



HOW TO WIN YOUR

PTSD

VA CLAIM/APPEAL



If you have any questions regarding the specifics of any of the steps, you can reference these sections in the £-Book for more clarification:

INTRODUCTION	3
WHAT IS PTSD?	3
HOW COMMON IS PTSD IN VETERANS?	5
PTSD SERVICE CONNECTION – THE PROCESS	5
WRITING A STRESSOR STATEMENT FOR YOUR PTSD CLAIM	12
COMPENSATION AND PENSION	14
EXAMINATIONS FOR PTSD	14
VA DISABILITY RATING FOR PTSD	16
CAN THE VA REDUCE YOUR PTSD RATING?	21
TOTAL DISABILITY BASED ON INDIVIDUAL	24
UNEMPLOYABILITY FOR PTSD	24
TIPS FOR YOUR PTSD CLAIM	26
PTSD RESOURCES	30

INTRODUCTION:

This e-book is intended to provide veterans with a short and easy to understand explanation about winning a VA disability claim. This includes information on filing a VA disability claim, what information or evidence is needed to win a claim, and the process and rules that apply.

This book also provides information on why an advocate may be needed if a VA disability claim is denied or the veteran is not satisfied with the decision for reasons such as a low rating.

WHAT IS PTSD?

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that is classified as a trauma and stressor related disorder by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

The DSM-5 is the book mental health providers use to treat and diagnose mental health conditions. The book sets out specific criteria which must be present for there to be a diagnosis of PTSD. The DSM-5 describes PTSD as a condition where an individual re-experiences an extremely traumatic event, by symptoms such as increased arousal, nightmares, flashbacks, difficulty sleeping, concentrating and remembering. Diagnostic criteria put forth by the DSM-5 includes: exposure to a traumatic event that meets specific stipulations and symptoms from four clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and activity. The last three criterion look at the duration of symptoms, assess functioning, and clarify symptoms as not attributable to a substance or co-occurring medical condition.

PTSD can be caused by many experiences including combat, in-service personal assault or harassment, military sexual trauma, or any traumatic event. The symptoms of PTSD are often debilitating to the individual and those close to them. Some of the specific symptoms of PTSD include:

- Avoiding situations that remind the person of the traumatic event
- Negative changes in beliefs and feelings
- Feeling jittery
- Always being on alert and looking out for danger
- Being overly startled by loud noises or surprises; and
- Experiencing the need to have one's back to the wall in a public place.

In order for these symptoms to be diagnosed as PTSD, they must cause significant distress or impairment in an individual's social and occupational functioning.



HOW COMMON IS PTSD IN VETERANS?

About 6 out of 10 men (or 60%) and 5 out of every 10 women (or 50%) experience at least one trauma in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or injury.

- About 7 or 8 out of every 100 people (or 7-8% of the population) will have PTSD at some point in their lives.
- About 8 million adults have PTSD during a given year.
- About 10 out of 100 women (or 10%) develop PTSD sometime in their lives compared to about 4 out of every 100 men (or 4%).

The number of Veterans with PTSD varies by service era:

- Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF): About 11-20 out of every 100 veterans (or 11-20%) who served in OIF or OEF have PTSD in a given year.
- Gulf War (Desert Storm): About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.
- Vietnam War: About 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s. It is estimated that about 30 out of 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.

Another cause of PTSD in the military can be military sexual trauma (MST). This is any sexual harassment or sexual assault that occurs while you are in the military. Among veterans who use VA healthcare about:

- 23 out of 100 women (or 23%) reported sexual assault while in the military.
- 55 out of 100 women (or 55%) and 38 out of 100 men (or 38%) have experienced sexual harassment when in the military.

PTSD SERVICE CONNECTION – THE PROCESS

There are three elements needed to establish service connection for PTSD to receive VA benefits. First, there must be a current diagnosis of PTSD from an expert who is competent to diagnose the disorder. Second, there must be supporting evidence of an in-service stressor. Third, there must be evidence of a causal link (nexus) between the current disease and the claimed stressor.

FIRST ELEMENT: DOES THE VETERAN HAVE A CURRENT DIAGNOSIS OF PTSD FROM A QUALIFIED MEDICAL EXPERT?

For the VA to accept a veteran's PTSD in a service-connected compensation claim, a PTSD diagnosis must be made by a qualified medical expert. Although many veterans are treated by the VA or private therapists such as licensed mental health social workers and licensed counselors, these practitioners are not doctors and the VA will not accept their opinion initially diagnosing PTSD. To be qualified to perform PTSD C&P examinations, the practitioner must have doctoral-level training in psychopathy, diagnostic methods, and clinical interview methods. They also are required to have a working knowledge of the DSM-5 and clinical experience in diagnosing and treating veterans with PTSD. This includes board-certified psychiatrists and licensed psychologists.

Does the Diagnosis Need to Comply with the DSM-5?

Yes. The diagnosis must conform to the diagnostic criteria in the DSM-5. One of the most common reasons a PTSD claim gets denied by the VA is because it determines that a veteran does not meet all of the diagnostic criteria in the DSM-5. The diagnostic criteria in the DSM-5 for PTSD are as follows:

Criterion A: Stressor

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s)
2. Witnessing, in person, the event(s) as it occurred to others
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)

Criterion B: Intrusion Symptoms

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

1. Recurrent, involuntary, and intrusive distressing memories of traumatic event(s)
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s)
3. Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Criterion C: Avoidance

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

Criterion D: Negative Alterations in Cognitions and Mood

Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs)
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame themselves or others
4. Persistent negative emotional state
5. Markedly diminished interest or participation in significant activities
6. Feelings of detachment or estrangement from others
7. Persistent inability to experience positive emotions

Criterion E: Alterations in Arousal and Reactivity

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two or more of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance

Criterion F: Duration

Duration of the disturbance (criteria B, C, D, and E) is more than 1 month.

Criterion G: Functional Significance

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

Criterion H: Exclusion

The disturbance is not attributable to the physiological effects of substances (e.g. medications, alcohol) or another medical condition.

