



# *PTSD and Personal Trauma Training*

Compensation and Pension Service  
Veterans Benefits Administration



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# Overview

- Review of the rating requirements for post traumatic stress disorder
- Identify Markers
- Development for personal trauma cases
- Rating personal trauma cases review
- Court cases



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## Rating requirements for post traumatic stress disorder

- Verified Stressor
- Diagnosis of PTSD
- A nexus

# Definition of PTSD



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- Per the Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition (DSM-IV), PTSD is classified as an anxiety disorder. It is a term for certain psychological symptoms occurring following a traumatic event which caused intense fear and/or helplessness in the individual (stressor).



# Symptoms of PTSD

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- Some symptoms of PTSD are as follows:
- Nightmares
- Flashbacks
- Emotional detachment or numbness of feelings
- Avoidance of reminders



# Symptoms of PTSD Cont

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- Irritability
- Hypervigilance
- Memory loss
- Excessive startle response



# *What is Sexual Assault?*

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- Most often when people hear the words "sexual assault" they think of just rape but there are other types of assaults that involve rape.
  - *Rape*
    - *Acquaintance rape*
      - *Date rape*
    - *Sexual harassment*



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## *What is Military sexual trauma ?*

Military sexual trauma refers to both sexual harassment and sexual assault that occurs in military settings. Both men and women can experience military sexual trauma and the perpetrator can be of the same or of the opposite gender.



# Markers



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Alternative Military or  
Non-Military Records  
Military and civilian police  
reports

A mental health counseling  
facility

Pregnancy tests or tests for  
STDs

Statements from family  
members, roommates,  
fellow service members,  
faculty members, or clergy  
Personal diaries or journals  
Medical reports from  
civilian doctors or  
caregivers.



# Markers Continued

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A sudden request for transfer to another military duty assignment  
Deterioration in work performance and/or use of leave  
Disregard for military or civilian authority  
Substance abuse or changes in use of prescription or over-the-counter medications

Episodes of depression, panic attacks, or anxiety without an identifiable cause  
Unexplained economic or social behavior changes, such as obsessive behavior or changes in eating habits  
Breakup of a primary relationship. That unexplained behavior changes can corroborate a veteran's reported in-service assault

# Markers Continued



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Making impulsive decisions, or a marked change in behavior can indicate an event has taken place in service

Marked decline in work performance  
Getting pregnant and leaving service



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## *Rating Military sexual trauma cases*

Please note that there are rules which requires that VA not deny such claims without first:

- advising claimants that evidence from sources may constitute credible supporting evidence of the stressor; and
- allowing claimants the opportunity to furnish this type of evidence



## *Additional sources*

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Law enforcement  
authorities

Rape crisis centers

Mental health  
counseling centers

Hospitals

Physicians

Pregnancy tests

Statements from:

Family members

Roommates

Fellow service  
members

Clergy

Tests for sexually  
transmitted diseases



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## Rating MST Cases

- Role and Responsibility of Adjudicators
- Factual Determination
- Weight and Credibility.
- Medical Opinions



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# EVALUATIONS

## General Rating Formula for Mental Disorders

Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name. 100

Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships. 70



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# EVALUATIONS

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Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships. 50

Occupational and social impairment with occasional<sup>30</sup> decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events). 30

Occupational and social impairment due to mild<sup>10</sup> or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication. 10

A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning<sup>0</sup> or to require continuous medication. 0





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There are several other areas for rating consideration. These include, but are not limited to:

- Individual Unemployability
- Convalescence following hospitalization
- Mental unsoundness in suicide
- Improvement/stabilization of the disability evaluations
- Competency



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## What to remember

- What constitutes a marker
- Regulation 3.304(f)(4) this section lowers the evidentiary burden for establishing the stressor
- There maybe other sources of evidence



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## What to remember

- The three requirements needed to grant service connection for PTSD
- To be as sympathetic as possible
- Consider all evidence of record



*Questions ?*