**POSTTRAUMATIC STRESS DISORDER (PTSD) (Post Challenge)**

**INSTRUCTOR LESSON PLAN**

**TIME REQUIRED: 3.25 HOURS**

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| **LESSON DESCRIPTION** | |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. | |
| **TMS #** | 4180121 |
| **PREREQUISITES** | Before this lesson, the Rating Veteran Service Representatives (RVSRs) and Decision Review Officers (DROs) should have completed Challenge and the one-time mandated PTSD TPSS modules. |
| **TARGET AUDIENCE** | The target audience for this lesson is RVSRs, DROs and QRT personnel.  Although this lesson is targeted to teach the RVSRs, DROs and QRT personnel employees, it may be taught to other VA personnel as mandatory or refresher type training. |
| **TIME REQUIRED** | 3.25 hours |
| **MATERIALS/ TRAINING AIDS** | Lesson materials:   * PowerPoint Presentation * Trainee Handouts |
| **TRAINING AREA/TOOLS** | The following are required to ensure the trainees are able to meet the lesson objectives:   * Classroom or private area suitable for participatory discussions * Seating, writing materials, and writing surfaces for trainee note taking and participation * Handouts, which include a practical exercise * Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials * Computer with PowerPoint software to present the lesson material   Trainees require access to the following tools:   * 38 CFR Part 3 * 38 CFR Part 4 * VA TMS to complete the assessment |

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| **PRE-PLANNING** | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| **TRAINING DAY** | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * Provide a sign in sheet and at the conclusion of the session, ensure that all trainees sign in. |

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| **INTRODUCTION TO Post Traumatic Stress Disorder(PTSD)** | |
| **INSTRUCTOR INTRODUCTION** | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| **TIME REQUIRED** | 0.25 hours |
| **PURPOSE OF LESSON**  *Explain the following:*  *Slide 2* | This lesson is intended to provide a review of the requirements for granting entitlement to posttraumatic stress disorder (PTSD), as well as reviewing the requirements for addressing a claim for mental conditions and for addressing the issue of competency. |
| **LESSON OBJECTIVES**  *Discuss the following: Slide 2* | In order to accomplish the purpose of this lesson, the DRO, or RVSR, or VSR will be required to accomplish the following lesson objectives.  The DRO or RVSR or VSR will be able to:   * review the rating requirements for PTSD * review court cases concerning mental disorders and service connection * review DSM-V criteria for mental disorders * discuss the evaluation of mental disorders * identify how to prepare a competency rating decision |
| *Explain the following:* | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. |
| **MOTIVATION** | Explain that there have been several cases where the grant or denial of PTSD, as well as any of the other mental conditions, was done incorrectly or not at all. Failure to properly address all issues could lead to a STAR error as well as, improperly serving our Veterans. |

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| **STAR ERROR CODE(S)** | A1, A2, C1, C2, D1 |

# REFERENCES

*Slides 3-5*

Explain where these references are located in the workplace.

* [38 U.S.C. 1702, Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War](https://www.law.cornell.edu/uscode/text/38/1702)
* [38 CFR 3.304(f), Posttraumatic stress disorder](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1304&rgn=div8)
* [38 CFR 3.344, Stabilization of disability evaluations](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1344&rgn=div8)
* [38 CFR 3.353, Determinations of incompetency and competency](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1353&rgn=div8http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1353&rgn=div8)
* [38 CFR 3.384, Psychosis](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1384&rgn=div8http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.3_1384&rgn=div8)
* [38 CFR 4.14, Avoidance of pyramiding](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_114&rgn=div8)
* [38 CFR 4.125, Diagnosis of mental disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1125&rgn=div8)
* [38 CFR 4.126, Evaluation of disability from mental disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1126&rgn=div8)
* [38 CFR 4.127, Intellectual disability (intellectual developmental disorder) and personality disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1127&rgn=div8http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1127&rgn=div8)
* [38 CFR 4.128, Convalescence ratings following extended hospitalization](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1128&rgn=div8http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1128&rgn=div8)
* [38 CFR 4.129, Mental disorders due to traumatic stress](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1129&rgn=div8http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1129&rgn=div8)
* [38 CFR 4.130, Schedule of ratings—Mental disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=f97e951e68cb5d05c69c7239f9970231&mc=true&node=se38.1.4_1130&rgn=div8)
* [M21-1MR, Part III.iv.4.H, Mental Disorders](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [M21-1MR, Part IV.ii.1.D, Claims for Service Connection (SC) for Post-Traumatic Stress Disorder (PTSD)](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034)
* [Allen v Principi, No. 99-7199, February 2, 2001](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2001dec/FedCirc/ALLEN99-7199.doc)
* [Buchanon v Nicholson, No. 05-7174, June 14, 2006](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2006dec/FedCirc/Buchanan.pdf)
* [McClain v Nicholson, No. 05-0468, June 21, 2007](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2007dec/Mcclain.doc)
* [Forcier v Nicholson, No. 90-853, January 25, 2006](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2006dec/Forcier.doc)
* [Cohen v Brown, No. 94-661, March 7, 1997](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/1997dec/Cohen.doc)
* [Clemons v Shinseki, No. 07-0558, February 17, 2009](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2009dec/Clemons.pdf)
* [Arzio v Shinseki, No. 2009-7107, April 19, 2010](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2010dec/FedCirc/Arzio.pdf)

