

POST TRAUMATIC STRESS DISORDER (PTSD)
CLAIMS DEVELOPMENT
TRAINEE HANDOUT

REFERENCES

- 38 CFR 3.203: Service records as evidence of service and character of discharge
- 38 CFR 3.304(f): Direct service connection; wartime and peacetime
(Posttraumatic stress disorder)
- M21-1MR, III.iii.2: Developing for Service Records
- M21-1MR, III.iv.4.H: Mental Disorders
- M21-1MR, IV.ii.1.D: Claims for Service Connection for Posttraumatic Stress Disorder
- M21-1MR, IV.ii.1.D.15.n: Failure of a Veteran to Provide Sufficient Information
- TL 04-02: JSRRC Stressor Verification Guide
- TL 07-02: Resources for Research of Posttraumatic Stress Disorder (PTSD) Stressors
- TL 10-05 (revised): Relaxation of Evidentiary Standard for Establishing In-Service Stressors in Claims for Posttraumatic Stress Disorder – 38 CFR § 3.304(f)(3)
- FL 05-11 (revised): Recently Authorized Medals
- FL 08-08: Additional Guidance on Post Traumatic Stress Disorder (PTSD)
- VSCM Conference Call-April 2011: Post Traumatic Stress Disorder (PTSD) examinations and the new "fear-based" stressor regulation
- JSRRC Research Guide
- Acevedo v. Shinseki: 10-3402, Evaluating PTSD Military Sexual Trauma Claims
- Daye v. Nicholson: 05-2475, Unavailable Service Records in PTSD Claims
- Forcier v. Nicholson: 03-1208, Duty to Assist - PTSD (personal assault)
- Hall v. Shinseki: 2012-7115, 38 C.F.R. 3.304(f) and Military Sexual Trauma
- Pentacost v. Shinseki: 00-2083, Corroboration of PTSD stressor
- Sizemore v. Principi: 02-1012, Combat and PTSD, mentions GC op 12-99

POST TRAUMATIC STRESS DISORDER (PTSD) DIAGNOSTIC CRITERIA

from

Diagnostic and Statistical Manual for Mental Disorders

A. The person has been exposed to a traumatic event in which both of the following were present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) the person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, and/or perceptions.
- (2) recurrent distressing dreams of the event.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and/or dissociative flashback episodes, including those that occur on awakening or when intoxicated).
- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

- (1) efforts to avoid thoughts, feelings, and/or conversations associated with the trauma
- (2) efforts to avoid activities, places, and/or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., inability to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one (1) month

F. The disturbance causes clinically significant distress and/or impairment in social, occupational, and/or other important areas of functioning.

Specifiers

The following specifiers may be used to specify onset and duration of the symptoms of Post-Traumatic Stress Disorder:

- | | |
|----------------------|---|
| Acute | Duration of symptoms is less than three (3) months |
| Chronic | Duration of symptoms is more than three (3) months |
| Delayed Onset | Onset of symptoms is at least six (6) months after the incident |



TYPES OF PTSD CLAIMS

PTSD (a.k.a. shell shock or battle fatigue) is a mental disorder that develops as a result of a stressful event. It may develop hours, months or years after the stressor. The stressful event can be due to:

Combat. Personal participation in events constituting an actual fight or encounter with a military foe or hostile unit of instrumentality. It includes presence during such events either as a combatant or service member performing duty, in support of combatants, such as providing medical care to combatants.

Personal trauma. This is an event of human design that threatens or inflicts harm, such as rape, physical assault, domestic battering, robbery, mugging, and stalking. It is often violent and may be directed against male or female.

Other life threatening situations (non combat related stressors). These circumstances may include natural disasters such as fires, floods, earthquakes; vehicular or airplane crashes. It may not be limited to a single dramatic incident but may be duty in a burn care unit, a grave registration unit, or in the liberation of POW camps.

ELIGIBILITY CRITERIA

For PTSD to be connected to service, there must be:

- Medical evidence establishing a diagnosis of the condition in accordance with 38 C.F.R. §4,125(a),
- Credible supporting evidence that the claimed in-service stressor actually occurred, and
- A nexus (link) established by medical evidence, between current symptoms and an in-service stressor.

