Client Name:	[redacted]	Date of Birth:	[redacted]
Date of Assessment:	[redacted]	Date of Report:	

COMPENSATION AND PENSION

Initial Evaluation for PTSD

(DBQ 17016)

IDENTIFYING INFORMATION: Veteran is a 52-year-old, single male who was referred for evaluation for Compensation and Pension issues.

Veteran presented as well-groomed and appropriately dressed. He was oriented x5 to date, month, year, day of the week, and reason for the interview. Veteran demonstrated appropriate receptive and expressive language during the interview.

SECTION I

1. Diagnostic summary: This section should be completed based on the current examination and clinical findings.

a. Does the Veteran now have or has he/she ever been diagnosed with PTSD?

x Yes No

If yes, continue to complete this Questionnaire.

If no diagnosis of PTSD, and the Veteran has another Mental Disorder, then continue to complete this Questionnaire and/or the Eating Disorder Questionnaire:

2. Current diagnoses

a. Mental Disorder Diagnosis #1: Post-traumatic Stress Disorder

Comments, if any: none.

b. Mental Disorder Diagnosis #2: Somatic Symptom Disorder with depressive and anxious features.

Comments, if any: erectile dysfunction, pain in feet, back, arms, and hands

b. Medical diagnoses relevant to the understanding or management of the Mental Health

Disorder (to include TBI):

Comments, if any:

3. Differentiation of symptoms:

a. Does the Veteran have more than one mental disorder diagnosed?

x Yes No

If yes, complete the following question (3b):

b. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

x Yes No Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses:

If yes, list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses:

The diagnostic criteria for Somatic Symptom Disorder states that the person must experience concern over physical health or anxiety over somatic conditions for at least 6 months. For most people, the symptoms are serious enough to cause significant problems in multiple aspects of their life.

Sexual problems or sexual dysfunction can refer to a wide range of issues including decreased sexual desire, premature ejaculation, or erectile dysfunction. Studies have found that people exposed to traumatic events are more likely to experience sexual dysfunction. The traumatic event may contribute to feeling anxious rather than relaxed in intimate settings.

Discuss whether there is any clinical association between those diagnoses:

A person may worry excessively over certain health sensations and symptoms, when there is no overt physical or medical cause for the symptoms. Anxiety disorders often coexist with medical conditions; in some patients, anxiety can aggravate and/or contribute to the medical condition, while for others, the medical condition is the underlying cause. If someone is chronically oxygen deprived from not breathing at night due to sleep apnea, carbon dioxide will build up, which can increase the acidity levels in the amygdala, which is the area of the brain that processes fear and behavior. This biochemical reaction, along with generalized nervous system over-responsiveness that comes along with inefficient

sleep, can contribute to feeling stressed, anxious, or on edge. Further, researchers believe that sleep affects learning and memory in two ways: (a) Lack of sleep impairs a person's ability to focus and learn efficiently; and (b) Sleep is necessary to consolidate a memory (make it stick) so that it can be recalled in the future.

c. Does the Veteran have a diagnosed traumatic brain injury (TBI)?

Yes x No

Comments, if any: none.

If yes, complete the following question (3d):

d. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

Yes No x Not applicable (N/A)

4. Occupational and social impairment

a. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses?
(Check only one)

No mental disorder diagnosis
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by medication
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although generally functioning satisfactorily, with normal routine behavior, self-care and conversation
Occupational and social impairment with reduced reliability and productivity
Occupational and social impairment with deficiencies in most areas, such as work, school, family relations, judgment, thinking and/or mood
x Total occupational and social impairment

b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?

Yes x No No other mental disorder has been diagnosed

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis:

The diagnoses are intertwined, and his current impairments are primarily due to PTSD since he has been occupationally and socially impaired for more than 6 months. Distinguishing between mental health disorders is generally more difficult than distinguishing between medical conditions. Many of the symptoms have a definite overlap.

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBI?

Yes No x No diagnosis of TBI

SECTION II

Clinical findings

1. Evidence review: In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

Medical record review

Was the Veteran's VA claims file reviewed?

x Yes No

a. Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed?

Yes x No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

If no, check all records reviewed:
Military service treatment records
Military service personnel records
Military enlistment examination
Military separation examination
Military post-deployment questionnaire
Department of Defense Form 214 Separation Documents
Veterans Health Administration medical records (VA treatment records)
Civilian medical records
Interviews with collateral witnesses (family and others who have known the veteran

before and after military service)
No records were reviewed

Other: none.

b. Was pertinent information from collateral sources reviewed?

Yes x No

If yes, describe: n/a.

Evidence Comments:

2. History:

a. Relevant Social/Marital/Family history:

Pre – One of four children born to an intact family in Atlanta, Georgia. Describes a supportive childhood with a good neighborhood of friends and relationships. Played several sports and was active in boy scouts. No academic issues were reported that impacted his progress in school. Completed 2 years of college and worked between high school and joining the military.

In – Joined the Marine Corps at 22 years old served for 4 years and 2 months. Describes himself as being social with others while on active duty.

Post – Veteran is single with no children and avoids being around others.

b. Relevant Occupational and Educational history:

Occupational: Real Estate license (2007)
Pre – Prior to joining the Marines, veteran worked in a Persian rug gallery and in a grocery store.

In – While in the Marines, veteran was an infantry squad leader with 12 marines under his command.

Post – Veteran reports he has had about 90 jobs since he discharged, his emotional dysregulation impacted his ability to keep a job.

Educational:

Pre – Veteran graduated high school and completed some college.

In – none

Post – Completed his undergraduate degree in Business administration.

c. Relevant Mental Health history, to include prescribed medications and family mental health:

Pre – none

In – none

Post – features depression and PTSD – prescribed sertraline.

d. Relevant Legal and Behavioral history:

Pre – none

In – none

Post – Veteran reports several issues related to behaviors making keeping a job difficult and maintaining relationships, e.g., violent, angry, flying off the handle, adjusting to civilian standards from military standards.

e. Relevant Substance Abuse history:

Pre – none

In – none

Post – Veteran reports issues in the past with drug abuse but not recently.

f. Other, if any: none.

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: His company was performing an amphibious assault in Ecuador with live fire. Following the exercise, veteran was on the beach talking to his commander when he saw a young child in his line of sight pick up an unexploded ordinance. While the child was bouncing the ordinance in his hand, it exploded, ripping the child in half.

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

X Yes

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

X No

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

X No

3. PTSD diagnostic criteria

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:
Directly experiencing the traumatic event(s)
x Witnessing, in person, the traumatic event(s) as they occurred to others
Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related-

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
x Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)
x Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s) – waking up and unable to sleep
x Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
x Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

x Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s) – heart races, chest tightens, dizzy, sweating

Criterion C: 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:
x Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
x Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s) – avoids crowds, avoid children

Criterion D: 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:

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).
x Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined") – knows how dangerous the world can really be.

Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others-
x Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame) – anger, irritability, nervous, guilt.
x Markedly diminished interest or participation in significant activities – due to avoiding triggers and crowds.
x Feelings of detachment or estrangement from others – doesn't feel like civilians understand what he went through and how it has affected him in the present.
x Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)-decreased interest in pleasurable activities, decreased happiness.

Criterion E: 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:
x Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects

Reckless or self-destructive behavior
x Hypervigilance.
x Exaggerated startle response.
x Problems with concentration.

Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep): difficulty falling asleep, staying asleep and restless sleep

Criterion F:
x The duration of the symptoms described above in Criteria B, C and D are more than 1 month.
Veteran does not meet full criteria for PTSD

Criterion G: Clinically significant distress or impairment:
x The PTSD symptoms described above cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
The PTSD symptoms described above do NOT cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Veteran does not meet full criteria for PTSD

Criterion H:
x The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

4. Symptoms: For VA rating purposes, check all symptoms that actively apply to the Veteran's diagnoses.
x Depressed mood
x Anxiety
x Suspiciousness – due to PTSD.
Panic attacks that occur weekly or less often
x Panic attacks more than once a week
Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
x Chronic sleep impairment
x Mild memory loss, such as forgetting names, directions or recent events-forgets names of people he's just met; forgets recent events he witnessed.
x Impairment of short- and long-term memory, for example, retention of only highly learned material, while forgetting to complete tasks-
Memory loss for names of close relatives, own occupation, or own name
x Flattened affect
Circumstantial, circumlocutory or stereotyped speech
Speech intermittently illogical, obscure, or irrelevant
x Difficulty in understanding complex commands
Impaired judgment
Impaired abstract thinking
Gross impairment in thought processes or communication
x Disturbances of motivation and mood
x Difficulty in establishing and maintaining effective work and social relationships
x Difficulty in adapting to stressful circumstances, including work or a work like setting
x Inability to establish and maintain effective relationships
x Suicidal ideation: still has thoughts, medication is helping

[] I believe this Veteran/Service Member should be considered a CURRENT IMMINENT RISK.
[x] I believe this Veteran/Service Member should be considered an INCREASED but not current imminent risk.
[] I do not believe this Veteran/Service Member should be considered a current imminent or increased risk.

Please advise whether the veteran was equipped with the VA crisis line (800-273-TALK): He has it.

x Obsessional rituals which interfere with routine activities – cleaning and recleaning things; collecting boxes and stacking them, stacking and restacking boxes; constantly checks locks on doors and windows; has extra security on his house; keeps personal protection devices handy at all times.
x Impaired impulse control, such as unprovoked irritability with periods of violence-has thrown things, hit things; and broken things.
Spatial disorientation
Persistent delusions or hallucinations
Grossly inappropriate behavior-road rage.
Persistent danger of hurting self or others
Neglect of personal appearance and hygiene
Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
Disorientation to time or place

Behavioral Observations:

Criterion I: Which stressor(s) contributed to the Veterans PTSD diagnosis?
Stressor #1

Other, please indicate stressor number (i.e. stressor #5, #6, etc.) as indicated above: none.

5. Other symptoms: Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?

x No

If yes, describe:

6. Competency: Is the Veteran capable of managing hisfinancial affairs?

x Yes

If no, explain: n/a.

7. Remarks (including any testing results) if any:

Nexus statement(s):

a) The Veteran's PTSD is more likely than not due to the in-service stressors he experienced, specifically, his career field demands.
b) Veteran's Somatic Symptom Disorder (erectile dysfunction, pain in feet, hands, back, and arms) and corresponding mood symptoms are due to the veteran's service-connected duties.

Rationale:

a) PTSD is caused by high-pressure and excessively stressful environments and witnessing life-threatening injuries. He was exposed to multiple qualifying events during his service.
b) Combat veterans with PTSD experience a significantly higher rate of sexual dysfunction than veterans without PTSD and show impairments in some specific domains of sexual dysfunction
c) Pain intensity and pain self-efficacy beliefs were significantly related to physical disability and depression. In hierarchical multiple regression analyses, after controlling for patients' background variables and pain intensity, pain self-efficacy beliefs accounted for significant variance in depression and physical disability over and above the effect of demographic variables and pain intensity. Patients with higher pain self-efficacy, compared to those with lower self-efficacy, were less depressed and less physically disabled. Pain self-efficacy was more strongly related to depression and physical disability than pain intensity and demographic variables. The findings of present research suggest the importance of targeting pain self-efficacy beliefs for modification in treatment of patients with chronic pain.
d) His ongoing symptoms have become increasingly severe over time and are significant barriers to his functioning in multiple areas of his life.

Statement of Employability: His PTSD, erectile dysfunction, and chronic pain are severe and significant barriers in several areas of his life.

Thank you for this referral. Please feel free to contact me at the above phone number or email address if you have further questions or comments. Let me know if you see any factual errors.

Sincerely,