Specify Whether

- With dissociative symptoms: The individual's symptoms meet the criteria for PTSD, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms or either of the following:
 - » Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body.
 - » Derealization: Persistent or recurrent experiences of unreality of surroundings
- With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event.

SECOND ELEMENT: DOES THE VETERAN HAVE CREDIBLE SUPPORTING EVIDENCE OF AN IN-SERVICE STRESSOR?

It can be difficult to figure out what evidence is needed to show evidence of an in-service stressor. However, to make it simple, evidence can be sorted by what the PTSD is related to.

PTSD Diagnosed During Active Military Service

If a veteran is diagnosed with PTSD during active military service, there is a slightly lower burden of proof for the stressor. If:

1. The claimed stressor is related to that service,
2. The stressor is consistent with the circumstances of that service, and
3. There is no clear and convincing evidence to the contrary. The veteran's own statement can be used to establish the occurrence of the claimed stressor.

This lower burden of proof applies to claims pending on or filed after October 29, 2008. Further, if a veteran is released from service due to a mental disorder that resulted from an event in service, that veteran must be awarded a disability rating of no less than 50-percent and be scheduled for a re-evaluation within 6 months.

PTSD Related to Fear of Hostile Military or Terrorist Activity

When a VA psychologist or psychiatrist has diagnosed the PTSD and stated that the stressor is related to the veteran's fear of hostile military or terrorist activity, that veteran does not need to provide evidence of a stressor.

The veteran's statements may be used to establish the occurrence of the claimed stressor. If:

1. A veteran's stressor is adequate to support a diagnosis of PTSD;
2. That stressor is consistent with the circumstances of the veteran's service; and
3. There is no clear and convincing evidence to the contrary,

This can raise the question: **What is fear of hostile military or terrorist activity?**

Fear of hostile military or terrorist activity means:

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 their physical integrity or someone else's; and The veteran's response to the event, or circumstance involved a psychological or psycho-physiological state of fear, helplessness, or horror.

Some examples of this include: the threat of an actual or potential improvised explosive device, a vehicle-embedded explosive device, incoming artillery, rocket or mortar fire, grenade, small arms fire, or attack upon friendly military aircraft.

The lower burden of proof also applies to all veterans, regardless of where they experienced the fear of hostile military or terrorist activity, but it does not include sexual assault or hostile criminal actions of US military personnel directed against other US military personnel.

This lower burden of proof applies to claims received on or pending after July 13, 2010. If a veteran has a previously denied PTSD, in order to reopen the claim under this burden, they need a lay statement of their fear of hostile military or terrorist activity and service records that show service in an area exposed to hostile military or terrorist activity.



PTSD for Combat Veterans

Combat veterans also have a lower burden of proof for evidence of a stressor. The VA essentially concedes that when a veteran is engaged in combat their primary focus is going to be carrying out the mission, not taking notes and gathering evidence of their injuries and experiences. If a veteran's stressor is related to combat, then the veteran's personal statements can be used as evidence of the stressor.

The VA Adjudications Procedures Manual M21-1MR defines combat as: "personal participation in events constituting an actual fight or encounter with a military foe or hostile unit or 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 the wounded." This means that even a short period of time in combat triggers this lower burden of proof.

For some veterans proving combat is very simple due to their military service records or military occupational specialty (MOS) and where or when they served.

For other veterans, it may require more evidence of combat such as:

- Military decoration,
- Buddy statements,
- Letters home to family or friends,
- Copies of newspapers or divisional newsletters,
- Photographs, or
- Any credible supporting evidence that shows the veteran was in combat.

Once it is established that the veteran served in combat, the VA must accept lay evidence as proof that the alleged stressor happened during combat even if there are no official records or supporting evidence. As long as there is not clear and convincing evidence against the stressor occurring, then the VA is obligated to apply the benefit of the doubt rule and accept the veteran's statement as proof.

PTSD for In-Service Personal Assault or Trauma as Stressor

If a veteran suffers from PTSD as a result of an in-service personal assault or trauma such as rape, physical assault, domestic battery, robbery, mugging, stalking, or harassment, this stressor can be corroborated through alternative evidence if the military records do not document the personal assault.

The VA has a special obligation to assist in these cases, commonly referred to as Military Sexual Trauma or MST, and they must inform the veteran that evidence other than what is in the service records may be submitted.

Some sources for evidence can be:

- Records from law enforcement, rape crisis centers, mental health counseling centers, hospitals or physicians;
- Pregnancy or STD tests
- Statement from family members, roommates, service-members
- A personal diary or journal
- Evidence of behavior changes

According to a June 2014 report from the Government Accountability Office, since 2008, there has been 29,000 veterans who have sought disability benefits for problems related to MST. PTSD is the most common disability claimed as a result of MST. The overall approval rating for PTSD related to MST is up from 28% in 2010 to approximately 50% in 2013, but this is still lower than the 55% average for other forms of PTSD.

If None of the Above:

If a veteran's PTSD does not fit into one of the listed categories then there must be evidence that corroborates the occurrence of the stressor. This means that there needs to be credible supporting evidence that the claimed in-service stressor occurred.

For the veteran's service records to corroborate the stressor, they do not need to include every detail of the event. They can also use independent evidence showing a stressful event occurred. Further, credible supporting evidence can come from lay sources such as buddy statements.

THIRD ELEMENT: DOES THE VETERAN HAVE EVIDENCE OF A CAUSAL LINK BETWEEN THE CURRENT SYMPTOMATOLOGY AND THE CLAIMED IN-SERVICE STRESSOR?

The last thing that needs to be shown to establish service-connection for PTSD is a causal nexus, or link, between the current symptomology and the in-service stressor. To prove this the veteran must get an opinion by a medical expert. For the opinion to be sufficient, the doctor must review relevant records about the veteran's stressor.

The evidence must show that the stressor at least contributed to the current symptoms. As long as there is some kind of a relationship between the stressor encountered in service and the current diagnosis of PTSD, the veteran can be entitled to service connection for PTSD, even if their service records show no evidence of a mental disorder.



