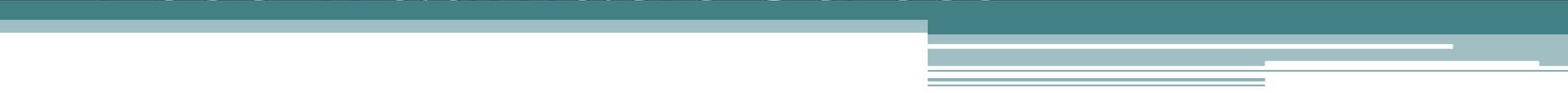


# Post Traumatic Stress

A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, light blue, white) extending across the width of the slide below the title.

# PTS

- “PTSD is not new; it has probably existed for as long as human beings have been subjected to traumatic events.” *Veterans Benefits Manual* 3.6
- Formerly called “shell shock,” “combat fatigue,” “war neurosis,” “Vietnam Stress,” “Vietnam Syndrome,” “Delayed Stress”
- PTSD did not become a recognized mental disorder until 1980, when the American Psychological Association first published its Diagnostic and Statistical Manual of Mental Disorders (DSM)

# Statistics on Post-Traumatic Stress

- PTS affects about 8 million American adults.
- PTS can occur at any age.
- Women are more likely to develop PTS (10%) than men (4%), and there is some evidence that the potential for the disorder may run in families.
- PTS is often accompanied by depression, substance abuse, or other anxiety disorders.

# PTS Estimates by VA

- The U.S. Department of Veterans Affairs estimates that PTS afflicts:
  - Almost 30% of Vietnam veterans
  - As many as 10% of Gulf War (Desert Storm) veterans
  - 11% of veterans of the war in Afghanistan
  - 20% of Iraqi war veterans

# Post-Traumatic Stress (“PTS”)

- Requirements:
  - 1) Diagnosis of PTS (medical evidence that the condition conforms to the diagnostic criteria of the DSM-5)
  - 2) Credible supporting evidence of an *in-service stressor*
  - 3) Link between the diagnosis and the stressor (nexus)

# Medical Evidence of PTSD Diagnosis

- Under the DSM-5, an individual must have been exposed to “actual or threatened death, serious injury, or sexual violence” in one or more of the following ways:
  - Directly experiencing the traumatic event(s).
  - Witnessing, in person, the event(s) as it occurred to others.
  - Learning that the traumatic event(s) occurred to a close family member or close friend. In case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
  - 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)