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| **TOPIC 1: RATING REQUIREMENTS FOR PTSD** | |
| **INTRODUCTION** | This topic will review of the requirements for granting entitlement to PTSD. |
| **TIME REQUIRED** | 0.75 hours |
| **OBJECTIVES/ TEACHING POINTS** | Topic objectives:   * Differentiate the three types of PTSD claims * Discuss how to identify behavior changes and markers in relation to Personal Assault PTSD cases * Describe how fear can be used as in-service stressor. |
| **PTSD Definition and Eligibility Criteria**  *Slide 6* | Posttraumatic Stress Disorder is an anxiety disorder that develops as a result of a stressful event; it may develop hours, months or years after the stressor.  In order to grant service connection, there must be:   * Medical evidence establishing a diagnosis * Credible supporting evidence that in-service stressor occurred, and * A nexus (link) established by medical evidence between current problems or symptoms and the claimed stressor   During the United States Civil War, symptoms of PTSD were called “Soldier’s heart.” In World War I, it was called shell shock/traumatic neurosis. During World War II and Korea, it was called combat fatigue. Since the Vietnam War, it has been referred to as PTSD and it was added to the Rating Schedule in April 1980. |
| **Types of PTSD Claims**  *Slide 7* | There are three types of PTSD claims:   * Combat related * Non-Combat related/Personal Trauma * Fear |
| **PTSD due to Combat**  *Slide 8* | 38 CFR 3.304(f)(2) states that “if the evidence establishes that the Veteran engaged in combat with the enemy and the claimed stressor is related to that combat, 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 service, the |

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| Veteran's lay testimony alone may establish the occurrence of the claimed in-service stressor.”  Therefore, PTSD due to combat can be service connected when the evidence demonstrates that:   * PTSD due to combat is diagnosed in service * PTSD is linked to a combat experience during military service as evidenced by the receipt of Purple Heart or other combat badge, or through lay statements that can be corroborated * PTSD is linked to Prisoner of War (POW) internment   An example of corroborating a combat experience through lay statements can be found in the court case, **Pentecost v. Principi (2003).** It stated that if a Veteran’s unit records constituted independent description of rocket attacks that were experienced by the unit while in Vietnam while the plaintiff was stationed with the unit, then the records were to be viewed in a most favorable light to the Veteran and therefore objectively corroborate the Veteran’s claim of having experienced an attack.  Corroboration of every detail was deemed not necessary. | |
| **Non-Combat PTSD**  *Slides 9-10* | Typical non-combat stressors include, but are not limited to:   * Plane crashes * Ship sinking * Explosions * Medic/burn ward/graves registration unit   Explain that service connection can be granted due to non-combat stressors; however, unlike the combat Veteran’s testimony, the non- combat Veteran’s testimony alone does not qualify as “credible supporting evidence” of the incurrence of an in-service stressors.  Also, after the fact psychiatric analyses that infer traumatic events are insufficient. |
| **Personal Trauma PTSD**  *Slides 11-12* | Explain that service connection can be granted due to personal assault, with verification of the stressors being harder to verify. As with the non-combat Veteran, the testimony alone does not qualify as “credible supporting evidence” of the incurrence of an in-service stressor. Also, after-the-fact psychiatric analyses which infer a traumatic event are insufficient. |

