where I can get more information about PTSD.

Examiner: That's a great question. I'm actually going to give you two pieces of information. I'm going to give you a website. I know you mentioned that you have a computer at home. The website is www - and I'm writing this down for you - .ptsd.va.gov. And on that website you'll find all sorts of different information about PTSD. It's the VA's National Center for PTSD. Okay. I'm also going to write something down. Do you have a smart phone?

Veteran: I do.

Examiner: I'm going to write down an app for you called the PTSD Coach. There's a lot of information on there. It's a free app that you can download also that might be of help for you. And I'm going to write that down. So here is that information. Okay?

[Examiner hands Vet piece of paper.]

Veteran: Okay.

Examiner: And I know that before we started today or right after we started I had said to remind me if I didn't remember that we wanted to make sure that you got over to eligibility so that you could get some VHA care.

Veteran: Yes.

Examiner: So when we finish today I'm going to walk you over to the clerk and she can walk you over to eligibility where they can talk to you about the process of enrolling in VHA. Okay?

Veteran: Great.

Examiner: Any questions for me?

Veteran: No. I'll just wait for you to head over to the eligibility office and I'll check this website when I get home.

Examiner: Okay. I just really want to thank you for being as honest with me today as you were. I know it's often really difficult to talk about these experiences. So, I really want to thank you for that. But, more importantly, I want to thank you for your service.

Veteran: Thank you.

[Examiner shakes hands with Veteran]

Lesson Summary

In this lesson, you learned about best practices for opening, conducting, and closing an Initial PTSD disability examination and best practices for guiding the Veteran or Servicemember through the examination, while properly answering questions.

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 the Veterans Benefits Administration (VBA) to make a rating decision. Your report findings should be completed promptly during or as soon as possible after the examination of the Veteran or Servicemember by documenting your exam findings in appropriate fields on the Disability Benefits Questionnaire (DBQ) or by following another documentation protocol. A complete examination report is necessary to assist claims adjudicators in accurately rating a Posttraumatic Stress Disorder (PTSD) claim.

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

Information to Be Included in the Examination Report

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

For legal purposes, your disability examination report requires answers to the following questions:

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

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 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; while a disability examination report requires medical information for legal purposes and the intended audience for a disability exam report is primarily Regional Office adjudicative staff, lawyers, and judges.

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 PTSD and to service.

Documentation of Drug or Alcohol Abuse

VA is prohibited from paying compensation for primary alcohol or drug abuse. However, when a Veteran's alcohol or drug abuse disorder is secondary to or is caused or aggravated by a primary service-connected disorder, such as PTSD or depression, the Veteran may be entitled to compensation. However, no compensation can ever be paid for nicotine dependence or the secondary effects of smoking.

In circumstances where there is a service-connected mental disorder and alcohol or drug abuse is also present, a medical opinion may be needed concerning what the relationship is 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.

Insufficient Reports

If your report is insufficient for rating purposes, it will be returned to you as insufficient and a decision about benefits to the Veteran or Servicemember will be delayed. Examples of reasons for an insufficient report include these:

- Examination was performed by an unqualified examiner
- Required information is omitted
- When requested, an opinion is missing or incomplete
- Results of administered tests are not discussed 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) as a diagnosis.
- **Obtain results from all pertinent studies, evaluations, and tests before completing the 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 will be considered 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 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 disability evaluation as part of an Initial PTSD disability evaluation.

Considerations in Changing a Previously Established Disability Examination 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 PTSD has been requested, but other comorbid or related psychiatric conditions are additionally or alternatively diagnosed, it is necessary for examiners to provide a medical nexus for any of these other mental disorders. This is the one instance where an examiner should provide an opinion even though one has not been specifically requested for a condition not specifically claimed by the Veteran or Servicemember. The reason for the exception is that, as held by the courts, a Veteran or Servicemember generally is not qualified to diagnose her or his own mental condition, but rather is only qualified to identify and explain the symptoms that she or he observes and experiences. Accordingly, although a claimant may identify a particular mental condition, such as PTSD, 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 disability that may reasonably be encompassed by several factors, including

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

As stated by the courts, it is the province of medical professionals to diagnose or label a mental condition; a claimant cannot do so. In cases where an Initial PTSD disability examination is requested and the examiner diagnoses another mental disorder(s) rather than PTSD, 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 Regional Office, you will usually be asked to use a Medical Opinion DBQ in addition to the PSYCH INITIAL PTSD DBQ. Medical Opinions are a complex and critical disability topic; a very general and high-level discussion follows.

Because VBA or BVA 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 for VBA and BVA to make an informed decision as to what weight to assign to an opinion. Consequently, a medical opinion must include sound reasoning for VBA and BVA to decide 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. It is important for examiners to 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.

Lesson Summary

In this lesson you learned that your written report should include the findings from your examination, a substantiated diagnosis or diagnoses, the relationship of any identified disorder to military service, functional impairment associated with the disorder(s) and your judgment of the Veteran's or Servicemember's capacity to handle VA benefits.

You have finished this required course for basic certification as an Initial PTSD disability examiner. Before you go to the course assessment on the next page, you may review information as needed. Use the course Menu in the upper right corner to navigate lessons for review purposes.

The Next button at the bottom of this page is active only if you completed all four lessons and all Knowledge Checks. If the Next button is not active, select the course Menu and then select Course Status to see which lessons you need to complete.

Resources

Intranet Resources and Contacts

Veterans Health Initiative Military Sexual Trauma address: http://vaww.ees.aac.va.gov
CAPS Template: http://vaww.ptsd.va.gov/Assessment.asp

Public-facing Websites

VBA website: www.vba.va.gov/VBA/
Suicide Prevention Resources for Providers website: 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/VA029AssessmentGuide.pdf

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

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 (VARO or RO). Examinations are requested after the Veteran or Servicemember 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.

F

Fear of Hostile Military or Terrorist Activity

Title 38 of the Code of Federal Regulations defines fear of hostile military or terrorist activity to mean that a Veteran or Servicemember ... "experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft."

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.

L

Lay Testimony

"Lay testimony" or "lay evidence," is evidence from someone who does not have expertise in a relevant profession, such as medical or legal training, or other specialized training or expertise. Lay testimony or lay evidence can take the form of a written or verbal statement from the Veteran or Servicemember or others.

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 or Servicemember's statements, buddy statements, etc.).

Military Sexual Trauma (MST)

Military Sexual Trauma is the term used by the VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's or Servicemember's military service.

N

Nexus Opinion

An opinion for disability purposes that is based on all available evidence, supported by a logical, clearly stated rationale concerning a Veteran's or Servicemember's relationship 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. Nexus opinions are requested by VBA or a Veterans Law Judge from the Board of Veterans' Appeals (BVA).

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 (the 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 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.