WRITING A STRESSOR STATEMENT FOR YOUR PTSD CLAIM

While filing your VA claim for PTSD you may need to submit a stressor statement which is a written account of the stressful events you experienced in the military. Not everyone who applies is required to write a statement. For example, if you have a Purple Heart, a Combat Infantryman Badge, or Combat Action Ribbon, the VA may be able to process your claim without one. The VA will notify you if one is needed.

HOW TO GET READY TO WRITE THE STATEMENT?

Writing a stressor statement can be stressful in and of itself, because you are being asked to recall and record events that most people would rather forget.

Before you sit down to start writing make sure to have a support system in place such as someone you can talk with if you become overwhelmed by these memories and emotions. If necessary, take breaks, put your statement aside and return to it later. There is no rule that says it has to be written in one sitting.

When you are writing your stress letter, it is important to include as many details as possible. Your military records will help you pinpoint dates, times, and places. However, service records are only one source of information. If you wrote letters home, sent emails or text messages these can also serve as evidence of what took place. Further, you can also use journal entries or a diary to make sure you don't leave anything out.

WHAT FORM SHOULD YOU USE?

The VA has two forms for what they refer to as the “stressor letter” that veterans commonly submit when applying for service-connection for PTSD. These forms are called VA Form 21-0781 and VA Form 21-0781a. These forms are used to gather information so the VA can find records corroborating in-service stressors for PTSD. Although these two forms are very similar, they are designed for use with different forms of trauma. VA Form 21-0781a is specifically for use in cases of stressors related to personal assault, including military sexual trauma and physical attacks. Any trauma which is not related to personal assault is reported on VA Form 21-0781.

THE DATE OF THE INCIDENT

One of the most difficult parts of the stressor statement is remembering the date of the incident. Typically, it has been many years since the incident or incidents which caused your PTSD. Furthermore, traumatic events tend to cause memory problems regarding specific details.

If you are unable to remember a specific date or even a general timeframe, it is best to not try and guess. It could also potentially cause credibility issues down the road.

If you are unable to remember specific dates, try to remember seasonal changes or major events which happened around the time of the event. If you can recall that it was snowy, you can narrow the timeframe down to winter. If you can remember a movie you saw in theaters or a holiday you celebrated you can use these events to narrow down the timeframe. Remember, it is better to be vague than wrong.

DESCRIPTION OF THE EVENT

The description of the event can be very painful to relay. However, it is important to be as descriptive as possible. Keeping in mind that it is better to be vague than wrong, you should try to recount as much detail as possible. This includes anything you saw, heard, smelled, tasted, etc.

It can sometimes be helpful to ask someone else to assist you in writing the statement. While the statement must be your information and signed by you, another person can clarify the statement and ask you questions about details you might have forgotten to include.

An important benefit of the 21-0781a (the form for personal assault) is the space provided for “behavioral changes” occurring after the incident. In many cases, behavioral changes can provide the tipping point for corroborating evidence. It should be included if you went from getting great performance evaluations to getting poor ones after the incident. Increased use of leave, absences without leave, incidents involving alcohol, and increased visits to sick call should be included as well. You can emphasize the relationship between the attack and subsequent behavioral problems. For example, if you didn’t want to return to your job because you worked with your attacker, you can include this information.

If you're using the VA Form 21-0781 it should also be detailed. If your stressor is based on fear of hostile or terroristic threats, you should include why you felt threatened. One important thing that can help is talking to other members of your unit who were deployed at the same time. They might be able to help you remember details.

KEY TAKEAWAYS

Whether you are filling out the VA Form 21-0781 or 0781a remember:

- Be detailed. Be careful. When in doubt about the accuracy of a detail leave it out.
- Use every part of the form. The VA gives you space to elaborate on each form, so use it.
- Try to contact people who were deployed or served with you at the same time to help with details and dates.
- When in doubt, get help. These forms are tricky to fill out alone and it is possible to hurt the case more than help it.



COMPENSATION AND PENSION EXAMINATIONS FOR PTSD

When a veteran files a VA claim for PTSD (or any disability), the VA will require the veteran undergoes a Compensation and Pension Examination (C&P exam). In this exam, the VA will verify the diagnosis for PTSD and assess the severity of the condition, even if the veteran already has a diagnosis of PTSD from a qualified medical professional.

WHAT IS THE PURPOSE OF A VA C&P EXAM FOR PTSD?

A C&P examination validates a disability claim. It is important to highlight the purpose of a C&P exam is not for the treatment of the disability. If a veteran has been receiving treatment at a VA facility, the doctor conducting the exam will not be the same doctor who treats the veteran.

HOW DO C&P EXAMINERS APPROACH THE PTSD C&P EXAM?

C&P examiners exam and review thousands of veterans per year. This means that many examiners do not have the time, energy, or resources to deeply dig into a veteran's symptoms or how they are feeling. It is critical for veterans to be honest and upfront with the C&P examiner.

The VA will typically give more weight to the diagnosis of the C&P examiner than the veteran's treating doctor. If the C&P examiner does not believe that a veteran meets the diagnostic criteria for PTSD the VA will deny the claim.

HOW DOES THE VA DIAGNOSE A VETERAN WITH MORE THAN ONE PSYCHIATRIC CONDITION?

Many times psychiatric disorders have overlapping symptoms. A veteran who suffers from PTSD will often suffer from symptoms of anxiety and/or depression. This means that an examiner may say the veteran suffers from an anxiety disorder or depression and not PTSD. However, because mental disorders are evaluated under the same VA disability rating formula under 38 C.F.R. §4130 the actual diagnoses matter less than what the VA assigns for a rating.

WHAT TESTS DOES THE VA USE TO DETERMINE IF A VETERAN HAS PTSD?

The VA uses the criteria discussed above from the Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition. All of the DSM-5 criteria must be satisfied in order for a diagnosis of PTSD. If this threshold is not met, the VA will decide that the veteran does not have a valid claim for PTSD. It is important that the veteran documents all PTSD symptoms while also staying open and honest with their treatment providers. This will help ensure that the VA gets the full picture of how PTSD is impacting their lives.