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| Personal assault presents unique problems with documenting claims. It is defined as an event of human design that threatens or inflicts harm. In addition, it can happen to both males and females and be inflicted by males or females.  Typical stressors include, but are not limited to:   * Rape/assault * Domestic battering * Robbery/mugging * Stalking * Sexual harassment – may be obvious, more difficult to corroborate, should not be ruled out as a stressor | |
| **Alternative Sources of Evidence**  *Slide 13* | Emphasize that personal assault claims are extremely personal and of a sensitive nature; many incidents go unreported; there is difficulty with producing evidence of a stressor; and there are problems with development – namely a shame or social stigma.  Review of the service personnel records must be done for any of the PTSD claims, but more so for personal trauma claims. Review of the service treatment records may not always provide the evidence needed. Conducting development for alternate sources of information may be necessary. Examples of alternative sources of information include:   * Police reports * Counseling facilities * Rape crisis centers * Pregnancy/STS tests * Statements from family, roommates, etc. |
| **Markers**  *Slide 14* | Service records should be reviewed completely and carefully, because they may indicate that the Veteran exhibited behavior changes, such as:   * Substance abuse * Requests for a transfer to another duty assignment * Deterioration in work performance * Panic attacks, anxiety, depression, etc. |

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| **Requesting DBQ based on Personal Trauma**  *Slide 15* | Any marker appearing during the approximate time frame of the claimed MST stressor will be sufficient to go forward with scheduling a VA examination and *requesting a clinician’s opinion as to whether the marker can be associated with occurrence of a stressor* and, if so, whether current PTSD symptoms are related to that in-service stressor. |
| **PTSD due to Hostile Military or Terrorist Activities**  *Slides 16-18* | Explain that, on July 13, 2010, the Department of Veterans Affairs (VA) has amended its rules for adjudicating disability compensation claims for PTSD contained at 38 CFR § 3.304(f) to relax the evidentiary standard for establishing the required in-service stressor in certain cases.  This revision adds to the types of claims the VA will accept through credible lay testimony alone, as being sufficient to establish occurrence of an in-service stressor without undertaking other development to verify the Veteran’s account.  The primary result of the revision is the elimination of the requirement for corroborating evidence of the claimed in-service stressor if it is related to the Veteran’s “fear of hostile military or terrorist activity.”  The new regulatory provision requires that: (1) A VA psychiatrist or psychologist, or contract equivalent, must confirm that the claimed stressor is adequate to support a diagnosis of PTSD; (2) the claimed stressor is consistent with the places, types, and circumstances of the Veteran’s service; and (3) the Veteran’s symptoms are related to the claimed stressor.  Explain that the change in 3.304(f) acknowledges the inherently stressful nature of the places, types, and circumstances of service in which fear of hostile military or terrorist activities is ongoing and represents one more changes in a progression of lowering the threshold for verifying stressors.  “Fear of hostile military or terrorist activity” means that a Veteran experienced, witnessed, or was confronted with an event or circumstances that involved actual or threatened death or serious injury, or a threat to the physical integrity of the Veteran or others and the Veteran’s response to the event or circumstances involved a psychological or psycho-physiological state of fear, helplessness, or horror. The event or circumstances include (but are not limited to) the following:   * Actual or potential improvised explosive device (IED); * Vehicle-imbedded explosive device; * Incoming artillery, rocket, or mortar fire; * Small arms fire, including suspected sniper fire; or * Attack upon friendly aircraft.   The current §5103 notice letters used for PTSD claims include VA Form  21-0781, Statement in Support of Claim for Service Connection for  Posttraumatic Stress Disorder. We will continue to require that this form be attached to §5103 notice letters, as Veterans must provide us with an account of their in-service stressors.  Specific to PTSD claims under which the new § 3.304(f)(3) may be applicable, if review of an application for benefits discloses a compensation claim for PTSD and the Veteran’s DD-Form 214 verifies service in a location that would involve “hostile military or terrorist activity” as evidenced by such awards as an Iraq Campaign Medal, Afghanistan Campaign Medal, or Vietnam Service Medal, this evidence would be sufficient to schedule the Veteran for a VA psychiatric examination.  The amended regulation has significantly reduced VA’s reliance upon JSRRC and other entities inside and outside of VA to corroborate Veterans’ statements concerning in-service stressors. Utilization of JSRRC and other outside entities for stressor verification purposes is primarily limited to PTSD cases involving non-combat and personal assault stressors.    