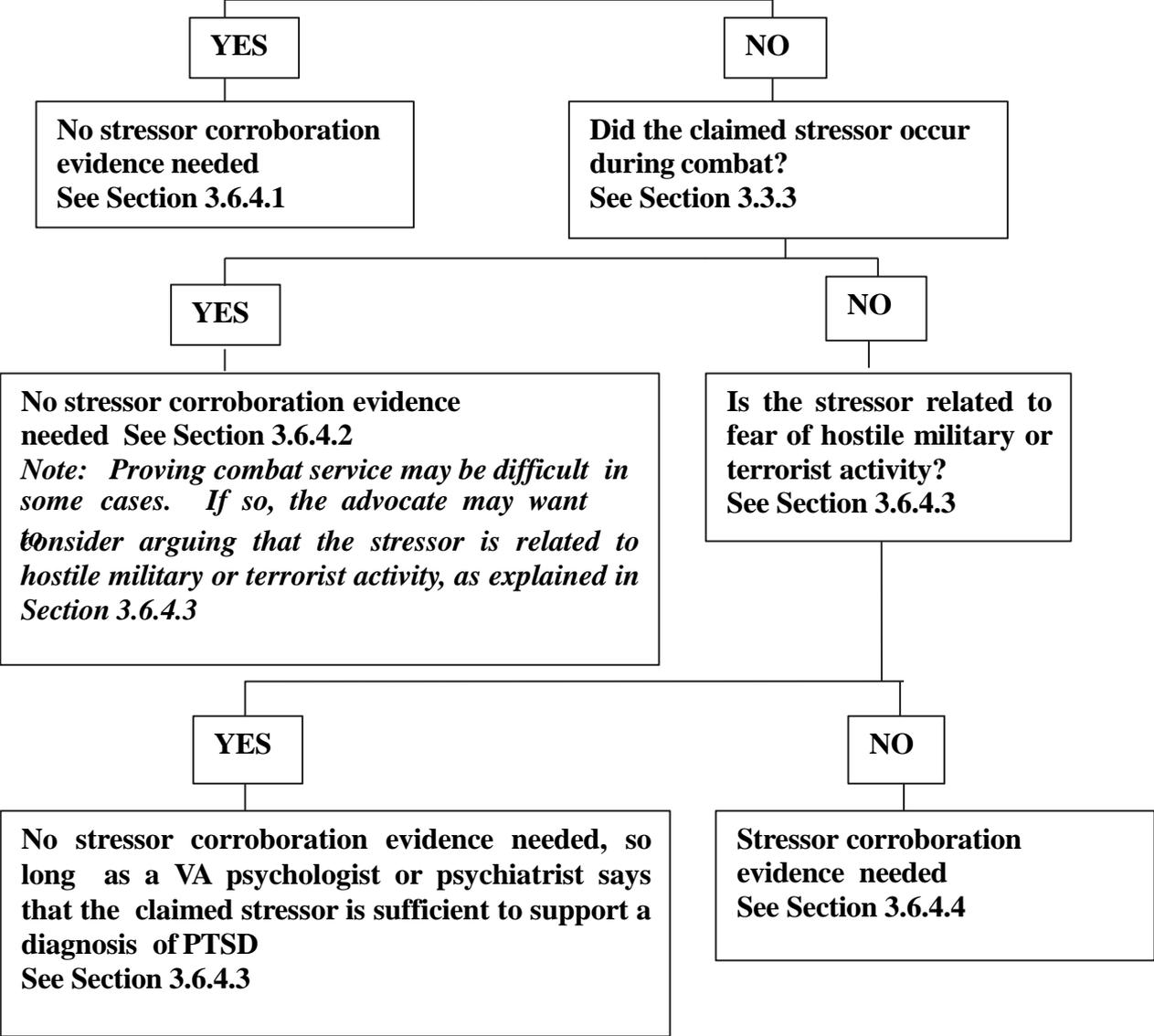
# Medical Evidence of PTSD Diagnosis

- Under the DSM-5, the veteran must:
  - (1) re-experience the traumatic event or stressor (for example, in flashbacks or nightmares)
  - (2) demonstrate persistent avoidance of stimuli associated with the event or stressor (for example, avoiding reminders of the event)
  - (3) suffer negative alteration in cognition and mood (for example, feelings of guilt); AND
  - (4) exhibit marked alterations in arousal (for example, hypervigilance or aggression).

# In-Service Stressor

- **Exceptions** to the need of “credible evidence” to corroborate an in-service stressor
  - In-service diagnosis
  - Combat veterans with combat related stressors
  - Stressor is related to “fear of hostile military or terrorist activity”
  - Personal assault

**WAS THE VETERAN DIAGNOSED WITH PTSD DURING A PERIOD OF ACTIVE MILITARY SERVICE?**



# PTS

## Combat Veteran with a Combat Related Stressor

- Veteran's own lay statements will be sufficient
- Still need to prove veteran experienced combat
  - Veteran need not have a combat MOS/assignment
  - Service records, sworn statement, buddy statements, letters home

# PTS

## Fear of Hostile Military or Terrorist Activity

- “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 form 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, and the veteran’s response to the event or circumstance involved a psychological or psycho-physiological state of fear, helplessness, or horror.”

• 38 C.F.R. s 3.304(f)(3)

# PTS

## Fear of Hostile Military or Terrorist Activity

- Veteran's own lay statement will qualify
- Nexus must be provided by VA medical professional
- Veteran's service can be during any time period and in any location
- Applies to claims filed or pending on or after July 13, 2010

# PTS

## Personal Assault

- VA allows alternative evidence to support the occurrence of the stressor
  - Independent medical evidence
  - Statements from family members or others about behavior changes during the relevant time period
  - In-service records of behavior changes

# Military Sexual Trauma (MST)

National data from this program reveal that about 1 in 5 women and 1 in 100 men respond “yes,” that they experienced MST, when screened by their VA provider. Although rates of MST are higher among women, because there are so many more men than women in the military, there are actually significant numbers of women and men seen in VA who have experienced MST.

\*\*Although PTSD is associated with MST, it is not the only diagnosis that can result from MST.

# OTHER MENTAL HEALTH CONDITONS

- Mental Health Conditions (Acquired Psychiatric Disorders) Other than PTSD (Except for Personality Disorders) Can Be Service-Connected. Examples:
  - Depression
  - Anxiety
  - Schizophrenia
  - Bipolar Disorder
- Mental Health Conditions Also Can Be Aggravated (Permanently Worsened) During Military Service