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MEDICAL DISABILITY EXAMINATION OFFICE (MDEO): MILITARY SEXUAL TRAUMA (MST) SUPPLEMENTAL TRAINING

Veterans Benefits Administration
Medical Disability Examination Office

Learning Objectives

1. Expand understanding of Military Sexual Trauma (MST)-related mental health (MH) examination requirements to support continuous clinical quality improvement efforts.
2. Understand the opportunities to learn that were identified during the clinical quality MST Special Focused Review (SFR).
3. Recognize best practices for successful completion of the Initial PTSD DBQ (I-PTSD) where MST is the claimed stressor.
4. Increase familiarity and sharing of VA resources specific to MST.

Introduction

- This training is intended to supplement the DMA Military Sexual Trauma training course.
- Recall that Military Sexual Trauma (MST) is a subset of personal trauma that occurs in the context of a Veteran's or Servicemember's military service.
- "MST" may refer to:
  - Sexual Harassment: Unwanted sexual attention, offensive remarks of a sexual nature, or sexual coercion.
  - Sexual Assault: Sexual activity that is unwanted and may or may not include physical force. Examples include unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object, and/or sexual intercourse.

MST-Related MH Claims

- Recall MST-related mental health disability examinations carry unique requirements for clinicians:
  - Identifying and interpreting marker evidence
  - Providing Medical Opinions with MST-specific language
- The complexity of these claims has resulted in increased scrutiny on the quality of MST-related disability examinations.
- MDEO completed an MST Special Focused Review (SFR) to determine the nature and extent of clinical quality concerns and inform best practices.

MDEO MST SFR: Procedure

- 150 Initial PTSD exams were randomly selected where MST was the claimed stressor (50 from each vendor).
- Exams were mostly from June-November 2020.
- Exams were reviewed by Dr. Hyberger and Dr. Pederzani (VBA's Senior Mental Health Officers).
- 10 clinically-specific quality items were audited.

MDEO MST SFR Findings: Q4

MST SFR Audit Item	Common Themes
Q4: In the Initial PTSD exam, does the DBQ report sufficiently address the Stressor Section which requires the examiner to document one or more specific stressor event (s) and to describe the markers that may substantiate the stressor when the stressor is related to an in-service personal assault (i.e. MST)?	DBQ report does not provide clear and/or complete understanding of the stressor(s) DBQ report does not explicitly address any identified markers, the absence of markers, or sufficiently document efforts taken to locate potential markers DBQ report does not sufficiently describe and/or provide a clinical analysis of the potential markers DBQ report does not include a clear statement as to the connection, if any, between the potential markers and the stressor(s), i.e., if the markers are consistent with the reported stressor(s)

MDEO MST SFR Findings: Q12

MST SFR Audit Item	Common Themes
Q12: Does the DBQ report sufficiently address all required mental health specific elements from the exam request (to include, if applicable: claimed condition(s), medical opinion(s), functional impairment/IU, and/or tabbed/identified records)?	Tabbed/identified records were not explicitly discussed in the DBQ exam report Sound rationale was not provided

MDEO MST SFR Findings: Q5

MST SFR Audit Item	Common Themes
Q5: For each diagnosed mental disorder, is there sufficient data provided to support that DSM-5 diagnostic criteria are fully met (all symptoms meet clinical threshold; symptoms are not better explained by other conditions; for PTSD exams, symptoms marked in Criteria B-E are clearly linked to traumatic exposure)? If no mental disorder was diagnosed, is there sufficient data to support the lack of a diagnosis?	Diagnosis/ symptoms poorly supported (to include No Diagnosis) Required medical/clinical history for the condition at issues was not provided (social, occupational, educational, mental health, legal, substance use)

MDEO MST SFR Findings:Q6

MST SFR Audit Item	Common Themes
Q6: Does the report address any contradictions, discrepancies, or inconsistencies in the subjective/objective data, to include addressing the endorsement of exceptionally uncommon symptoms?	Exceptionally uncommon symptoms not validated or supported

MDEO MST SFR: Opportunities to Learn

- Train examiners on Best Practices for successful completion of MST-related IPTSD examinations
- Demonstrate how to apply Best Practices as part of continuous quality improvement.

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MST Best Practices

Best Practice

A Best Practice is a skill, expectation, or an approach that has been identified and accepted as being most effective based on one or more factors.

Best Practices for MST Requirements

1. Using a Trauma-Informed Approach
2. Reviewing Examination Requests
3. IPTSD DBQ: Documenting MST Stressor(s)
4. Reviewing Records & Addressing Markers
5. Making a Precise Diagnosis
6. Formulating Sound Medical Opinions
7. Finalizing the DBQ Exam Report

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1. Using a Trauma-Informed Approach

Four "Rs" of Trauma-Informed Approach

Four "Rs" of Trauma-Informed Approach:

*"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."**

*Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Trauma-Informed Best Practices

- Offer options or choices, when possible, e.g., Veterans' choice of examiner gender, door open or closed during exam, taking breaks if needed.
- During the examination, consider how you can ask for the information you need in a sensitive way.
- Monitor Veterans' verbal and nonverbal communications for indications of discomfort.
- Assess whether the examination time, location, or office characteristics may feel unsafe to survivors of sexual trauma or other personal assaults.