COMBAT BADGES THAT VERIFY A STRESSOR

When a veteran has received any of the combat decorations listed below, VA will presume that the veteran engaged in combat with the enemy, unless there is clear and convincing evidence to the contrary:

- Air Force Achievement Medal with "V" Device
- Air Force Combat Action Medal
- Air Force Commendation Medal with "V" Device
- Air Force Cross
- Air Medal with "V" Device
- Army Commendation Medal with "V" Device
- Bronze Star Medal with "V" Device
- Combat Action Badge
- Combat Action Ribbon (*Note*: Prior to February 1969, the Navy Achievement Medal with "V" Device was awarded.)
- Combat Aircrew Insignia
- Combat Infantry/Infantryman Badge
- Combat Medical Badge
- Distinguished Flying Cross
- Distinguished Service Cross
- Joint Service Commendation Medal with "V" Device
- Medal of Honor
- Navy Commendation Medal with "V" Device
- Navy Cross
- Purple Heart
- Silver Star

Per M21-1MR Part IV.ii.1.D.13.d



Department of Veterans Affairs	VA DATE STAMP DO NOT WRITE IN THIS SPACE
STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR POST-TRAUMATIC STRESS DISORDER (PTSD)	

INSTRUCTIONS: List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment, and the full names and unit assignments of servicepersons you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as possible so that research of military records can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

1. NAME OF VETERAN (<i>First, Middle, Last</i>)	2. VA FILE NO.
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STRESSFUL INCIDENT NO. 1

3A. DATE INCIDENT OCCURRED (<i>Mo., day, yr.</i>)	3B. LOCATION OF INCIDENT (<i>City, State, Country, Province, landmark or military installation</i>)
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3C. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)	3D. DATES OF UNIT ASSIGNMENT (<i>Mo., day, yr.</i>)		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FROM</td> <td style="width: 50%; padding: 2px;">TO</td> </tr> </table>	FROM	TO
FROM	TO		

3E. DESCRIPTION OF THE INCIDENT

3F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

**INFORMATION ABOUT SERVICEPERSONS WHO WERE KILLED OR INJURED DURING INCIDENT NO. 1
 (ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)**

4A. NAME OF SERVICEPERSON (<i>First, Middle, Last</i>)	4B. RANK	4C. DATE OF INJURY/DEATH (<i>Mo., day, yr.</i>)
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4D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE	4E. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)
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5A. NAME OF SERVICEPERSON (<i>First, Middle, Last</i>)	5B. RANK	5C. DATE OF INJURY/DEATH (<i>Mo., day, yr.</i>)
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5D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE	5E. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)
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STRESSFUL INCIDENT NO. 2

6A. DATE INCIDENT OCCURRED (<i>Mo., day, yr.</i>)	6B. LOCATION OF INCIDENT (<i>City, State, Country, Province, landmark or military installation</i>)
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6C. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)	6D. DATES OF UNIT ASSIGNMENT (<i>Mo., day, yr.</i>)	
	FROM	TO

6E. DESCRIPTION OF THE INCIDENT

6F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

**INFORMATION ABOUT SERVICEPERSONS WHO WERE KILLED OR INJURED DURING INCIDENT NO. 2
(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)**

7A. NAME OF SERVICEPERSON (<i>First, Middle, Last</i>)	7B. RANK	7C. DATE OF INJURY/DEATH (<i>Mo., day, yr.</i>)
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7D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE	7E. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)
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8A. NAME OF SERVICEPERSON (<i>First, Middle, Last</i>)	8B. RANK	8C. DATE OF INJURY/DEATH (<i>Mo., day, yr.</i>)
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8D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE	8E. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)
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9. REMARKS

I certify that the foregoing statement(s) are true and correct to the best of my knowledge and belief.

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (<i>Include Area Code</i>)	
		DAYTIME	EVENING

PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

VA DATE STAMP
 DO NOT WRITE IN THIS SPACE

**STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION
 FOR POST-TRAUMATIC STRESS DISORDER (PTSD)
 SECONDARY TO PERSONAL ASSAULT**

INSTRUCTIONS: List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment. Please complete the form in detail and be as specific as possible so that research of military records and other sources you identify can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

1. NAME OF VETERAN (<i>First, Middle, Last</i>)	2. VA FILE NO.
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STRESSFUL INCIDENT NO. 1

3A. DATE INCIDENT OCCURRED (<i>Mo., day, yr.</i>)	3B. LOCATION OF INCIDENT (<i>City, State, Country, Province, landmark or military installation</i>)
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3C. UNIT ASSIGNMENT DURING INCIDENT (<i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i>)	3D. DATES OF UNIT ASSIGNMENT (<i>Mo., day, yr.</i>)	
	FROM	TO

3E. DESCRIPTION OF THE INCIDENT

4. OTHER SOURCES OF INFORMATION: Identify any other sources (military or non-military) that may provide information concerning the incident. If you reported the incident to military or civilian authorities or sought help from a rape crisis center, counseling facility, or health clinic, etc., please provide the names and addresses and we will assist you in getting the information. If the source provided treatment and you would like us to obtain the treatment records, complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA), for each provider. If you confided in roommates, family members, chaplains, clergy, or fellow service persons, you may want to ask them for a statement concerning their knowledge of the incident. These statements will help us in deciding your claim. Other sources of information also include personal diaries or journals.