WHAT SYMPTOMS OF PTSD SHOULD BE BROUGHT UP AT A C&P EXAM?

Nightmares are one of the most intense and landmark symptoms of PTSD. However, they only fall under the 30 percent rating. This means it is important to consider other symptoms such as anger, difficulty dealing with authority, or inability to keep relationships. All symptoms, even if they aren't as intense, help show the full picture of how severe a veteran's PTSD is.

TIP: Discuss Anger and Impulse Control

It is common that two key symptoms of PTSD are not documented in the C&P exam: anger and impulse control. PTSD can affect an individual's ability to deal with stress in a "normal" manner. This means that individuals may lash out, yell, or become violent in stressful circumstances.

This means it is crucial that a veteran tells the examiner about these symptoms and even give examples of situations where an outburst has taken place. Furthermore the veteran should make sure to order a copy of their C&P exam report so that they can make certain their symptoms are accurately reflected in the report.

HOW SHOULD A VETERAN HANDLE A C&P EXAM?

Prior to the Exam

1. Review the criteria the VA uses to rate PTSD.
2. Think about how your PTSD affects you.
3. Talk to individuals who are close to you and ask them what they observe.
4. Write a list of your symptoms, even if they are embarrassing or difficult to discuss. Indicate how severe the symptoms are, examples of when the symptoms occur, and bring the list with you.

At the Exam

1. Arrive on time!
2. Be polite and be as honest and forthright as possible. Make sure to be completely honest about your symptoms. Don't exaggerate your symptoms but don't understate them either.
3. Take a witness to the exam if possible.
4. Ask for the examiner's business card.

TIP: Don't change how you appear or act for a C&P examination. You need to show the VA what your symptoms are like. This means that if you do not shave or brush your hair at home, you should not shave or brush your hair for your examination. Your goal is not to make a good impression. Your goal is to give the VA an accurate impression of yourself.

After the Exam

After the C&P examination write down your thoughts about the examination. Make notes about:

- Whether the exam was thorough
- Whether tests were performed
- Whether you were able to express all of your thoughts about your disability
- The length of the examination
- Any observations about the examiner

VA DISABILITY RATING FOR PTSD

Once a veteran's PTSD has been service-connected, the VA will assign it a disability rating. The disability rating represents the average impairment in the veterans earning capacity resulting from the disability. Or in other words, how much PTSD interferes with the veteran's ability to work. When the VA is evaluating a claim for PTSD it will look to both the VA rating formula and the DSM-5.

THE GENERAL RATING FORMULA FOR MENTAL HEALTH CONDITIONS

The VA rating formula goes from 0 percent to 100 percent, in increments of 10. A veteran's PTSD can be rated as 0, 10, 30, 50, 70, or 100 percent debilitating.

A 0 percent rating means that a mental condition has been diagnosed but the symptoms either do not interfere with occupational and social functioning or do not require continuous medication. A 100 percent rating means that there is total occupational and social impairment due to PTSD.

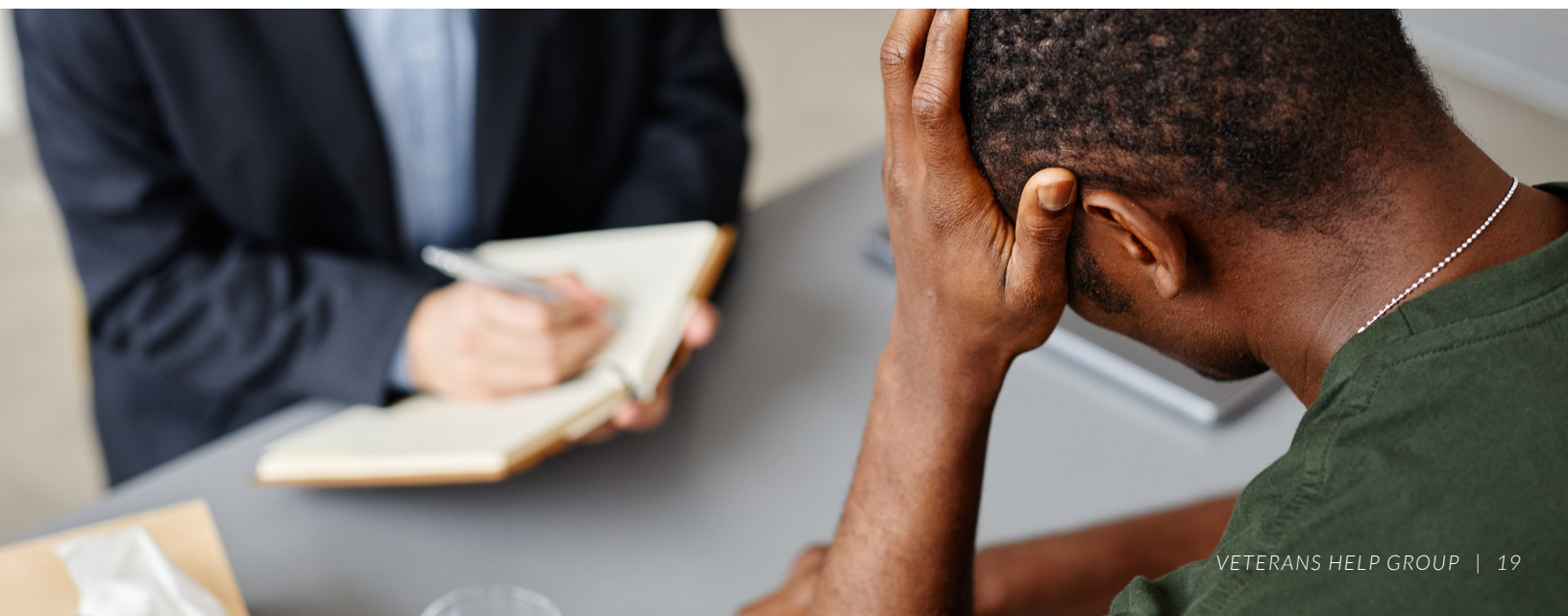
RATING	SYMPTOMS
100%	<p>The Ability to Care for Yourself: The individual cannot take care of themselves at all. Constant or near constant hospitalization and one-on-one supervision is required.</p> <p>Medications: The individual requires psychiatric medication at all times.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Regular or constant delusions or hallucinations and the inability to tell fact from fiction • Completely inappropriate behavior • Constant danger of hurting self or others • Significant memory loss • Cannot understand the idea of time or place • Cannot properly reason, think, or communicate logically • Constant anxiety, fear, suspicion <p>The Ability to Work: The individual cannot work at all.</p> <p>Social Relationships: The individual cannot participate in any relationships.</p>
70%	<p>The Ability to Care for Yourself: This individual cannot take care of himself most of the time. They are in the hospital, a care facility, or being taken care of by family members all the time, and require one-on-one supervision 50% of the time. This person cannot take care of their own personal hygiene.</p> <p>Medications: This individual requires psychiatric medication at all times.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • There is the regular possibility of hurting self or others • Cannot communicate logically • Actively psychotic, but may have intermittent contact with reality • Obsessive-compulsive behavior that causes repetitive physical actions that interfere with daily necessities • Severe, constant anxiety • Mood often changes radically without warning • Almost constant severe depression or panic, with the inability to function at all in stressful situations • Cannot control impulsive actions like anger, violence • Often disoriented to time and place <p>The Ability to Work: May not be able to work at all or may be severely under employed.</p> <p>Social Relationships: Cannot participate in any relationships most of the time.</p>