A Veteran who claims a fear-based stressor associated with anticipation of future deployment to a location of hostile military or terrorist activity does not meet the criteria established under the new rule. Evidence of actual deployment or evidence of experiencing an actual threat to the integrity of the Veteran or others is required.  A fear-based stressor claimed to have resulted from learning of the death of another person when such death occurred remote from the Veteran in a location of hostile military or terrorist activity does not meet the required criteria.      PTSD due to Hostile Military or Terrorist Activities (cont’d)  Slides 19-21    You can schedule an examination for PTSD based on fear when:  • Claim for PTSD received with diagnosis or symptoms noted  • Receipt of verified service records or other evidence showing service in an area that would involve “hostile military or terrorist activity” (DD214 or other official records)  Rating Decision Grants: Must clearly document in the decision that the Veteran’s lay testimony was adequate to establish occurrence of the claimed stressor and that the claimed stressor is consistent with the places, types, and circumstances of service.  Rating Decision Denials: Must clearly and succinctly explain why the evidence of record failed to meet any element(s) required for service connection; reasons or basis must be otherwise sufficient to allow the Veteran to understand the reason for denial.  Summary of the new regulation:  • Lay testimony may now be used to concede stressors for persons with no combat badge.  • Specific instructions on who may do examinations.  • Simplifies the stressor verification process for VA. |
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| **TOPIC 2: REVIEW DSM-V CRITERIA FOR MENTAL DISORDERS** | |
| **INTRODUCTION** | This topic will allow the trainee to identify when a VA Examination or medical opinion is and is not required to decide a case while fulfilling our duty to assist under the Veterans Claims Assistance Act of 2000. |
| **TIME REQUIRED** | 0.25 hours |
| **OBJECTIVES/ TEACHING POINTS** | Topic objectives:   * To clarify when medical evidence is “too old” for rating purposes * To discuss means to rate claims without ordering examinations * Identify when a rating decision can be completed based on the evidence of record |
| **DSM-V Criteria**  *Slide 22-24* | The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) was released in May 2013. This manual differs from DSM-IV in many areas, including:   * No multiaxial diagnosis * No GAF score   Medical professionals can still diagnose under DSM-IV if not applicable under DSM-V, if the diagnosis is dated prior to August 27, 2014.  However, any examination performed after August 27, 2014, which does not conform to DSM-V criteria, does not meet the requirements of 38 CFR 4.125 and is inadequate for rating purposes.  When assigning an **increased evaluation** and the only mental health DBQ of record is based on historic DSM-IV criteria, do NOT request a new examination based on DSM-V criteria unless the examination is otherwise inadequate for rating purposes. This rulemaking does not impact VA’s evaluation criteria for mental health disabilities.  DSM-V includes a diagnosis for “Unspecified Trauma- and Stressor- Related Disorder”; however, keep in mind that ONLY PTSD can be service connected under 3.400(f)(3)! |

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| **TOPIC 3: COURT CASES CONCERNING MENTAL DISORDERS AND OTHER SPECIAL CONSIDERATIONS** | |
| **INTRODUCTION** | This topic will allow the trainee to identify an important court case related to the evaluation of mental disorders and understand the eligibility criteria for 38 USC § 1702. |
| **TIME REQUIRED** | 0.75 hours |
| **OBJECTIVES/ TEACHING POINTS** | Topic objectives:   * Review Clemons v. Shinseki and other relevant court cases * Review the Rating Schedule for Mental Conditions and other important regulations related to Mental Conditions. * Review eligibility for 38 USC § 1702 |
| **Clemons v. Shinseki**  *Slide 25* | When a Veteran claims service connection for a mental condition, the claim is to be taken as a claim for service connection for ANY psychiatric disability. Therefore, it is important that you review the service treatment records carefully for any comment on mental health conditions. If the examiner diagnoses any mental condition OTHER than PTSD due to an in-service stressor, that stressor must be verified before service connection may be granted. |
| **PTSD Diagnosed in Service**  *Slide 26* | When PTSD is diagnosed in service, service connection should be granted even if the stressor occurred prior to service. |
| **Rating Schedule**  *Slide 27* | Take time to review the Rating Schedule for Mental Conditions:   * 4.125 Diagnosis of mental disorders * 4.126 Evaluation of disability from mental disorders * 4.127 mental retardation and personality disorders * 4.128 Convalescence ratings following extended hospitalization * 4.129 Mental disorders due to traumatic stress * 4.130 Schedule of Ratings – The evaluation criteria for both mental disorders and eating disorders |

