



# Texas Veterans Commission

## P A M P H L E T

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## *Post-Traumatic Stress Disorder (PTSD)*

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# FOREWORD

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The U.S. military's involvement in the current conflict in Iraq and Afghanistan, coupled with advanced medical techniques and tools for diagnosing diseases/conditions among those returning from the theater of operations, have led to what appears to be a significant increase in the diagnosis and treatment of post-traumatic stress disorder (PTSD) related to combat. We can fully expect to be involved in more VA claims for PTSD than in recent years/periods, and may have already experienced a significant increase in such claims from our veterans. In addition to assisting in (combat-related) PTSD claims for current (and past) conflicts, we continue to field PTSD claims based on non-combat and personal/sexual assault events.

Those of us involved in assisting veterans with such claims are keenly aware of the effects such a condition can have on a veteran. As with any other type of condition (disability), we owe the veteran our full measure of professionalism, devotion and understanding (particularly when dealing with what is typically a very sensitive matter.)

This pamphlet has been prepared in the hope that it will assist both you and the veteran in the development of a successful PTSD claim. The majority of the information contained is taken directly from Department of Veterans Affairs sources and was up to date at time of publication.

We thank TVC Veterans Counselor John J. Baker, Waco Regional Office, for his assistance in preparing the information for this publication.

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# ***POST TRAUMATIC STRESS DISORDER (PTSD)***

## ***What is Post-Traumatic Stress Disorder?***

Post-Traumatic Stress Disorder (PTSD) is defined as a condition characterized by physiological and behavioral symptoms following exposure to an extremely traumatic event (known as a traumatic stressor.) First identified in World War I as shell shock, it was clinically diagnosed as traumatic neurosis. Following World War II and the Korean War, it was re-identified as combat fatigue. The term Post-Traumatic Stress Disorder came about following the Vietnam era. For purposes of U.S. Department of Veterans Affairs (VA) compensation (service-connected disability), PTSD is a mental condition classified among the anxiety disorders (Diagnostic Code 9411, 38 CFR Part 4, Schedule for Rating Disabilities.)

Some facts and estimates regarding veterans and PTSD may be of interest for those involved in assisting veterans with their VA claims. According to a December 2006 report entitled "Analysis of Differences in Disability Compensation in the Department of Veterans Affairs"<sup>1</sup>, over 200,000 veterans were receiving VA disability benefits related to PTSD. Estimates of diagnosis by VA medical personnel for PTSD for veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) range from 10% (*British Medical Journal*, November 25, 2007) to 13% (*Testimony of the Director, National Institute of Mental Health before the Committee on Oversight and Government Reform, U.S. House of Representatives, May 24, 2007.*)

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<sup>1</sup> Report prepared by The Institute for Defense Analysis for the Department of Veterans Affairs.

## ***Cause and Effect of PTSD***

The cause of PTSD is exposure to an overwhelming environmental stress. Since not every individual responds to such stress with a post-traumatic stress syndrome (set of symptoms), a variety of factors in clinical combination are required to produce the pathologic (indicative of the disease/condition) state. These include:

- The suddenness and unexpectedness of the stress, as in major fires, explosions and airplanes crashes; personal or sexual assaults; or as those in natural disasters such as tornadoes;
- Brutality and horror of events associated with armed combat or terrorism;
- The more prolonged and chronic stress of exposure to inhumane treatment associated with POW or concentration camps.

The risk of PTSD increases for those with physical trauma and is influenced by the amount of direct exposure to combat trauma.

The condition is characterized by recurrent episodes of re-experiencing the traumatic event(s.) Commonly, the person has recurrent distressing dreams during which the event is re-experienced. Along with re-experiencing the event, the person may persistently avoid stimuli associated with the trauma (crowds, loud noises, war movies, etc.) or a numbing of general responsiveness not present before the trauma. A person suffering from PTSD may also experience persistent symptoms of increased arousal not present before the trauma, including difficulty falling/staying asleep, hyper-vigilance, exaggerated startle response, difficulty in concentrating or completing tasks and changes in aggression.

## ***Filing a Successful Claim for PTSD***

Three elements must exist for any service-connected claim to be successful with VA, including those for PTSD. Those elements are:

1. An in-service event (stressor);
2. A current diagnosis of the disability; and

3. A link or nexus between the in-service event and the diagnosis.

### ***In-Service Event (Stressor)***

The in-service event must be documented by official records, or in most cases, at least supported by a preponderance of the evidence. For PTSD claims, even more so than for other claims for presumptive disabilities, the “who, what, why, when and where” surrounding the stressor is vital to the success of the claim. The veteran must provide VA with as full and complete a description of the in-service event(s) as possible, particularly in cases where the stressor is not conceded by VA, such as in combat situations (discussed in detail on page 5 of this Pamphlet). The veteran’s statement should include:

- Full description of the event(s);
- Full name(s) of all person(s) involved;
- Date(s) [at least the month and year];
- Unit(s) of assignment (company/battalion/squadron level, depending on branch on service); and
- Place(s) (at least city or province, and state or country).