Un-Informed Examples

- Formal complaints made by Veterans
  - Office characteristics (e.g., location, physical space, contents)
  - Examiner attire, behavior, or statements
- Language in examination reports
  - Use of word “alleged”
  - Statements in reports, e.g., “Simply put, I do not believe most of what he is saying”

Trauma-Informed Practices

- Be kind, empathic, supportive, engaged.
- Maintain objectivity and refrain from being judgmental.
- Be self aware, i.e., body language, eye contact, facial expressions.
- Check-in during exam; *How are you doing?*
- Respect the Veteran's subjective experience.
- Be prepared to manage strong behavioral responses.
- Utilize effective clinical skills in responding to discomfort.

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2. Reviewing Examination Requests

Examination Scheduling Requests (ESR)

Reviewing ESR: What is the Ask?

- Careful review of the request to identify the requirements for a complete examination and report
  - Initial Post-Traumatic Stress Disorder (IPTSD) DBQ specific to Personal Trauma (MST)
  - Potentially relevant evidence may be cited
  - Information about the claimed stressor(s)
- Full claims file review is required; Additional relevant evidence may be present beyond what has been cited in the examination request
- One or more medical opinions may be required

Examples: Exam Request Stressor

PTSD is claimed due to the following stressor(s):

Exam Requests with LIMITED detail	Exam Requests with BETTER detail
Separation exam	Veteran reported being sexually assaulted in his sleep while stationed on USS Roberts. The ship was docked in Mayport, Florida. The assault happened around February or March of 2000. Veteran believes that there were more than two male assailants. His face was covered, and he did not know who was responsible.
See 0781 Veterans MST Statement	While assigned to Fort Hood in 1977, a lieutenant in her company tried to take advantage of her. She told him she was gay. Then two weeks later she was brought before the commander for separation proceedings.

Examples: Exam Request Evidence

Potentially Relevant Evidence:

Exam Requests with LIMITED detail	Exam Requests with BETTER detail
Tab A: DD214 **Tab B: STR's** **Tab C: VAMC Medical Records** **Tab D: MST stressor statement**	Tab A: 3/4/2020 MST stressor Tab B: 11/03/1977 Request for release pg. 32 Tab C: 11/07/1977 Psychiatric Evaluation pg.31 Tab D: 11/18/1977 Unsuitability because of homosexuality pgs 24-30 Tab E: 8/5/1977 Honor grad school evaluation pgs 3-4 Tab F: Sleep deprivation pg 32 Tab G: Mental status evaluation pgs 21-24
Tab A: 0781	Tab A: DD214 pg 30 Tab B: Pg. 1- Article 15's Tab C: Pg 2.- reasons for discharge: Pg. 28-AWOL Tab D: Pg. 13-AWOL Tab E: PTSD/Depression p.59, 135, 152, 181, 204, 205, 246

Exam Request Checklist

- ❑ Carefully review the exam request
- ❑ Understand the Ask
- ❑ Understand the MST stressor(s) being claimed
- ❑ Locate and review Veteran's personal statement (VA form 0781) for more information on the MST stressor
- ❑ Locate and review any potentially relevant evidence identified in the exam request
- ❑ Make note of any requested opinions

It is a trauma-informed Best Practice for the examiner to familiarize themselves with the claimed stressor(s) and potentially relevant evidence PRIOR to the clinical examination of the Veteran.

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3. IPTSD DBQ: Documenting MST Stressor(s)

IPTSD DBQ: Documenting MST Stressors

IPTSD DBQ Stressor Section: Describe one or more specific stressor event(s) the Veteran considers traumatic (may be pre-military, military, or post-military).

3. STRESSORS

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE: For VA purposes, "fear of hostile military or terrorist activity" means that a 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 from 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.

Describe one or more specific stressor event (s) the Veteran considers traumatic(may be pre-military, military, or post-military):

3A. Stressor #1

Documenting Stressor(s)

- Provide Clear and Complete Description of the Stressor(s)
- Include Specific Details (Approximate Dates, Locations, etc.)
- List Stressors Separately (Should be inclusive of all reported traumas before, during, and after military service)

Examples: DBQ Stressor

Examiner's Poorly Written Stressor Descriptions	Examiner's Well-Written Stressor Descriptions
Veteran was sexually assaulted.	On April 1, 2007, she was raped by a person who volunteered to bring her home after she was severely intoxicated. She was reportedly told by the sexual assault liaison that reporting the incident would result in her being discharged from the military for underage drinking and so, she did not report it.
Experienced a boating accident while in service that caused significant damage to her hand. Got gangrene in her injured hand. Because of gangrene her finger was cut off down to the first knuckle. Stated she had to have Novocain and wear white gloves to prevent infection. Reported one night she went out and on the way home, two drunk white active duty members took her to a darkened bus stop, force her down and one raped her while the other held her down.	The client stated that in the summer of 2018, she was in her barracks room at Fort Hood. She explained, "the SGT knocked on the door, I opened it, and I could tell he was drinking. He wasn't in uniform or anything. He asked if he could talk, and I let him in. He took my hands and put them behind my back and held me down." She stated that he raped her.

IPTSD DBQ: Documenting Stressor(s)

3. STRESSORS

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Describe one or more specific stressor event (s) the Veteran considers traumatic(may be pre-military, military, or post-military):

3A. Stressor #1

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☐ YES ☐ NO

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ YES ☐ NO

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?

☐ YES ☐ NO

If yes, please describe the markers that may substantiate the stressor.