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

STRESSFUL INCIDENT NO. 2

5A. DATE INCIDENT OCCURRED (Mo., day, yr.)	5B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)	
5C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CALVARY, SHIP)	5D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)	
	FROM	TO

5E. DESCRIPTION OF THE INCIDENT

6. OTHER SOURCES OF INFORMATION: Identify any other sources (military or non-military) that may provide information concerning the incident. If you reported the incident to military or civilian authorities or sought help from a rape crisis center, counseling facility, or health clinic, etc., please provide the names and addresses and we will assist you in getting the information. If the source provided treatment and you would like us to obtain the treatment records, complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA), for each provider. If you confided in roommates, family members, chaplains, clergy, or fellow service persons, you may want to ask them for a statement concerning their knowledge of the incident. These statements will help us in deciding your claim. Other sources of information also include personal diaries or journals.

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

Follow-Up Procedures on PTSD Claims

Use the table below to determine what action to take when a veteran fails to provide sufficient information about a claimed stressful event.

If a veteran ...	Then ...
fails to respond within 30 days to the request for information about a claimed stressful event	refer the case to the JSRRC coordinator to make a formal finding that sufficient information required to corroborate the claimed stressor(s) does not exist. <i>Reference:</i> For more information on action taken by the JSRRC coordinator, see M21-1MR, Part IV, Subpart ii, 1.D.16.a , and M21-1MR, Part IV, Subpart ii, 1.D.16.b .
submits insufficient information in response to the initial request for information	send a 10-day follow-up letter explaining <ul style="list-style-type: none"> • what information is missing, and • why the information is needed. (Refer to JSRRC Verification Guide and Training Letter 07-02, regarding insufficient information)
fails to respond to the follow-up letter within 10 days, or submits information in response to the follow-up letter that is still insufficient.	refer the case to the JSRRC coordinator to make a formal finding that sufficient information required to corroborate the claimed stressor(s) does not exist.

“Who? What? When? Where?”

- ✓ Description of event? (Verifiable?)
- ✓ If casualty reported, provided name and unit?
- ✓ Dates provided? (No more than 60 day time frame)
- ✓ Battalion/Squadron/Ship (preferably to include smaller unit level) of veteran at time of event provided?

Remember: If we are unable to confirm a stressful incident, the file MUST be sent to the JSRRC coordinator to make a formal finding once development is done!

Sample 30-day follow-up letter for In-Service Stressor(s)

Mr. John Q Veteran

Post Office Box 111
Anywhere, USA

If a veteran provides incomplete stressor information, and we are unable to verify the stressful incident(s),

Dear Mr. Veteran:

We are writing in connection with the claim that you filed on [**date of claim**], however we need additional information or evidence.

We sent you a post-traumatic stressor disorder (PTSD) questionnaire on [**date of Section 5103 Notice in which PTSD questionnaire was sent**], however the information you provided in your response was not complete. Although we do all we can to assist claimants in establishing entitlement to benefits, the ultimate responsibility for furnishing evidence needed to prove a claim rests with the claimant.

There is specific information that we must have to process your claim. This information was requested on the questionnaire that we sent you on [**date of Section 5103 Notice in which PTSD questionnaire was sent**]. Again, the information that we need is:

- date of the incident (within a two-month time frame)
- place of the incident
- unit of assignment at the time of the incident
- detailed description of the event
- medals or citations received as a result of the incident, and
- name and other identifying information concerning any other individuals involved in the event, if appropriate.

Specifically, we need [**information we need**].

NOTE: The form sent will depend on the type of PTSD claimed. If the claim is based on personal trauma, VAF 21-

This information is necessary to obtain supportive evidence of each of the stressful events and should be submitted as soon as possible. We have enclosed an additional **VA Form 21-0781, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)**, for you to complete with information that is more specific. **Please realize that failure to respond or an incomplete response may result in the denial of your claim.**

Where Should You Send What We Need?

You can also send what we need to the appropriate address listed on the attached Where to Send Your Written Correspondence chart.

How Soon Should You Send It?

We sent you a letter on [**date of Section 5103 Notice (formerly VCAA Letter)**] telling you what we need in support of your claim. You can take up to a year from the date of that letter to make sure we receive the information and evidence we have requested. VA may decide your claim within 30 days if we have completed our attempts to get all the relevant evidence about which we know. If VA decides your claim before [**one year from the date of the Section 5103 Notice**], you continue to have until that date to submit additional evidence.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at <http://www.va.gov>. Otherwise, you can contact us in several ways. Please give us your VA file number, XXX XX XXXX, when you do contact us.

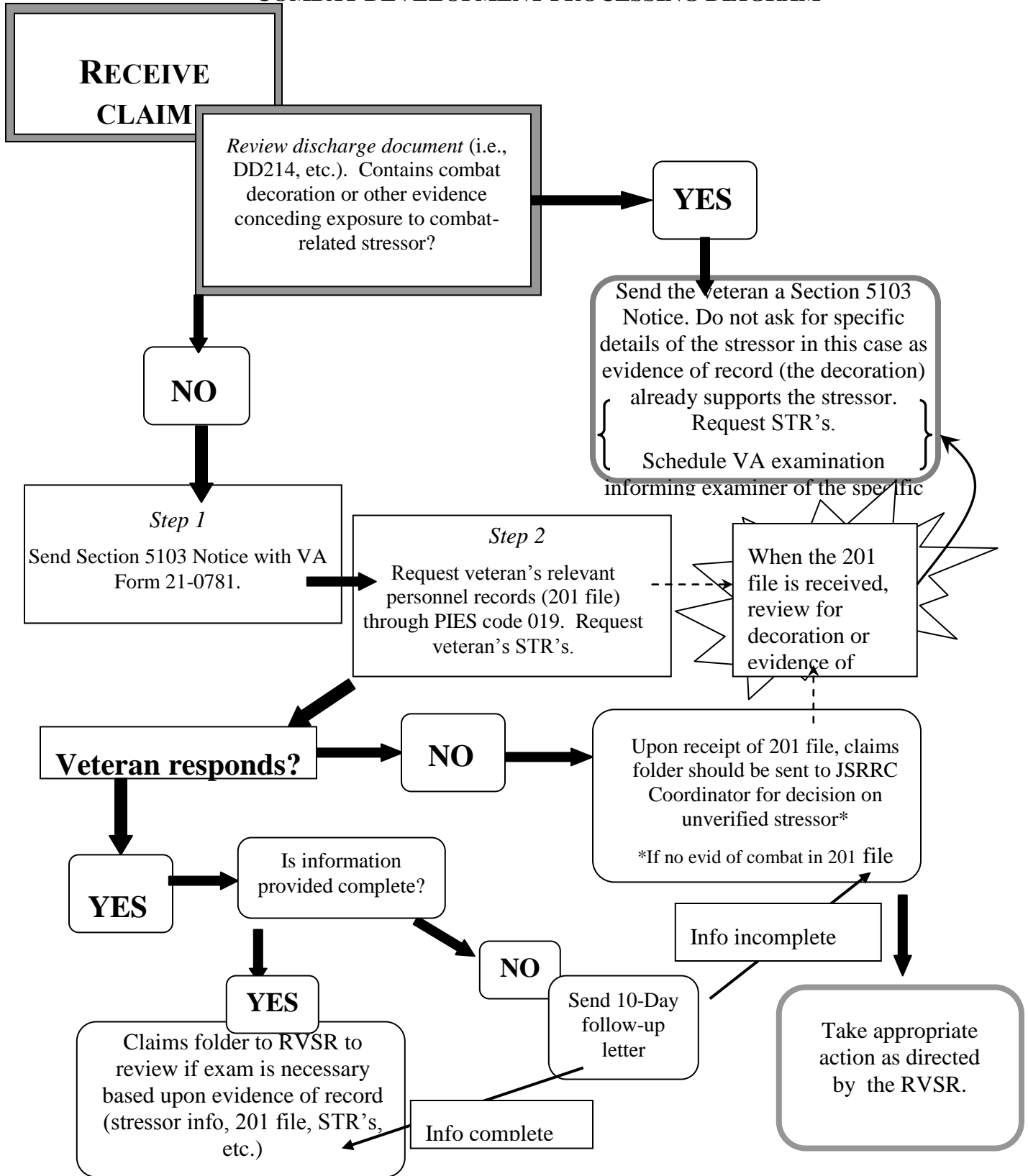
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- On the Internet at <https://iris.va.gov>.
- Please mail or fax all responses to the appropriate listed on the attached Where to Send Your Written Correspondence chart.

Sincerely yours,

RO Director

VA Regional Office

COMBAT DEVELOPMENT PROCESSING DIAGRAM



PERSONAL TRAUMA DEVELOPMENT PROCESSING DIAGRAM