VA has forms specifically developed for PTSD claims:

- **VA Form 21-0781**, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD), and
- **VA Form 21-0781a**, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Trauma (used only in PTSD claims relating to personal assault/sexual harassment).

The use of either form (as applicable to the veteran’s case) is not mandatory, but it should be noted the forms were devised to ensure a veteran does not leave out any critical information, i.e., “who, what, why, when and where”. If a veteran chooses not to use the appropriate form (usually sent to the veteran by the VA Regional Office [RO] with the acknowledgement letter [VCAA/Duty to Assist]), he/she can submit the information as a stressor letter, handwritten or printed. In this case, the name and VA file/claim number should be at the top of each page. The veteran should sign and date the last page. The most important

thing about the stressor is that it must be *specific* in nature. Particular event(s) or situation(s) that caused the symptoms of the condition *must be fully documented*. Generalities such as “I was in Vietnam” or “My best friend died in my arms” have no value to VA in establishing a stressor, as it does not provide sufficient information to permit VA to verify the event(s.)

### ***Current Diagnosis***

The second factor needed for a successful PTSD claim is a current diagnosis of the condition. If a veteran has a stressor but no diagnosis, the claim will not be successful. A diagnosis of the condition from a private medical source is useful, but VA will not establish service-connection based on private medical evidence alone. Of importance for our purpose is to note that VA will not consider ordering a VA (Compensation and Pension) medical examination until/unless the stressor is confirmed/verified (except for PTSD claims based on personal trauma or in-service diagnosis, [ref VA “Fast Letter”08-08, April 7, 2008.]).

### ***Link or Nexus Between Stressor and Diagnosis***

The third element for a successful PTSD claim is the establishment of a nexus, or link, between the stressor and a diagnosis of PTSD. By law, **only** the VA examiner can relate the diagnosis to the in-service event (stressor). VA Regional Office personnel involved in the decision process cannot make this connection. It is important to note for several reasons that the law requires the VA examiner for PTSD claims to be a specialist, typically either a board certified (or board eligible) psychiatrist or a licensed doctorate-level psychologist.

## ***Three Types of PTSD Claims***

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There are three principal types of PTSD claims:

1. PTSD based on combat incidents, events, or trauma
2. PTSD based on non-combat incidents, events, or trauma
3. PTSD based on personal or sexual assault or sexual harassment



## ***Combat-Related***

Combat-related PTSD is the most common type of PTSD claim handled by VA and can be one of the easiest claims for VA to process. It can also be time consuming for both the veteran and VA, depending on the individual case. VA procedures (38 CFR 3.304[f][1]) state that if the evidence establishes that the veteran was engaged in combat with the enemy, the veteran's statement (referred to by VA as "lay testimony") alone may establish the in-service event, or stressor, as long as the statement is not contradicted by clear and convincing evidence to the contrary. "Combat" is not defined by VA regulations, but in other guidance used by VA. Exposure to combat can be conceded by VA if it is shown the veteran engaged in direct action against the enemy. As an example, an infantryman who was involved in a firefight with enemy forces was in combat, but a bomber pilot was not unless it was shown his/her plane was attacked by ground fire or enemy aircraft. VA **must** be able to verify the veteran's involvement in combat by official records. For example, records must place the veteran in the unit involved at the time and location of the battle.

VA can also concede the stressor for combat-related PTSD without need for a stressor statement based on an **individual** award that demonstrates participation in combat, such as the Combat Infantryman Badge (CIB), Silver Star, Bronze Star with "V" device (for valor), Combat Action Badge, Combat Action Ribbon, Purple Heart, etc., as so indicated on the veteran's discharge papers (DD 214.). It should be noted that sometimes VA may erroneously request a stressor statement even though official documentation of such an award exists and has been submitted. To avoid this, it's helpful on initial submission of the claim to draw VA's attention to such an award by tabbing the DD 214 to highlight the award or some other such method. If the veteran still receives VA Form 21-0781 with the VA's VCAA/ Duty to Assist letter, it's recommended that VA be made aware of such award by noting it on return correspondence (e.g., VA Form 21-4138), so as to keep the veteran from having to "re-live" the traumatic event(s). The fact that a veteran (as evidenced by official records) was a prisoner of war (POW) is also sufficient for VA to concede the stressor. (More on VA's methods for confirming stressors later in this Pamphlet.)

## ***Noncombat-Related***

The second most common type of PTSD claims VA receives is noncombat-related. Unlike combat-related claims, VA cannot routinely establish or concede the stressor based solely on the veteran's statements. The stressor can be related to many different factors, either military or non-military duty-related. Duty-related stressor examples include ship sinkings or collisions, aircraft crashes, training accidents, assignment to graves registration or burn wards.

Non-duty related examples include natural disasters, motor vehicle accidents or incidents of terrorism. In either case, the veteran's presence or involvement and relationship to the stressor must be shown by official records. In any case, of course, the stressor must have occurred while the veteran was serving in the military. VA's experience with non-combat related PTSD claims indicates that it takes longer to develop the evidence for these cases than it does for combat-related claims. In most cases, it is first necessary to establish that the event happened and then place the veteran at the event by verification (official records). The veteran's initial statement (by VA Form 21-0781 or stressor letter) must be as complete as possible in providing all appropriate information, i.e., "who, what, why, when and where." Delay in the processing of the claim by VA occurs if general statements without specifics are given. VA is then required to request, sometimes repeatedly, further information. Submitting all appropriate, specific information to VA with the *initial* claim is *critical* to a quick resolution of the claim.

## ***Personal or Sexual Assault or Sexual Harassment***

The third type of PTSD claim is based on personal or sexual assault or sexual harassment. Claims of this type include rape or attempted rape (female or male), sexual or non-sexual assault, sexual harassment or other such similar instances where the veteran, using the "reasonable person standard" could be considered to have been in fear of death, bodily harm or severe mental anguish or distress, and, as a result, suffer from PTSD. According to VA, these are usually the most time-consuming and difficult PTSD claims VA processes. The principal reason for such

difficulties is the fact that in many instances, documentation of the claimed assault or harassment does not exist, making it difficult to confirm the stressor. Knowing that, VA allows use of alternative evidence, known as “markers” to build a case.

Such markers may reflect a significant change in the veteran’s behavior after the event, including but not limited to, behavioral changes; treatment without specific diagnosis; sudden requests for changes in occupation or duty assignment; abuse of leave without apparent reason; changes in performance evaluations; disregard for military or civil authority, etc. VA strives in PTSD claims of this nature to be sensitive in its correspondence with the veteran in its solicitation of descriptions of the stressful incident(s).

### ***Confirmation of Stressors***

Even though this has been previously discussed elsewhere in this Pamphlet, repetition is good reinforcement in our efforts to assist veterans with PTSD claims. Confirmation of the stressor simply means that the veteran’s reported stressful incident is confirmed by official records in one way or another. In the case of combat-related stressors, as noted earlier, if the official records show the veteran was actually engaged in combat with the enemy, the veteran’s statement(s) alone will confirm the stressor. One of the easiest ways for VA to confirm the stressor is if the veteran has been awarded a combat decoration or a decoration of valor. The law permits the presence of specified decorations to confirm the stressor without further development.

If a veteran claims a stressor related to combat but no documentation of record exists to substantiate the claim (including individual awards for valor or bravery), VA must confirm the incident(s) through other official sources. One such source is the Joint Services Records Research Center (JSRRC), used by RO personnel for all branches of service (except for veterans of the Marine Corps, which has its own research function, also available to RO personnel.)

Additional guidance for VA on the topic of PTSD and veterans’ claims for that disability was published in VA’s “Fast Letter” 08-08, dated April 7, 2008. Of note in that letter were the issues

of "In-service initial diagnosis of PTSD" and "Rating mental disorders that led to release from service."

### ***In-Service Diagnosis of PTSD***

Advances in military/civilian awareness of PTSD symptoms have led to an increase in diagnosis and treatment for the condition. 38 CFR 3.303(a) requires no verification of a stressor if a *prima facie* (clear cut/unambiguous) diagnosis of PTSD was accomplished *in service* by a mental health professional. In this case, VA will accept any reasonable in-service stressor if it appears consistent with the circumstances of the veteran's particular service and should grant service-connection on a direct basis if the VA examination and other evidence of record supports such a decision.

"Rating mental disorders that led to release from service": 38 CFR 4.129, "*Mental Disorders Due to Traumatic Stress*" requires VA to grant an immediate 50% rating for mental disorders (including PTSD) that resulted in release from the service. Generally, these veterans are discharged through the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process. VA is required to schedule an examination within six months of discharge to determine if a change in benefit level is warranted. Although such cases may not occur too often, we need to be aware of this law and its impact on veterans we serve, to ensure such benefits are provided without delay.

Taking/developing claims for PTSD can be among the most difficult of cases for both veterans and veterans counselors alike, but we owe it to veterans and their families to work this type of claim as we would any other. The fact that PTSD is classified for rating purposes as a mental condition under anxiety disorders can in and of itself make it difficult for the veteran to seek assistance from health providers as well as those assisting with claims for compensation. Experience has shown that veterans are unwilling to discuss details of the event(s) that led to the condition, for many reasons, including a prime one of not wanting to relive the event(s.) It therefore will take great patience and time on our part to bring out all the details at the

beginning so as to get the claim done right the first time. In this way, we diminish the possibility of creating more stress for the veteran. A compassionate, understanding approach is best in these instances. Involving the veteran's family in the process (with the veteran's approval) can be beneficial for all concerned, but most importantly, for the veteran.







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