DBQ Stressor Section

In responding to "*Is the stressor related to in-service personal assault, e.g., military sexual trauma?*" recall:

- A perpetrator may or may not have been military personnel or otherwise involved with the military.
- The setting may or may not have been a military base, installation, or housing.
- The event may have occurred in the context of domestic violence, with known individuals, or with strangers.

Stressor Documentation Checklist

- ❑ Multiple stressors listed separately
- ❑ Description of the stressor(s) provided by the Veteran, including all pertinent details
- ❑ Approximate timeframe (e.g., year, month, season, beginning/middle/end of service?)
- ❑ Location
- ❑ Unbiased, non-judgmental language utilized

As a Best Practice, examiners should not rely solely on the written description (personal statement) of the stressor(s). During the clinical examination, Veterans should have the opportunity to share their experience of the stressor(s) with the examiner.

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4. Reviewing Records & Addressing Markers

Reviewing Records and Addressing Markers

- Recall that a full claims file record review is required for all mental health exams.
- Examiners are clinical experts and may be able to locate evidence pertinent to the claim that was not identified during claims development.
- Recall that MST experiences often go unreported, therefore records may not reveal direct documentation of their occurrence but may include marker evidence.

Although reviewing records can be time consuming, it is not only a requirement, but also a Best Practice for clinicians to provide high quality disability examination reports.

Evidence: Markers

- Recall that a *marker* is an indicator of the effect or consequences of the personal trauma on the Veteran, such as a pattern of changed behavior.
- Behavioral changes may occur around the time of, and after, the incident(s).
- Such behavioral changes typically need interpretation by a mental health examiner and can support that a Veteran experienced MST.
- Evidence cited (or "tabbed") in the examination request, or identified by the examiner during record review, may be marker evidence.

Example 1: Addressing Evidence/Markers

Potentially relevant evidence (ESR):

- Tab M: Eureka Vet Center - PTSD assessment (MST)
- Tab M2: Eureka Vet Center - PTSD / MST
- Tab P: MST stressor statement
- Tab S: p6 RAD Exam (markers)- p14 abortion 03/27/80, p26 STD, p48 req sterilization, p235 EAD exam

Examiner in DBQ:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[X] Yes [] No

If "Yes", please describe the markers that may substantiate the stressor:

This examiner found no circumstantial markers in review of entire electronic health record.

- **The examiner DID NOT address the tabbed evidence from the Exam Request.**
- **The examiner DID NOT provide a clinical analysis of the potential marker evidence.**
- **The examiner did not likely review the "entire" record or the Exam Request.**

Example 2: Addressing Evidence/Markers

Potentially relevant evidence (ESR):

- TAB A dated 9/20/20 STR- Mental Health Treatment pg 190-206; diagnosis of Adjustment Disorder with depressed and anxious mood, alcohol use disorder
- TAB B dated 10/14/20 VA 21-0781a Veteran's statement

Examiner in DBQ:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[X] Yes [] No

If "Yes", please describe the markers that may substantiate the stressor:

Records indicate that Veteran diagnosed with anxiety and depression by mental health providers from Landstuhl RMC

- **"Records indicate" is NOT a clinical analysis of the contents of the record.**
- **There is no indication that the "diagnosed with anxiety and depression" has any relation to the MST stressor.**
- **There is no mention of the tabbed Veteran's statement or the Alcohol Use Disorder.**

Example 3: Addressing Evidence/Markers

Potentially relevant evidence (ESR):

- TAB AA: CAPRI
- TAB AB: STR Pregnancy p75 [07/22/2010]
- TAB AC: STR Depression/Anxiety p42, Pregnancy p85p [07/22/2010]
- TAB AD: STR STD Clinic p55 [07/22/2010]
- TAB AE: STR Depression/Anxiety p77 [01/29/2010]
- TAB AF: STR Relationship Problem p22, Emergency Contraceptive p66, Morning After Pill p71 [01/29/2010]
- TAB AG: VA Form 21-0781a [10/21/2020]
- TAB AH: Correspondence PTSD Statement [10/21/2020]

Example 3: (continued)

Examiner in DBQ

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[X] Yes [] No

If "Yes", please describe the markers that may substantiate the stressor:

Sudden requests that the veteran's military occupational specialty or duty assignment be changed without other justification. Veteran noted she was transferred and was relieved of this outcome.

- **There is no mention of the tabbed records.**
- **Thus, no clinical analysis of the potentially relevant evidence identified on the Exam Request.**
- **This appears to be based on subjective report –did the examiner locate any objective data specific to the transfer/reassignment in the records?**

Example 4: Addressing Evidence/Markers

Potentially relevant evidence (ESR): See VA 21-0781, 05/22/2020

Examiner in DBQ:

All available records were reviewed and findings considered when completing this DBQ.

Terms of Service:The veteran's DD-214 indicated that the veteran was Honorably Discharged from the Army on 12/26/1999. Her service began on 06/18/1998. She served a total of 1 years, 6 months, 9 days. Her Primary specialty was 92A10/Auto Log Sp. During that time, she was awarded the Army-Svc-Rbn, NCSAD-1.

Terms of Service:The veteran's DD-214 indicated that the veteran was Honorably Discharged from the Army on 12/21/2005. Her service began on 12/27/1999. She served a total of 5 years, 11 months, 25 days. Her Primary specialty was 92A20 G2 Automated Logistical 6years. During that time, she was awarded the Army Commendation Medal (2nd Award), Army Achievement Medal, National Defense Service Medal, Non Commissioned Officer Professional Development Ribbon, Army Service Ribbon, Global War on Terrorism Service Medal.