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| **38 USC § 1702**  *Slide 28* | Explain that 38 USC § 1702 provides VA hospital and medical treatment to include outpatient treatment to **Veterans of World War II, Korean Conflict and Vietnam eras** who develop psychosis diagnosed within two years after discharge or release from the active military service.  38 USC § 1702 also provides VA hospital and medical treatment to include outpatient treatment for any **Veteran of the Gulf War** who develops any active mental illness diagnosed within two years after discharge or release from the active military service.  The issue of 38 USC 1702 must be inferred when service connection is denied for any of the above eligible classes AND entitlement to the benefit can be granted.  Note: It is no longer required to infer this issue just to deny it. |
| **Additional Considerations**  *Slide 29* | Explain that there are several other areas for rating consideration. These include, but are not limited to:   * Improvement/stabilization of disability * Competency/Incompetency * Individual Unemployability * Paragraph 29 for Hospitalization in excess of 21 days * Secondary claims for substance abuse related disabilities |
| **Additional Court Cases**  *Slide 29* | Explain the significance of these additional court cases:  [Cohen v Brown, 1997](http://vbaw.vba.va.gov/bl/21/Advisory/DADS/1997dads/Cohen.doc) – the Court held that because 3.304(f) is specific as to PTSD and the DSM incorporation provision in the CFR is generalized as to mental disorders, the DSM criteria cannot be read in a manner that would add requirements over and above the three primary elements set forth in section 3.304(f).  [McClain v Nicholson, 1997](http://vbaw.vba.va.gov/bl/21/Advisory/DADS/2007dads/Mcclain.doc) – requirement for Veteran to have a current disability in order to grant service connection is satisfied if Veteran has a disability at the time of filing the claim or during the pendency of that claim.  [Allen v Principi, 2001](http://vbaw.vba.va.gov/bl/21/advisory/DADS/2001dads/Allen.doc) – ability to include alcohol or drug abuse as  evidence of increased severity of a service connected disability.  [Buchanon v Nicholson, 2006](http://vbaw.vba.va.gov/bl/21/Advisory/DADS/2006dads/FedCirc/Buchanan.doc) – lay evidence cannot be considered to lack credibility merely because it is unaccompanied by contemporaneous medical evidence.  [Forcier v Nicholson, 2006](http://vbaw.vba.va.gov/bl/21/Advisory/DADS/2006dads/Forcier.doc) – the Court held that VA was in compliance with the duty to assist in attempting to verify an in-service stressor until the evidence obtained indicated that there was no reasonable possibility that further assistance would substantiate the claim.  [Arzio v Shinseki, 2010](http://vbaw.vba.va.gov/bl/21/advisory/DADS/2010dads/FedCirc/Arzio.doc) – the Federal Circuit held that in determining whether to grant service connection for PTSD, the specific requirements of 3.304(f) – including the requirement of a verified in-service stressor – take precedence over the general service connection principles under 3.303. |
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**FREQUENTLY ASKED QUESTIONS**

*Slide 31*

*Slide 32*

*Slide 33*

*Slide 34*

*Slide 35*

Question: What do we do when we set up an exam based on the VSM medal for PTSD and the exam does not diagnose PTSD but rather depression and says the depression is “due to fear or hostile environment in service”?

Answer: You cannot grant. “Fear” is NOT an in-service event for anything other than PTSD. Development and memorandum may be needed to verify the stressor.

Question: In regards to Clemons vs. Shinseki and Arzio vs. Shinseki: If a PTSD claim is pending and we receive an exam and can grant SC for anxiety disorder, does PTSD have to be separately denied?