RATING	SYMPTOMS
50%	<p>The Ability to Care for Yourself: The individual is occasionally hospitalized but can mostly take care of the basic personal needs like bathing or going to the bathroom - although their hygiene may not be kept up regularly. They may also be able to function in areas like shopping, driving, cleaning, etc.</p> <p>Medications: This individual requires psychiatric medication at all time.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Trouble expressing or showing emotions • Always shows significant signs of anxiety • Regularly give unnecessary or unrelated details when communicating • Two or more panic attacks a week • Trouble understanding complex directions • Trouble remembering things • Trouble thinking logically and often has poor judgment • A serious lack of, or seriously increased mood or motivation • Occasional delusions or hallucinations • Regular to nightly trouble sleeping • Complaints of physical symptoms • Suicidal thoughts but no definite plan to hurt himself <p>The Ability to Work: Individual may try to work, but will not be able to hold a job for more than 3 or 4 months because of their inability to remember or follow all directions. This individual would only be hired for jobs like cleaning, picking up trash, or other simple-task jobs.</p> <p>Social Relationships: This individual may try to build and engage in relationships but there relationships would not last long in most situations.</p>
30%	<p>The Ability to Care for Yourself: This individual may have occasional, short hospitalizations, but can entirely take care of themselves most of the time.</p> <p>Medications: This individual usually requires medication to function normally.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Spikes or drops in mood, like depression • Often anxious or becomes easily stressed • Panic attacks occur, but no more than once a week • Difficulty sleeping • Mild memory loss • Often suspicious of other people <p>The Ability to Work: This individual will be able to work and will usually function normally.</p> <p>Social Relationships: This individual will normally have fairly stable relationships. These relationships will not be great and will often be strained.</p>

RATING	SYMPTOMS
10%	<p>The Ability to Care for Yourself: This individual will always be able to take care of himself and will very rarely, if ever, be hospitalized.</p> <p>Medications: This individual may or may not be taking medication.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Mild depression or other mood changes • Mild to moderate anxiety • Mild panic attack may occur, but very rarely • Occasional difficulty sleeping • A range of other, very mild symptoms <p>The Ability to Work: This individual will be fully employable and will very rarely have any problems at work that are caused by the mental conditions.</p> <p>Social Relationships: This individual will have full, functional relationships, with only occasional, mild stresses that are caused by the condition.</p>
0%	<p>If a mental condition has been diagnosed but there are no symptoms that impair social or occupational functioning or require medication.</p>

Note: If the mental condition required 21 days or more of hospitalization, the condition is rated 100% while being treated. The 100% rating will continue for duration of hospitalization, and then return to the previous rating after the service member is discharged from the hospital.

If the condition requires hospitalization for 6 months or more, the 100% hospitalization rating will continue for an additional 6 months after the service member is discharged. After this 6 month period, the condition will be re-evaluated and rated based on any remaining symptoms.



THE VA RATINGS FOR PTSD

When determining the appropriate rating, the VA considers the impact of the service-connected PTSD on occupational and social impairment. Symptoms that the VA considers when rating PTSD include, but are not limited to:

- Impairment in thought processes or communication;
- Grossly inappropriate behavior;
- Persistent danger of hurting self or others;
- Suicidal ideation;
- Intermittent inability to perform activities of daily living;
- Memory loss;
- Panic or depression affecting the ability to function;
- Impaired impulse control;
- Chronic sleep impairment; and
- Decreased work efficiency.

During the VA's rater's evaluation they will also consider multiple things in regards to symptoms:

- Frequency of psychiatric symptoms
- Severity of psychiatric symptoms
- Duration of psychiatric symptoms
- Length of remissions

WHAT IF A VETERAN EXHIBITS SYMPTOMS OF TWO PTSD RATINGS?

VA regulations provide that “where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria for that rating. Otherwise the lower rating will be assigned.”



CAN THE VA REDUCE YOUR

PTSD RATING?

Yes. Your PTSD rating can be reduced. The VA can lower your disability rating and reduce your monthly benefits for PTSD if it feels that your condition has improved. Follow certain guidelines in doing so.

WHY CAN THE VA REDUCE YOUR PTSD RATING?

Your VA disability rating for PTSD is based on how your condition affects your ability to work and carry out daily living activities. When you get approved for benefits for PTSD or any other condition, the VA assigns you a disability rating between 0 and 100 percent in increments of 10 percent.

This rating shows the level of functional impairment caused by your condition based on the VA's review of your medical records and evidence. The rating you receive is assigned by the VA when your service connection is established. But PTSD can either improve or deteriorate over time. If it does, the VA may attempt to raise or lower your rating to match your current conditions.

For example, suppose you return from combat with PTSD which leaves you unable to leave your house, feed yourself, or work. You apply for service-connection and submit evidence detailing your condition. The VA assigns you a 100 percent rating based on your inability to work or carry out daily living activities.

Suppose you then undergo intensive therapy. Although you still have PTSD it is now only moderate and you are able to work. If the VA decides to examine you, VA may lower your rating from 100 percent to 50 percent.

WHEN CAN THE VA REDUCE PTSD RATINGS?

The VA is able to reduce PTSD ratings, but must follow specific rules when doing so. The VA normally starts the process of reducing a rating under two circumstances:

1. **Scheduled Re-Examinations:** The VA will evaluate (after you are granted service connection) whether your disability should be scheduled for a future re-examination to determine if your benefits need to be readjusted. The VA usually makes these determinations if they believe your disability can be expected to improve. Typically, the first re-examination will be scheduled 2-5 years from the date of your first Rating Decision.
2. **Evidence of Change in Condition.** The VA can also order a re-examination at any time if there is new, relevant medical evidence that your disability has improved.

WHAT RULES MUST THE VA FOLLOW WHEN REDUCING PTSD RATINGS?

When reducing your ratings for PTSD, the VA must adhere to the following rules:

1. A proposed rating (as well as final decision) must be based on a review of the veteran's entire medical history.
2. The VA must show that there has been material improvement in the veteran's ability to function under the ordinary conditions and stressors of life and work.
3. Examination reports must be based on thorough examinations and contain adequate rationale for all conclusions that are drawn.

WHAT SHOULD YOU DO IF THE VA PROPOSES TO REDUCE YOUR PTSD RATING?

Before reducing your benefits, the VA is required to send a letter proposing to reduce your benefits. From the date of the letter proposing to reduce your PTSD rating, you have 60 days to submit evidence if you believe this is not warranted. Within the first 30 days of the 60 day period, you also have the option to request a hearing. The VA must consider all evidence submitted during these 60 days and all previous evidence and medical records associated with your file.

Evidence may include doctor's opinions and records, statements from family and friends, and employment records if your PTSD has caused you to miss work on a regular basis.

If the VA sends a final decision that reduces your PTSD rating, you have the right to file an appeal.

WHEN DOES MY PTSD RATING BECOME PROTECTED FROM REDUCTION?

Under certain circumstances the VA has a more difficult burden to meet before they can reduce your PTSD rating.

Stabilized Ratings: 5 Years or More

Any PTSD rating that has remained at the same level for five years or longer is considered to be "stabilized." In addition to the general rating reduction rules listed above, the VA must show sustained improvement in order to propose a reduction.

Sustained improvement can mean two things:

1. The VA cannot use just one re-examination to show sustained improvement. The VA must show through medical records and a re-examination that you are not just temporarily experiencing improvement; or



2. the VA must show that evidence in your file predominately demonstrates “sustained” improvement. Either way, it is often difficult for the VA to establish sustained improvement after five years.

100% Total Disability Ratings for PTSD

The VA can reduce a total PTSD rating (i.e. 100%) only if there is material improvement in the veteran’s condition. This means that the VA must provide evidence that your PTSD has improved such that there has been an observable change in your ability to function under the ordinary conditions of daily life.

Continuous Ratings: 20 Years or More

If your PTSD has been rated at or above a certain rating level for 20 years or longer, it is considered to be continuous. The VA cannot reduce a continuous PTSD rating below the original rating level. For Example. If your PTSD was originally rated at 30% and fluctuated between 30% and 70% over the next 20 years (without going below 30%), the VA cannot reduce the rating below 30%





TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY FOR PTSD

TDIU is a benefit that allows veterans to be compensated at the VA's 100 percent disability rate even if their combined schedular disability rating does not equal 100 percent. TDIU is awarded where veterans are unable to secure and follow substantially gainful employment as a result of their service-connected conditions.

WHAT HAPPENS IF A VETERAN CANNOT GET 100% FOR PTSD?

When a veteran is severely disabled, their goal is to get to a 100 percent disability rating. However, this is not always possible through the VA rating schedule. PTSD is known for being especially difficult to get a 100 percent rating, typically the highest one assigned is 70 percent.

But this does not mean a veteran needs to give up hope. There is another way to be awarded a 100 percent rating: total disability based on individual unemployability (TDIU).

WHAT DOES THE VA CONSIDER FOR TDIU BASED ON PTSD?

When making a determination of TDIU, the VA will consider factors such as:

- Frequency and duration of periods of incapacity
- Time lost from work due to the disability

- The veteran's employment history and current employment status
- Veteran's educational history
- Veteran's annual income from employment, if any
- If the veteran is taking PTSD medication and what side effects may exist which could affect employability

If it appears that the veteran cannot work due to PTSD, the VA will schedule a PTSD C&P examination for employability. In this exam the examiner will decide whether it is as least as likely as not that the veteran's service-connected PTSD makes them unable to work.

HOW DO YOU PROVE TDIU?

When the VA evaluates a claim for TDIU, it first looks at whether the veteran meets the schedular requirements for TDIU:

- Veterans with One Service-Connected Condition. The condition must be rated greater than or equal to 60-percent for that condition.
- Veterans with Two or More Service-Connected Conditions. At least one condition must be rated at or above 40 percent. The combined ratings of the disabilities must be at least equal to 70 percent.

For the purposes of TDIU, the VA considers the following combinations as a "single disability":

- One involving one or both arms, or legs, including the bilateral factor;
- Disabilities resulting from a common problem or accident;
- Disabilities affecting a single body system (i.e. orthopedic, respiratory);
- Multiple injuries incurred in action; and/or
- Multiple injuries incurred as a prisoner of war

WHAT IF THE PTSD RATING IS LESS THAN 70%?

If a veteran does not meet the 60-percent single disability or 70-percent combined disabilities the VA still allows for TDIU. The VA recognizes that some veterans cannot work because of their service-connected disabilities even when they do not meet the schedular requirements.

In these cases, the Regional Office submits the claim to the Director of the Compensation and Pension Service. The Director reviews the claim for extraschedular consideration. The Regional Office must then prepare a statement regarding the veteran's disabilities, work, and all other factors bearing on the issue.

Receiving TDIU through extraschedular consideration can take a long time. However, it is very rare for the Regional Office to refer a claim for TDIU for extraschedular consideration.

WHAT IS TDIU SUBSTANTIALLY GAINFUL EMPLOYMENT?

The phrase “unable to secure and follow a substantially gainful employment” has two components, an economic and noneconomic one.

The economic component refers to the veteran’s ability to earn more than a marginal income as determined by the federal poverty threshold for a single person. As of today, the federal poverty threshold for 2020 is \$12,760.

The noneconomic component involves what the VA must assess in determining if a veteran can actually work. The VA must give attention to:

- Veteran’s history and education, skills, and training;
- Whether the veteran has the physical ability to perform the type of activities required by the occupation at issue – including limitations on lifting, bending, sitting, standing, walking, etc., as well as auditory/visual limits; and
- Whether the veteran has the mental ability to perform activities required by the occupation at issue – including limitations on memory, concentration, ability to adapt to change, handle work place stress, get along with coworkers, and demonstrate reliability and productivity.

Any service-connected mental or physical impairment or a combination of the two can qualify a veteran for individual employability benefits.

CAN YOU WORK WHILE ON TDIU?

Individual unemployability benefits are reserved for veterans whose service-connected disabilities prevent them from obtaining and maintaining substantially gainful employment. However, there are two situations where a veteran may be employed and still qualify for TDIU:

- Marginal Employment. Veterans who are currently working but earn below the federal poverty threshold may qualify for individual unemployability benefits.
- Protected Work Environment. When special accommodations are made by an employer that allow a veteran to work with no reduction in pay or benefits it is called a protected work environment. Veterans employed in a protected work environment may still qualify for TDIU from the VA.

TIPS FOR YOUR PTSD CLAIM

TIP #1: RECOGNIZE AND DOCUMENT SYMPTOMS WHEN THEY ARISE.

Many veterans do not want to leave service and immediately complain about any medical conditions, especially the feelings and anxiety that result from PTSD. As a result, you may deal with the problem on your own for many years without getting help. Then after many years, the problem

and symptoms become so severe that you go see a doctor. At this time, many years have passed and the VA may say they do not trust that you have been continuously suffering since getting out of service.

You should document ongoing problems even if you perceive them to be minor. But do not worry, even if you did not do this you can still win! You likely will have to explain the gap in medical treatment and provide alternative forms of evidence such as, statements from friends or family.

TIP #2: GET TREATMENT FOR YOUR PTSD.

Make sure you get treatment for your PTSD. From the VA's viewpoint, if you are not treating your condition-then it must not be severe. Therefore you may not need VA disability benefits.

Receiving treatment also helps create a record of your PTSD. Your treating physician's record can be submitted to the VA when you are applying for benefits.

It is important to know you can receive treatment by doctors outside of the VA system. Those records are just as important and can be submitted as well. If you have more than one doctor you can submit all their records that pertain to your PTSD.

TIP #3: YOU DO NOT HAVE TO LIMIT YOURSELF TO ONLY ONE STRESSOR

Do not feel like you have to limit yourself to only one stressor. There can be multiple stressors which cause or relate to your PTSD. Sometimes you may focus on only one hard to prove stressor instead of multiple easier to prove stressors. Make sure to think about and include any stressors you experienced which related to your PTSD.

TIP #4: REACH OUT TO BUDDIES YOU SERVED WITH

Sometimes you may be missing evidence of a PTSD stressor, or not remember all the important details. You can obtain statements from people you served with and use them for your claim. Sometimes your records are incomplete and you need witnesses to prove you experienced a traumatic event. Reaching out and talking to your buddies you served with can help complete these records and help you develop your claim.

TIP #5: USE STATEMENTS OF FRIENDS AND FAMILY TO DOCUMENT THE NATURE AND SYMPTOMS OF YOUR DISABILITY

An invaluable piece of evidence you can use are buddy statements, or statements from friends, family, and those you served with. These statements can address and corroborate a stressor that occurred in service (i.e. an IED that is not in your military records), symptoms you have been struggling with, or the impact the disability has on your daily life.

TIP #6: GET A COMPLETE COPY OF YOUR CLAIMS FILE, INCLUDING SERVICE TREATMENT RECORDS AND POST-SERVICE TREATMENT RECORDS

In order to be able to properly develop your case, you need to be able to analyze what evidence exists and then be able to assess whether you have sufficient evidence to meet all the required criteria.

There are multiple ways to request your service treatment records: through milConnect, through mail or fax with an SF 180, or in person at the National Personnel Records Center (NPRC). More information is available at:

<https://www.va.gov/records/get-military-service-records/>

TIP #7: UNDERSTAND THE BASICS OF THE CLAIMS AND APPEALS PROCESS

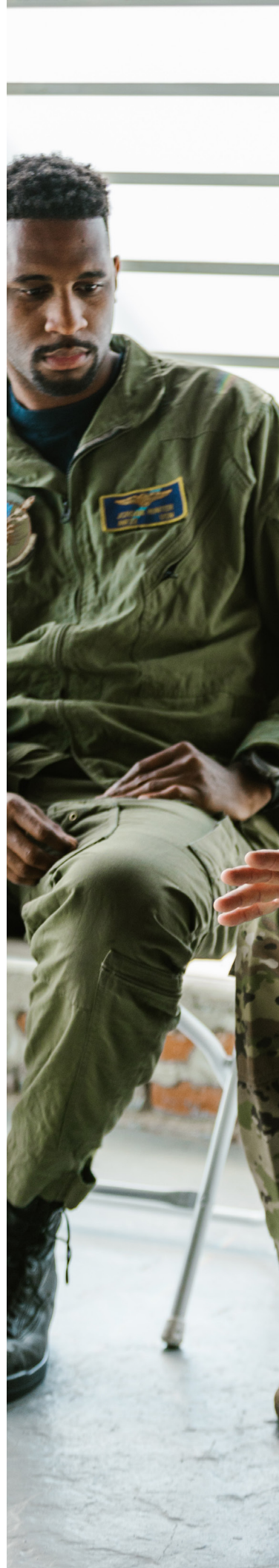
The more you understand about how the VA's claims and appeals process works, the more power you will have over your claim. Knowing when to take certain actions or what the process will look like can help ease some of the stress and frustration often experienced by veterans seeking benefits. The Veterans Disability Blog on our website can serve as a valuable educational tool for this information. We also have put together an e-book discussing the claims and appeals process to help you better navigate the system. [LINK FOR E-BOOK]

TIP #8: KEEP THE VA UPDATED

Make sure that the VA has up-to-date contact information for you, including your address. The VA is only obligated to send correspondence related to your VA claim to the address on file. If your address is incorrect or out-of-date, you can risk your claim being delayed or even potentially closed due to missed deadlines.

Make sure you also update the VA with any changes in dependency status, including recent marriage or divorce, or birth of a child. Failure to update the VA about a divorce or dependency status could result in an overpayment of dependency benefits which you would likely have to pay back. If you have recently gotten married, making sure you update this information could result in more monthly compensation.

Finally, be sure to update the VA with any change in your bank information so there are no delays in your monthly benefits. As with all updates, the burden is on the veteran to inform the VA.





TIP #9: ATTEND YOUR C&P EXAMINATION AND OBTAIN AND COPY OF THE C&P REPORT

Compensation and Pension examinations are medical exams ordered by the VA to assess the etiology and/or severity of a veteran's disability when they are pursuing a disability compensation claim. The VA weighs the results of this examination very heavily.

If you do not attend your initial exam for service connection, there is a high likelihood your claim will be denied. Further, if you fail to attend your exam for an increased rating claim, the VA may have to rely on outdated medical evidence which may not show the progression of your symptoms. If you know you are unable to attend your upcoming examination you should reach out to the VA as soon as possible to reschedule.

If the VA sends you for a C&P exam, make sure you obtain a copy of the report. If it is not favorable, you will then be able to submit rebuttal evidence from your own doctor(s).

TIP #10: HIRE AN EXPERIENCED ADVOCATE

Ultimately, if you want to ensure your VA disability claim is done correctly, hire an experienced advocate. Some veterans fight against the VA for years alone and can keep getting denied because they do not know VA law.

PTSD RESOURCES

- Veterans Help Group Blog Posts on PTSD:
- National Center for PTSD: <http://www.ptsd.va.gov/index.asp>
- National Alliance on Mental Illness: <https://www.nami.org>
- Where to Get Help: <http://www.ptsd.va/public/where-to-get-help.asp>
- Veterans Crisis Line: <http://veteranscrisisline.net/>
- SWAN (Service Women's Action Network): <http://servicewomen.org>
- VA MST Services: <http://www.mentalhealth.va.gov/msthome.asp>
- SAPRO (Sexual Assault Prevention and Response Office): <http://www.sapr.mil/>
- RAINN Safe Helpline: <https://rainn.org/dod-safe-helpline>

DO YOU NEED A VA DISABILITY ADVOCATE?

First, ask yourself the following questions:

- Do you trust the VA to give you what you are entitled to?
- Do you believe the VA is doing everything it can to assist you in obtaining your benefits?
- Do you believe the VA is telling you everything that you are entitled to?
- Do you believe you fully understand VA law and regulations?
- Would you go to court without an advocate?

If you answered “no” to any of these questions, then you may need an advocate. An experienced VA disability advocate knows the VA’s laws and regulations, and understands what you are legally entitled to receive. An advocate can then use that knowledge to level the playing field for veterans.

WHY YOU NEED VETERANS HELP GROUP

- Having an advocate increases your chances of winning. According to the VA’s own statistics you are twice as likely to win an appeal with an advocate rather than fighting it alone. (Board of Veterans’ Appeals Report of the Chairman Fiscal Year 2012).
- Communication. We know how the VA treats veterans and how hard it is to talk to someone about your medical history or claims. We pride ourselves in our commitment to communicate with clients as much as they need.
- Experience. We have been successfully helping veterans win VA disability benefits since 1995. Read our Recent Victories and Testimonials from satisfied clients on our website at VeteransHelpGroup.com.
- Leaders in VA law. We are leaders in VA law. Many of our advocates serve or have served in various leadership positions in the field of VA law and lecture and train other advocates and agents. For more information check out the Profiles of our advocates and veteran advocates on our website at VeteransHelpGroup.com.

- We know the law! The VA regulations and laws are over 2,000 single spaced pages. Our advocates know these regulations and laws inside and out.
- Resources. We have access to extensive resources that allow us to secure evidence, including vocational expert reports, to support your claim and appeal.
- Evidence. We gather military and medical records and review them to find the evidence to help win cases.
- Medical Treatment. We advise clients on seeking medical treatment and we may refer them to medical experts for evaluations. We work with treating and other expert medical and mental health professionals.
- NO FEES UNLESS YOU WIN. We do not charge any fees unless we are successful in your appeal and then we are only paid a fee based on a percentage of the back pay we recover for you.
- If it appears that the veteran cannot work due to PTSD, the VA will schedule a PTSD C&P examination for employability. In this exam the examiner will decide whether it is as least as likely as not that the veteran's service-connected PTSD makes them unable to work.



CONTACT VETERANS HELP GROUP TODAY!

Veterans Help Group focuses on one thing: getting veterans the benefits they deserve. If you or a loved one served, and is unable to work we are here to help. Call Veterans Help Group at (800) 953-6224 or complete our free veterans benefits case evaluation form at VeteransHelpGroup.com