Terms of Service:The veteran's DD-214 indicated that the veteran was Honorably Discharged from the Army on 111/14/2008. Her service began on 03/26/2008. She served a total of 0 years, 7 months, 19 days. Her Primary specialty was 92Y1O Unit Supply Spec 7months. During that time, she was awarded the Army Commendation Medal (2nd Award), Army Achievement Medal (2nd Award), Army Good Conduct Medal, National Defense Service Medal, Global War on Terrorism Service Medal, Non Commissioned Officer Professional Development Ribbon, Army Service Ribbon.

The Report of Medical Examination for Enlistment dated 18 June 1998 indicated that the veteran's Psychological and Neurological exam were normal. The Report of Medical History for Enlistment dated 18 June 1998 indicated that there were no mental health or TBI concerns..

A search through the veteran's medical file for PTSD yielded:

-06/11/1999-Medical Record-Low Back Pain indicated "C. Did you feel "down" (blue, depressed) most of the time? Yes."

-POST DEPLOYMENT NOTE dated 01/07/2003 indicated veteran was deployed to Kuwait.

-05/22/2020-Statement in Support of the Claim indicated "I often feel distance from others. I often find myself have angry outburst. I don't like being around a lot of people and is emotionally disconnected with family and friends. I am depressed a lot and often very moody. I find if hard to sleep at night."

Example 4: (continued)

Examiner in DBQ

-Outpatient Cumulative Report by NMC Portmouth dated 20 Mar 1999 indicated she had an STD panel completed on 18 Mar 1999.
-Darnell Army Community Hospital dated 11 Jan 2000 reported veteran was seen for abdominal pains x 2weeks.
Chronological Record of Medical Care by Michael Schiefelbein date unknown indicated the veteran was complaining of chest pain in the middle of the chest but her chest and lungs were clear.
-Emergency Care and Treatment at Darnell Army Community Hospital dated 26 Feb 2001 indicated Minor Depressive symptoms refer to mental health.
-Darnell Army Community Hospital dated 24 Sep 2001 indicated she had an STD panel completed.
-Emergency Care and Treatment at Darnell Army Community Hospital dated 26 Dec 2001 indicated chief complaint was abdominal pains.
-Darnell Army Community Hospital dated 27 Dec 2001 indicated she had an STD panel completed.
-Darnell Army Community Hospital dated 14 Aug 2002 indicated she had an STD panel completed.

- **There IS mention of the tabbed records.**
- **Examiner independently identified relevant evidence in the record.**
- **There IS a description of the evidence/markers.**
- **There IS NO clinical analysis.**
- **This Examiner DID thoroughly review the entire claims file!**

Clinical Analysis: Consistent Evidence

Potentially relevant evidence (ESR):

TAB A: AWOL November 1986

Examiner in DBQ:

"Tab A notes that the Veteran was AWOL in November of 1986 for 3 days. The Veteran states that her MST took place around October of 1986 and explained that she went AWOL because she was having a hard time handling the MST. The documented record of AWOL in November 1986 represents a behavioral change, no instances of disciplinary problems in the 2 years of service records prior to the MST. Based on these considerations, the November 1986 AWOL (Tab A) serves as marker evidence that supports and is consistent with the MST stressor described by the Veteran."

- **The examiner DID address the tabbed evidence from the Exam Request.**
- **The examiner DID provide a clinical analysis of the potential marker evidence.**
- **The examiner DID review the entire record and the Exam Request.**

Clinical Analysis: Inconsistent Evidence

Potentially relevant evidence (ESR):

TAB A: STRs – pregnancy test April 2001

Examiner in DBQ:

"Tab A identifies documentation of a pregnancy test in the Veteran's STRs. Upon review, the documented date of the pregnancy test is April 2001. This timeframe is not consistent with the timeframe of the reported MST stressor event, approximately July 2003. Because the pregnancy test (Tab A) took place two years prior to the reported MST stressor, it does not serve as a marker for this reported MST stressor. I reviewed the full record in an effort to locate additional potential markers; however, no documentation of clinically significant behavioral changes was contained in STRs, personnel records, or treatment records."

- **The examiner STILL addressed the tabbed evidence from the Exam Request.**
- **The examiner STILL provided a clinical analysis of the potential marker evidence.**
- **The examiner STILL reviewed the entire record and the Exam Request.**

Considerations for the Examiner

- Recall that the examiner is the clinical expert and needs to review, address, analyze, and synthesize potentially relevant evidence.
- Clinical expertise is needed to determine whether the evidence supports the occurrence of the MST stressor.
- This will also help ensure clinically precise diagnoses and formulating sound medical opinions.

Evidence Review Checklist

- ❑ Review exam request again
- ❑ Review any potentially relevant evidence identified in the exam request (e.g., "Tab A: STRs, page 65, pregnancy test")
- ❑ Locate that evidence in the records
- ❑ Complete an independent review of the records to identify any clinically significant evidence
- ❑ Analyze and assess the evidence in the context of case details
  - ❑ Is the marker evidence consistent/inconsistent with the nature of the MST experience(s)?
  - ❑ Is the marker evidence clinically informative when considered in chronological, behavioral, or disciplinary contexts?
- ❑ Synthesize findings in DBQ report

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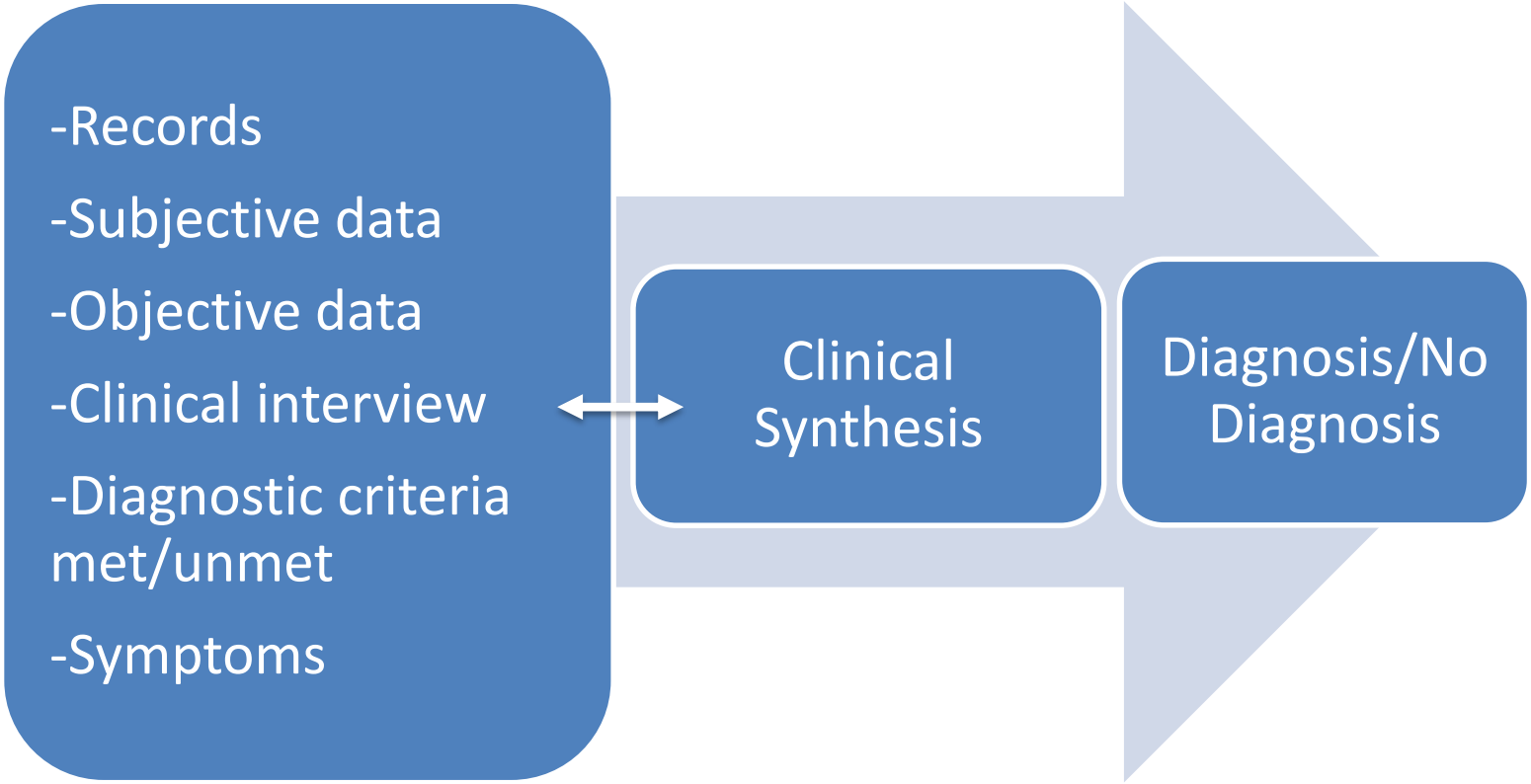
5. Making a Precise Diagnosis

Making a Precise Diagnosis

- Examiners need to fully utilize DSM-5. Clinical discernment is key in determining whether a diagnosable condition has developed, and what that condition is.
- Not every Veteran who experiences a trauma will develop PTSD or any mental disorder.
- Examiners should also consider the possibility that there may be NO Diagnosis; if so, an explanation must be provided.
- Examiners must support any diagnosis rendered, including relevant medical/clinical history.
- Formulating sound diagnoses is an interactive process that considers all sources of evidence and synthesizing this information with clinical expertise.

Formulating Sound Diagnoses

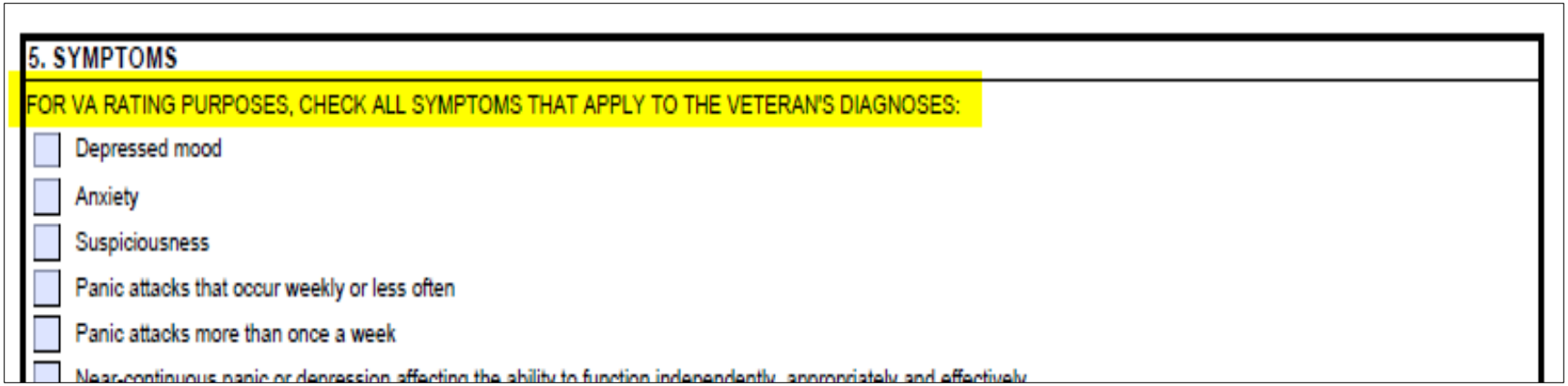


Clinical Considerations

- MST is not a diagnosis.
- It is possible for a reported MST stressor to meet the VA definition of MST, yet not reach the threshold for a Criterion A event.
- If there are no MST stressor(s) that meet the DSM-5 definition of Criterion A trauma, then the diagnosis cannot be PTSD.
- It is important for examiners to follow the diagnostic criteria and guidance set forth in the DSM-5 and to utilize their clinical judgment when completing the DBQ.

DBQ Completion

- Recall that the DBQ is the government form to record the examiner's findings – using the DBQ as a tool to convey diagnostic findings is key.
- Examiners sometimes struggle to apply their clinical expertise in completing the DBQ, namely:
  - PTSD Diagnostic Criteria
  - Symptoms



5. SYMPTOMS

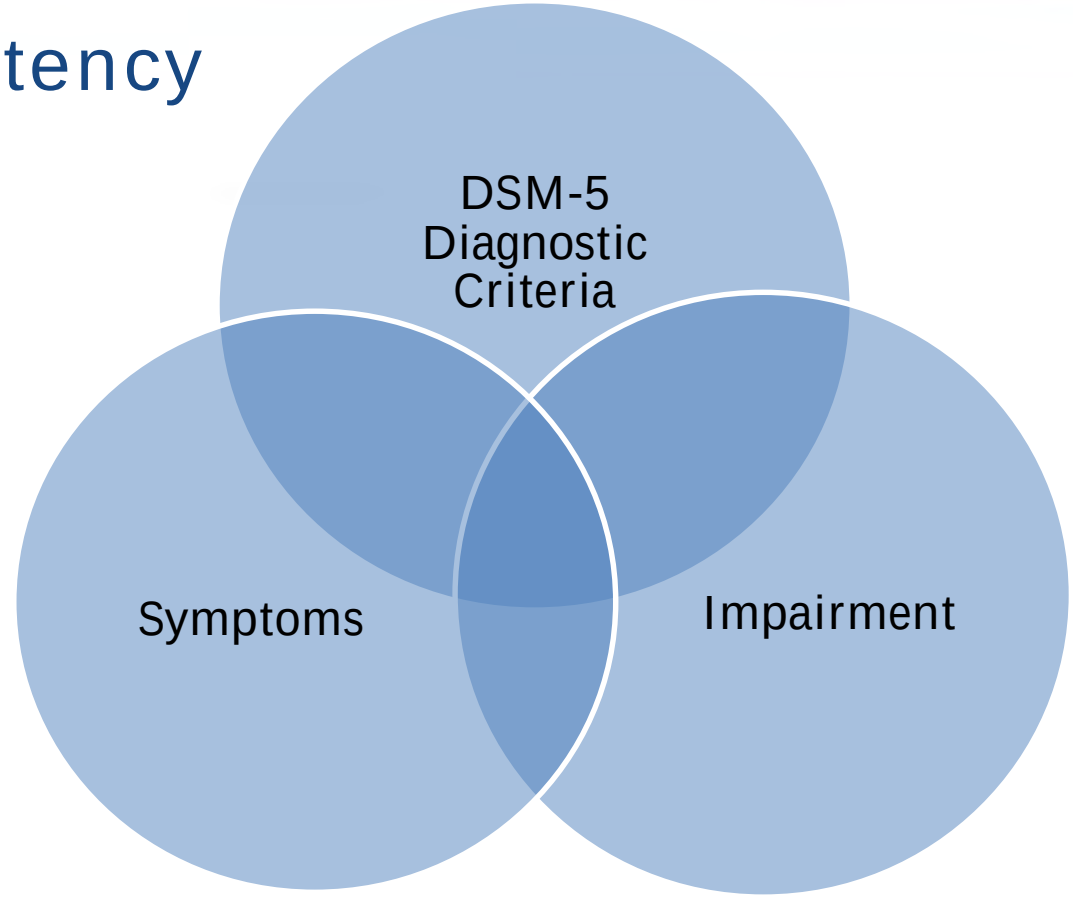
FOR VA RATING PURPOSES, CHECK ALL SYMPTOMS THAT APPLY TO THE VETERAN'S DIAGNOSES:

- ☐ Depressed mood
- ☐ Anxiety
- ☐ Suspiciousness
- ☐ Panic attacks that occur weekly or less often
- ☐ Panic attacks more than once a week
- ☐ Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively

DBQ Best Practices

- PTSD Diagnostic Criteria and Symptoms marked on the DBQ should not be entirely subjective -- the examiner should use their clinical expertise to synthesize evidence when endorsing criteria and symptoms.
- Endorsed criteria and symptoms should be reflective of the Veteran's current status.
- Exceptionally uncommon criteria and symptoms should be well-supported in the DBQ exam report.
- Also note that the level of functioning and impairment documented in the DBQ should be current and consistent with all other data and findings.

Consistency is Key



It is a clinical Best Practice to consider all sources of evidence, apply clinical expertise to synthesize this data, and ensure consistency when completing the DBQ.

Case Example: DBQ Clinical Synthesis

Examiner noted:

- Veteran has been a Police Officer with a major U.S. city since 2013.
- "His performance evaluations have been great."
- "He has not missed any days of work."
- Obtained a BA in Business Administration in 2019 made mostly A's and B's.
- Married 6 years to current wife, reported some angry outbursts.
- Never been treated or diagnosed with a mental disorder.

Case Example: (continued)

Examiner diagnosed PTSD and endorsed the following symptoms:

- Depressed mood
- Anxiety
- Suspiciousness
- Panic attacks that occur weekly or less often
- Chronic sleep impairment
- Mild memory loss, such as forgetting names, directions or recent events
- Gross impairment in thought processes or communication
- Disturbances in motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships

Diagnosis Checklist

- ❑ Confirm if full criteria are met for any DSM-5 diagnoses
- ❑ Ensure any diagnosis rendered is well-supported, with relevant medical/clinical history provided
- ❑ When no diagnosis is rendered, an explanation is provided
- ❑ Clinical expertise is applied in synthesizing all sources of evidence, including both subjective and objective data
- ❑ All diagnostic criteria, symptoms, and impairment are based on current status and clinical expertise

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6. Formulating Sound Medical Opinions

Formulating Sound Medical Opinions

- The Medical Opinion is a critical component of MST-related examinations.
- This is the clinical summary of the examiner's findings and opinions from their perspective as a clinical expert.
- Sometimes examiners struggle with providing clear statements summarizing their findings.
- Opinions may require an examiner to comment on connections between markers, stressors, and diagnoses.

Example: Opinion on MST Stressor

Poorly Written Medical Opinion:

At this time, veteran's record is absent for any circumstantial evidence marker indicating that an MST occurred. Currently, the evidence of record is less likely than not (less than 50 percent probability) consistent with the occurrence of the MST stressor event.

ESR noted this potentially relevant evidence: TAB A: enlistment pg. 28-31; TAB B: STR, depression; TAB C: STR2 STD p11; TAB DD: Sexual Harassment - MST review needed; TAB FF: Kaiser Permanente; TAB FF1: Old Town Counseling Service.

- **The examiner did NOT carefully review the exam request to understand the "ask"**
- **This is NOT a sound or well-supported rationale**
- **This is NOT a clear or consistent opinion**
- **The examiner stated there was no evidence, yet evidence was identified in the request**

Example: Opinion on MST Stressor

Well-Written Medical Opinion:

The Veteran had no mental health issues prior to the military service. Now she meets full DSM-5 criteria for chronic PTSD. Based on the Veteran's statement of sexual harassments and sexual assault during her military service, markers found in her file (increased use alcohol with a diagnosis of Alcohol Dependence, prescription of Trazodone for sleep, and domestic disturbance incident) and most recent MH notes of her participation in individual psychotherapy for PTSD due to MST, the evidence of record is at least as likely as not (50 percent or greater probability) consistent with the occurrence of the MST stressor event.

- **The examiner DID provide a clear and unequivocal opinion using the appropriate legal language**
- **The examiner DID use unbiased, non-judgmental clinical impression formation**
- **The examiner DID provide a clinical analysis and sound, well-supported rationale**
- **The examiner DID identify specific data and explain its relevance**

Example: Opinion Linking PTSD to MST

Poorly Written Medical Opinion:

Veteran had no mental health issues prior to military service. Veteran now has clear symptoms identified in the report of PTSD, which are felt to be as likely as not related to military service sexual trauma.

- **The examiner DID NOT use the appropriate legal language**
- **The examiner DID NOT provide a clear, unequivocal opinion ("felt to be")**
- **The examiner DID NOT provide a sound, well-supported rationale**
- **The examiner DID NOT identify specific, clinically relevant data**

Example: Opinion Linking PTSD to MST

Well-Written Medical Opinion:

The Veteran denied that she had significant mental health history prior to the service. She was in the Army from November 14, 2017 until November 6, 2019. She stated that she experienced MST in the summer of 2018. First notation of mental health treatment started shortly thereafter which provides support for the stressor, although at the time, she did not disclose the MST to her provider. She had a psychiatric hospitalization in May 2020 and she was diagnosed with PTSD at the time. She is prescribed psychotropic medications for mood and sleep. The Veteran's PTSD is at least as likely as not (50% or greater probability) caused by or a result of the MST stressor event.

- **The examiner DID identify specific data and explain its clinical relevance**
- **The examiner DID provide a clear and unequivocal opinion using the appropriate legal language**
- **The examiner DID provide a clinical analysis and sound, well-supported rationale**

Medical Opinions Checklist

- ❑ Review ESR (even if for the 3rd time)
- ❑ Separately address each requested opinion
- ❑ Use the appropriate legal language
- ❑ Provide clear, consistent, and unequivocal opinions
- ❑ Use unbiased, non-judgmental clinical impression formation
- ❑ Provide sound, well-supported rationale(s)
- ❑ Be specific in identifying data that was considered and provide a clinical analysis of the relevance
- ❑ Ensure that all requested opinions were answered

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7. Finalizing the DBQ Exam Report

Finalizing the DBQ Examination Report

Incorporating Best Practices

1. Using a Trauma-Informed Approach
2. Reviewing Examination Requests
3. IPTSD DBQ: Documenting MST Stressor(s)
4. Reviewing Records & Addressing Markers
5. Making a Precise Diagnosis
6. Formulating Sound Medical Opinions

Finalizing the DBQ Examination Report

- ❑ Does the report use unbiased and non-judgmental language (trauma-informed)?
- ❑ Are all elements of the Examination Request addressed?
- ❑ Have stressors been documented in sufficient detail?
- ❑ Has a thorough review of the records been completed?
- ❑ Has all potentially relevant evidence been explicitly addressed?
- ❑ Has a description of markers been adequately discussed in the stressor section where prompted?
- ❑ Has a precise diagnosis been provided based on a clinical synthesis of all data sources?

Finalizing the DBQ Examination Report (continued)

- ❑ Is the report internally consistent (i.e., diagnostic criteria, symptoms, impairment, opinions)?
- ❑ Have all requested opinions been provided?
- ❑ For each opinion, has a sound clinical rationale been provided?
- ❑ Is the DBQ complete?
- ❑ Has the report been reviewed for careless errors and typos?
- ❑ Is the report ready for signature?

Recall, MST exams have been subject to scrutiny both in terms of content and quality. In signing the DBQ, the examiner, as the licensed clinical expert, certifies that the content and quality of their findings are clinically sound.

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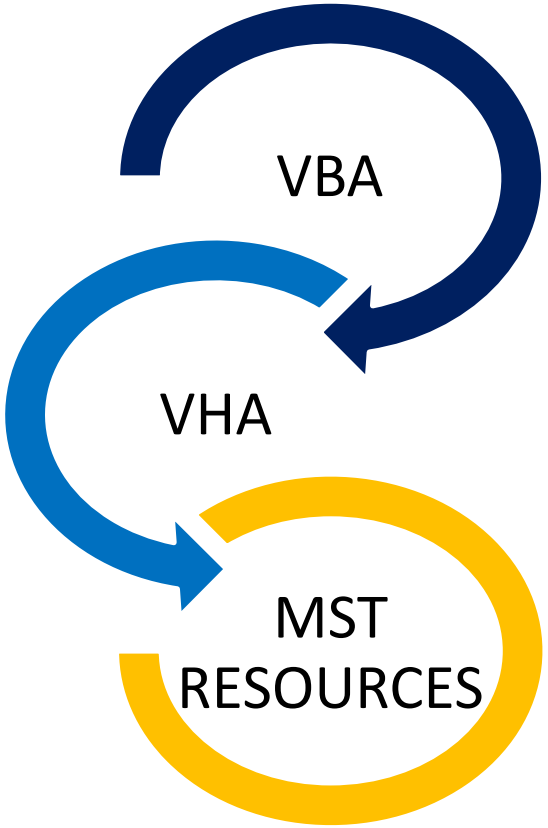
VA MST Resources

VA MST Resources

- Disability examinations are not treatment and are therefore limited in scope for benefits purposes.
- While examiners should not offer treatment advice, they can and should SHARE information about VA services and resources for Veterans who experienced MST.
- It is recommended to share VA Resources because we know these are designed and monitored for Veterans by the VA.

Sharing is Caring

Bridging the Gap: Sharing Resources



VA Resources

VA's MST-Related Health Care Services and the VHA MST Coordinator:

- VA offers free, confidential treatment for mental and physical health conditions related to MST.
- Every VA health care system has an MST Coordinator who serves as a contact person for MST-related issues and who can assist Veterans in accessing care.
- Veterans can contact their local VA medical center directly (www.va.gov/find-locations/) and ask to speak to the MST Coordinator to find more information.
- Veterans can also speak to their current VA healthcare provider about MST-related services.

VA Resources (continued)

Beyond MST Mobile App

- *Beyond MST* is a free, self-help mobile app created specifically to support the health and well-being of survivors of MST.
- The app has over 30 specialized tools and other features to help MST survivors cope with challenges, manage symptoms, improve their quality of life and find hope.
- Users do not need to create an account or be in treatment to use the app. Any personal information entered in the app is not shared with anyone, including the VA.
- Download the app from any app store or visit www.ptsd.va.gov/appvid/mobile/beyondMST.asp to learn more.

VA Resources

VA's MST-Related Internet Resources

- Visit **VA's MST health care services website** at www.mentalhealth.va.gov/mentalhealth/msthome for information on MST-related treatment and resources.
- View or print the MST Fact Sheet, available at www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf for background information about MST, how it can affect survivors, and how Veterans can access help.
- Visit the Make the Connection website at www.maketheconnection.net/conditions/military-sexual-trauma to watch video clips of Veterans sharing their stories of recovering from MST.

VA Resources

Vet Centers

- VA's community-based Vet Centers offer MST-related counseling.
- View contact information for Vet Centers nationwide at www.vetcenter.va.gov.

VA Resources

Veterans Crisis Line (VCL)

Call, text, or chat online with the Veterans Crisis Line to reach caring, qualified responders with VA. Many of them are Veterans themselves.

Text 838255 or chat online at:
www.veteranscrisisline.net/get-help/chat

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Thank you for your commitment to continuous quality improvement and serving Veterans!