Answer: No. We would grant anxiety disorder, claimed as PTSD. We should make sure in our decision that we stated that the Veteran is SC for anxiety disorder claimed as PTSD. Clemons notes that a Veteran (in most circumstances) is not competent to diagnose his/her condition.

Question: We receive a claim for increase in PTSD, which is currently rated at 30%. A 50% is shown on exam. The examiner also gives you other mental diagnoses and states that the PTSD is not related to the depression and bipolar disorder, but it is not possible to separate out the symptoms of the SC PTSD from the other conditions.

Answer: Use all the symptoms to evaluation PTSD and increase to 50%, but do not code the others as if SC. [Mittleider v. West](http://vbaw.vba.va.gov/bl/21/Advisory/DADS/1998dads/mittleider.doc)

Question: An examiner provides multiple mental diagnoses and states that the depression and alcohol abuse are related to the PTSD.

Answer: Grant PTSD with depression and alcohol abuse.

Question: The examiner provides multiple mental diagnoses of PTSD, depression, and alcohol abuse. There is no discussion or delineation of symptoms.

Answer: Best practice is to DEFER. You shouldn’t rate this. The DBQ asks the examiner to discuss the relationship between mental conditions. If you don’t have this, ask for an addendum before assigning an evaluation for the PTSD.

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| **TOPIC 4: COMPETENCY** | | | |
| **INTRODUCTION** | This topic will allow define competency for VA purposes and describe the determination process for considering a Veteran incompetent. | | |
| **TIME REQUIRED** | 0.25 hours | | |
| **OBJECTIVES/ TEACHING POINTS** | Topic objectives:   * Define competency and incompetency * Describe determination process for incompetency | | |
| **Competency Defined**  *Slides 36-37* [*3.353(a)*](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_353.htm) | Competency means having:   * The necessary ability or skills to be able to do something well or well enough to meet a standard * The capacity to function or develop in a particular way   A mentally competent person is defined as person who has the mental capacity to manage his or her own affairs, including disbursement of funds without limitation.  A mentally incompetent person is one who, because of injury or disease, lacks the mental capacity to manage his or her own affairs, including disbursement of funds without limitation. | | |
| **38 CFR 3.353**  *Slide 38*  [*3.353(b), (c) & (d)*](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_353.htm) | Rating agencies have sole authority to make official determinations of competency and incompetency.  Explain each stage of the incompetency determination process:   * Competency * Propose incompetency * Final rating of incompetency   Please note that there must be clear and convincing evidence to rate someone incompetent.  Please also note that whenever there is reasonable doubt related to someone’s incompetency, such doubt will be resolved in favor of competency. | | |
| **Due Process**  *Slide 39* [*3.353(e)*](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_353.htm) | Due process must always be considered when making competency ratings and we must propose to rate someone incompetent unless they have been adjudicated incompetent by an appropriate court | | |
| Exercise | | Review Exercise – Defining PTSD | |
| note(s) | | Utilizing the Handout, please complete review Exercise | |
| DEMONSTRATION | | N/A | |
| Regional Office Specific Topics | | **This row should be included ONLY in the last topic before the Practical Exercise.**  At this time add any information pertaining to:   * Station quality issues with this lesson * Additional State specific programs/guidance on this lesson | |
| Practical Exercise | | | |
| Time Required | | .75 hours | |
| EXERCISE | | Utilizing the Handout and References please complete Practical Exercise  Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. | |
| Practical Exercise Scenarios Slide 40 Handout 12 | |  | |
| **LESSON REVIEW, ASSESSMENT, AND WRAP-UP** | |
| **INTRODUCTION**  *Discuss the following:* | The Posttraumatic Stress Disorder, other Mental Disorders and Competency lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| **TIME REQUIRED** | 0.25 hours |
| **LESSON OBJECTIVES** | You have completed the Posttraumatic Stress Disorder, other Mental Disorders and Competency lesson.  The trainee should be able to:   * Discuss the rating requirements for PTSD * Discuss court cases concerning mental disorders and service connection * Discuss DSM-V criteria for mental disorders * Discuss the evaluation of mental disorders * Identify how to prepare a competency rating decision |
| **ASSESSMENT** | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.  The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |