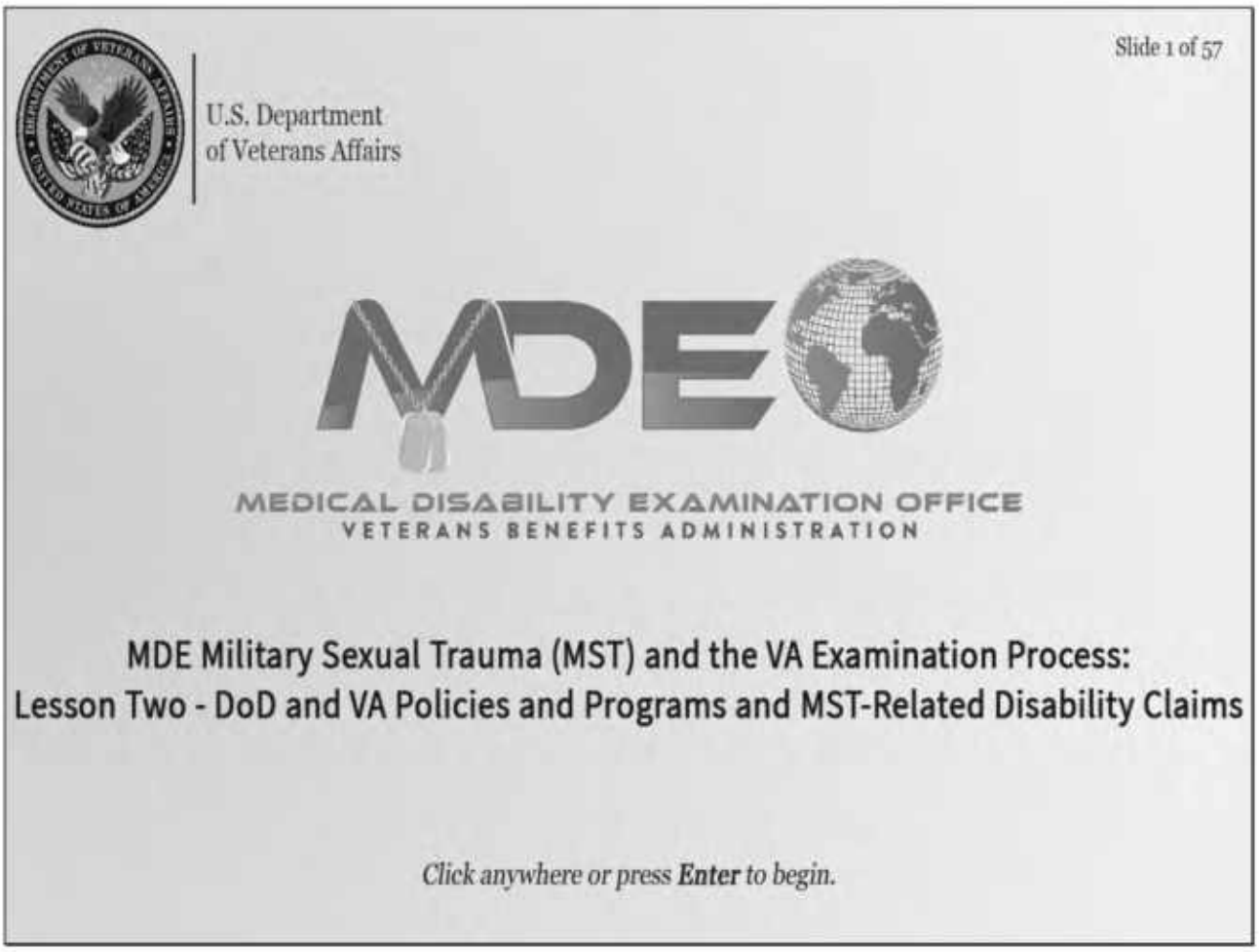
Slide 1 - Intro



Lesson Time

30 minutes

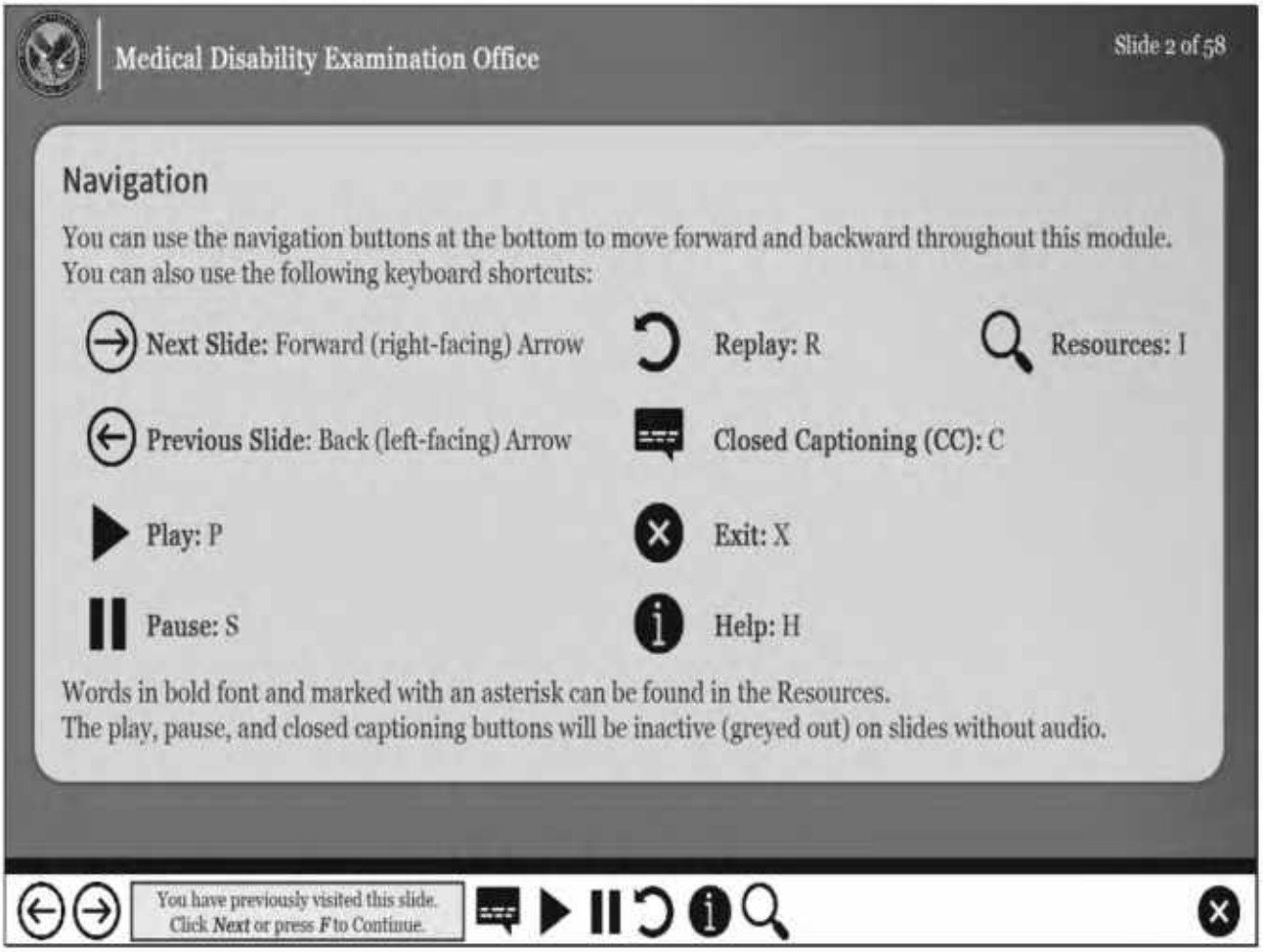
Core Content

Course Material

Evaluation

Course Assessment

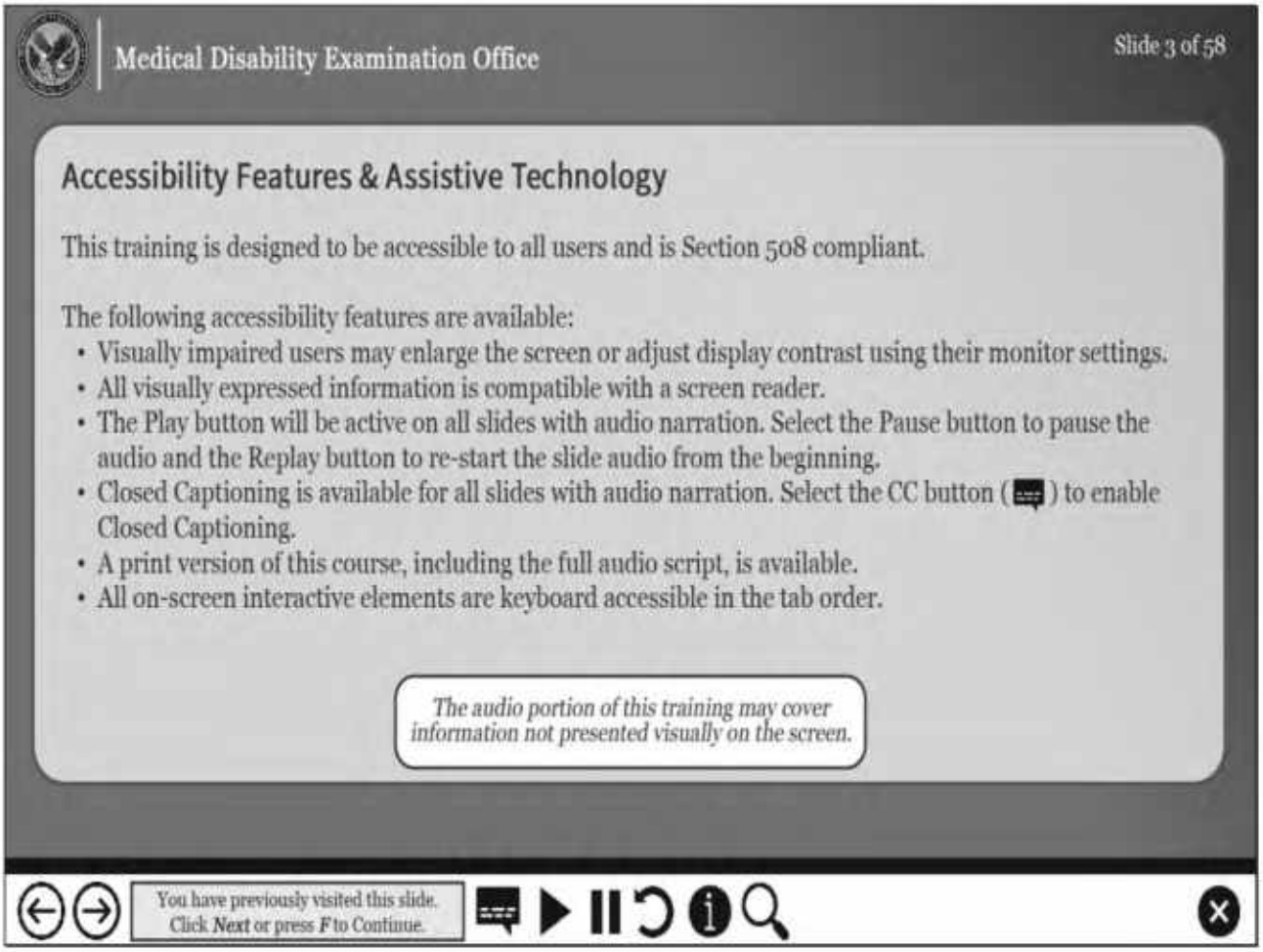
Slide 2 - Navigation



Transcript

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

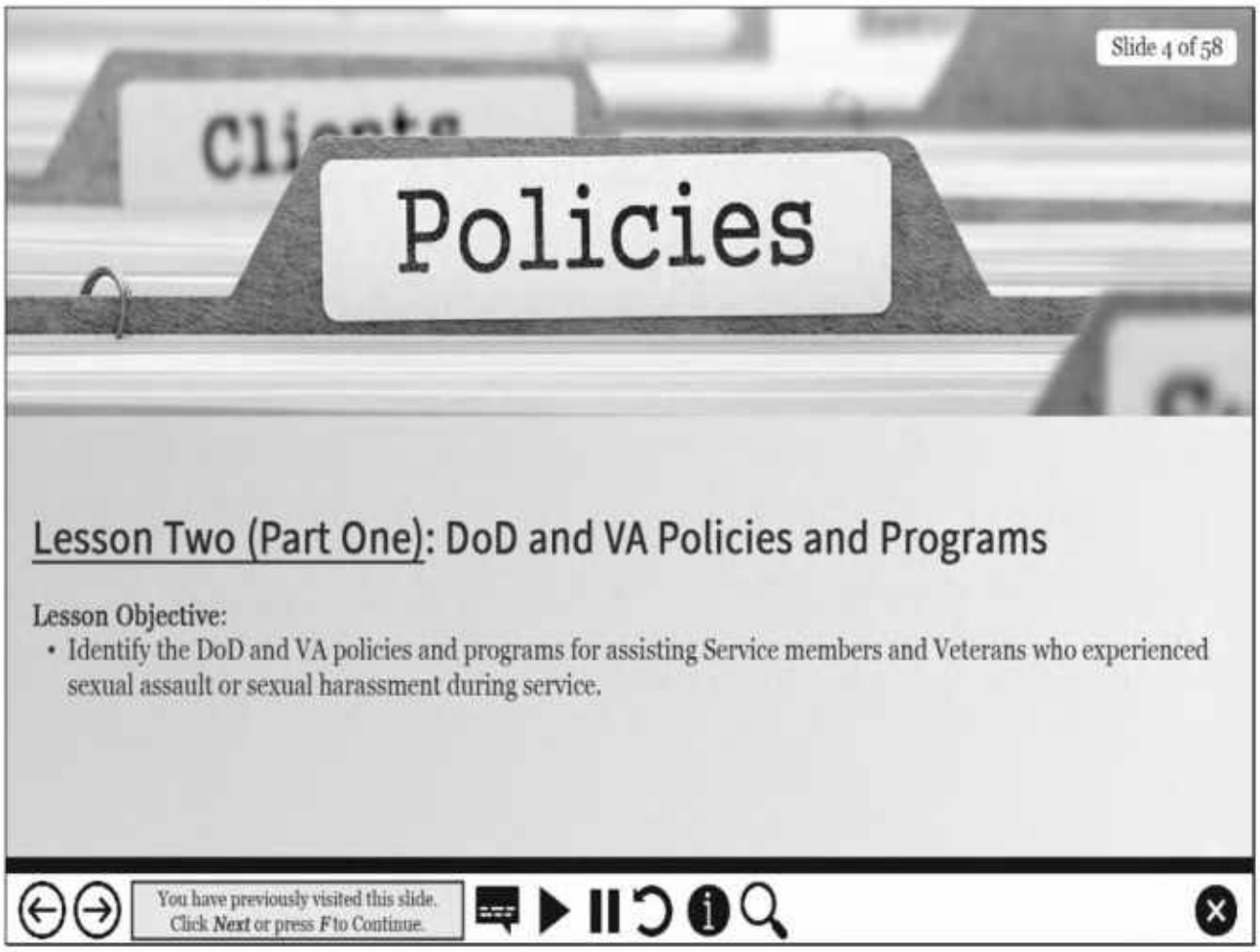
Slide 3 - Accessibility



Transcript

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. All on-screen interactive elements are keyboard accessible in the tab order. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

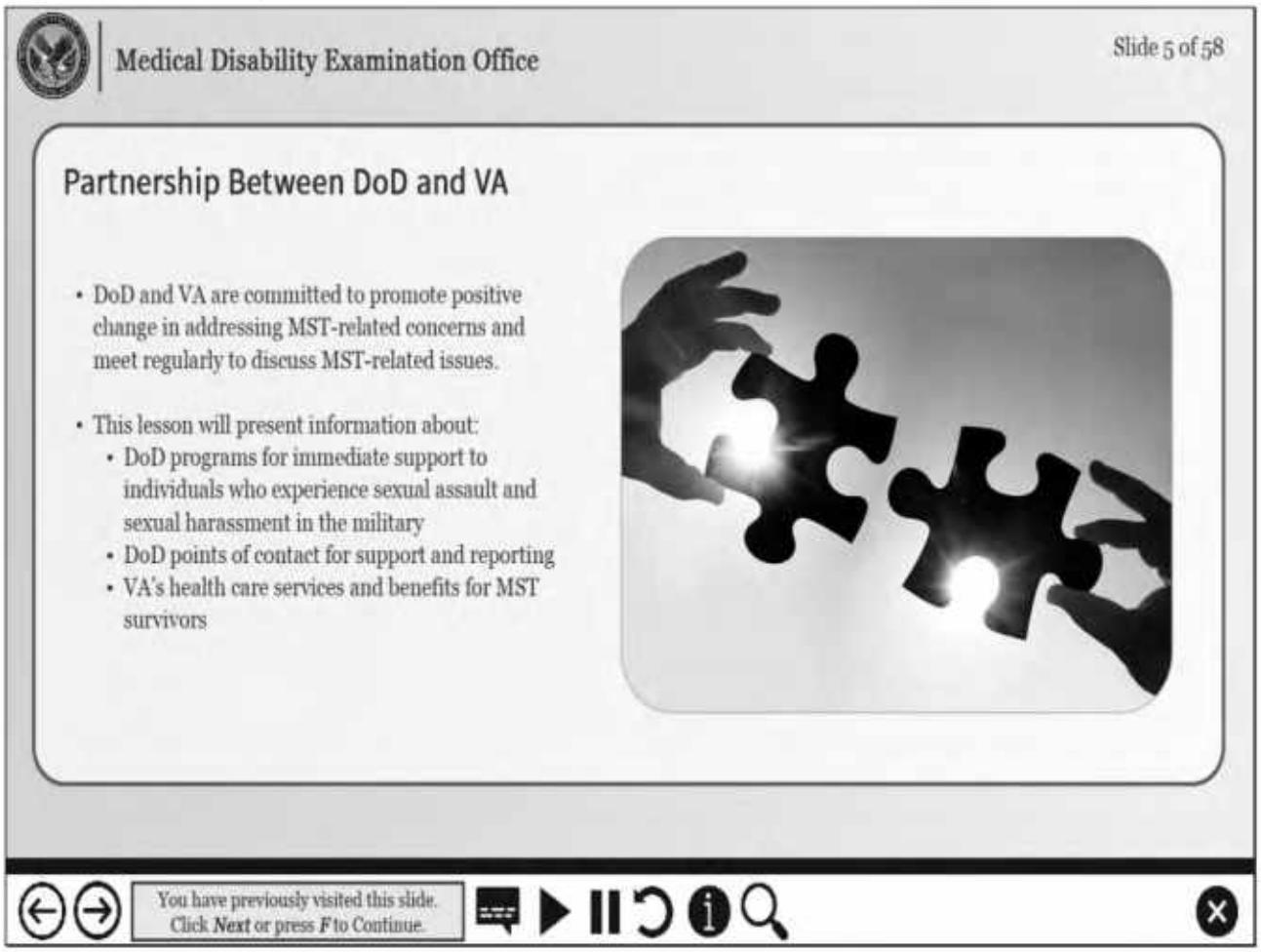
Slide 4 - Lesson Objective



Transcript

A lot of coordination goes into addressing MST-related concerns that may be present in the individuals you examine. This first part of Lesson Two will cover Department of Defense and VA policies and programs that address MST-related issues. After completing this first part of the lesson, you should be able to describe policies and programs implemented by DoD and VA to address the experiences of sexual assault and sexual harassment in Service members and Veterans.

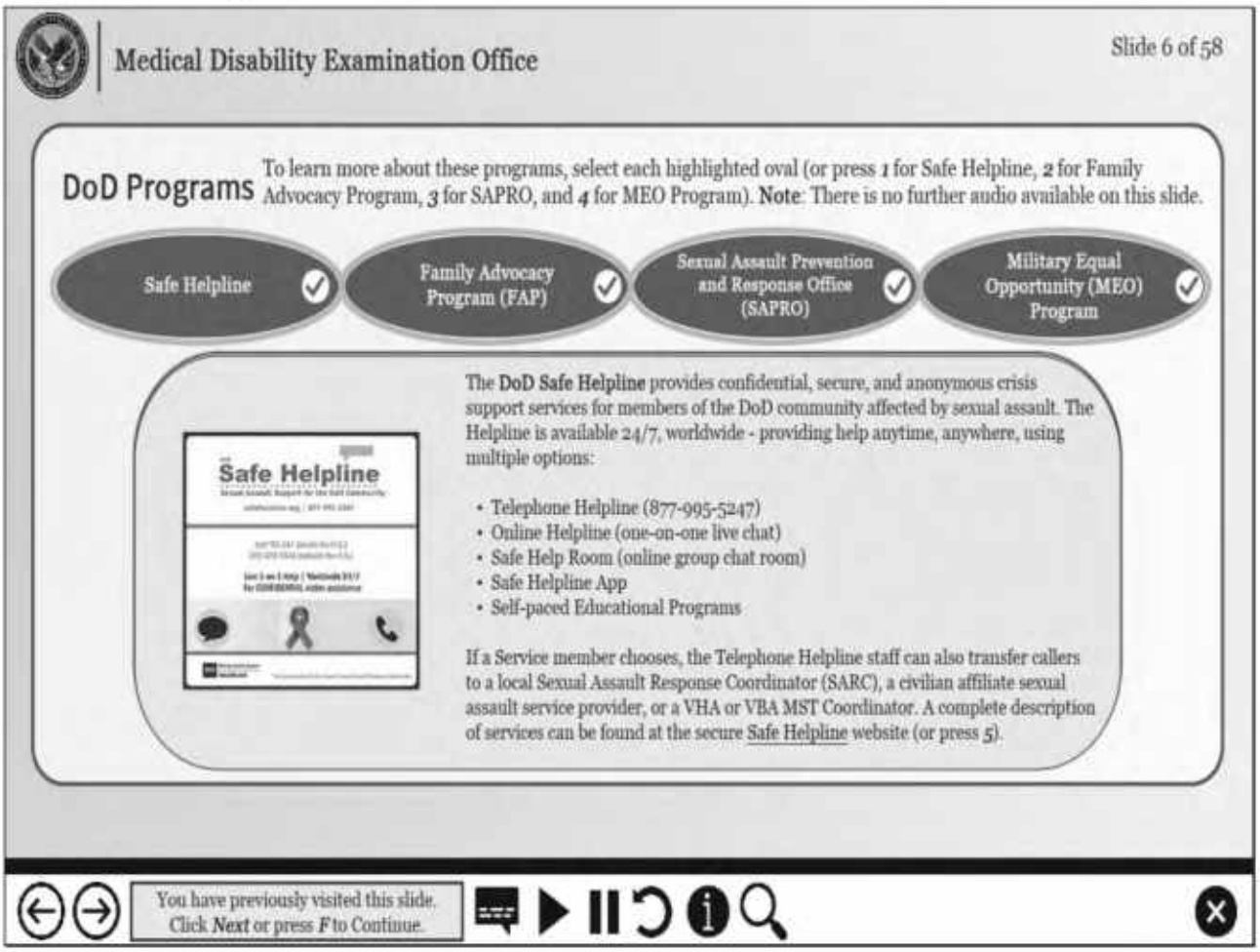
Slide 5 - Partnership Between DoD and VA



Transcript

As a result of their commitment to promote positive change in addressing MST-related concerns in Service members and Veterans, leaders from DoD and VA meet regularly to discuss MST-related issues. One change that has resulted from this collaboration is that MST-related informational resources are shared with Service members who are transitioning from active duty to Veteran status. This Lesson will present information about DoD programs that can provide immediate support to individuals who experience sexual assault and sexual harassment in the military, as well as points of contact. It will also provide details about VA's health care services and benefits for MST survivors. This lesson will include information that you can offer to Service members and Veterans when needed.

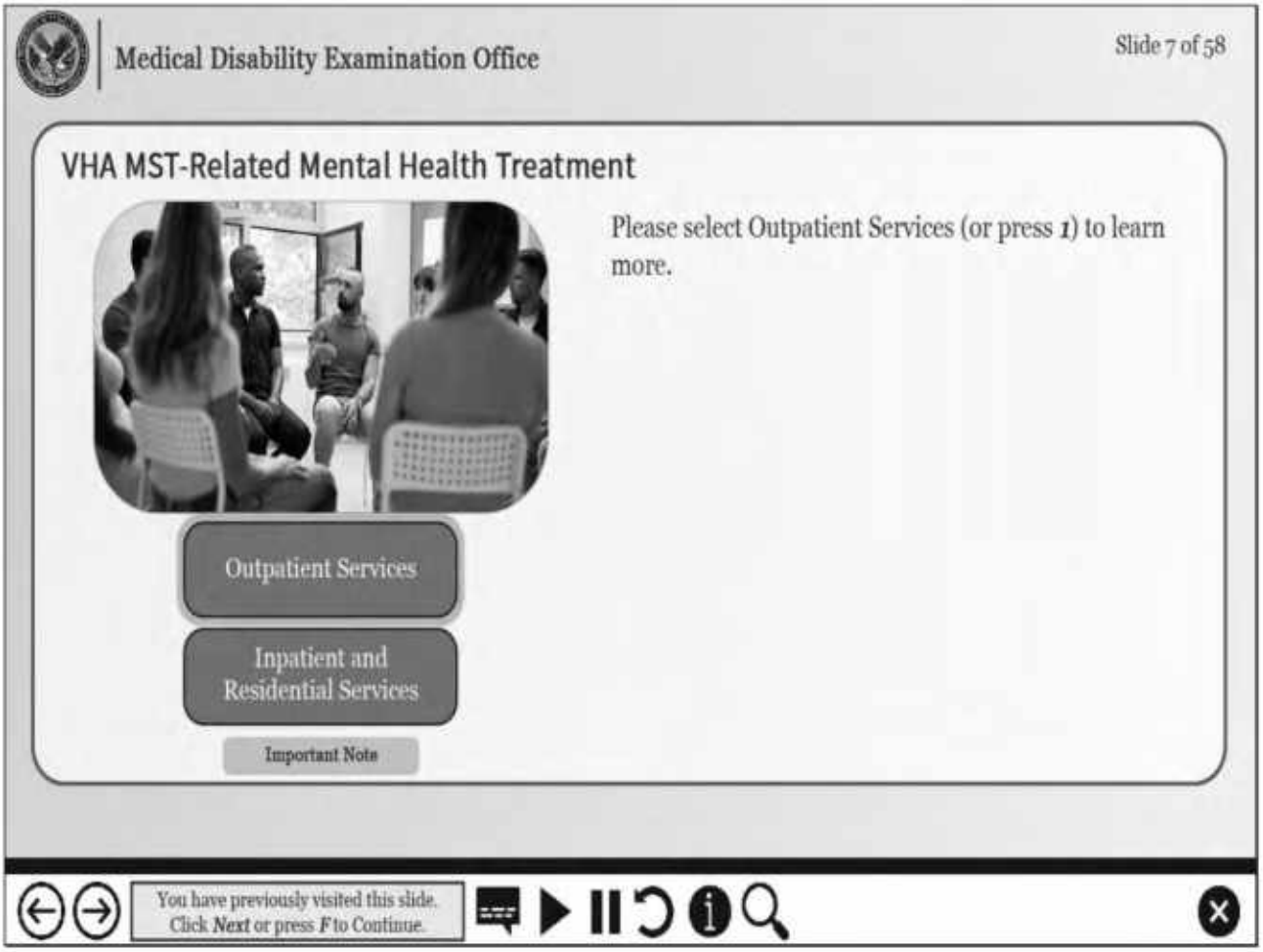
Slide 6 - DoD Programs



Transcript

Four DoD programs assist Service members who experience MST: the Safe Helpline, the Family Advocacy Program, the Sexual Assault Prevention and Response Office, and the Military Equal Opportunity program. The DoD Safe Helpline is a secure, confidential and anonymous crisis support service. The Family Advocacy Program is part of a comprehensive DoD system to address sexual assault in the military. DoD addresses sexual assault and harassment with separate reporting channels. Service members may report sexual assault through the Family Advocacy Program or SAPRO, while the MEO Program processes sexual harassment reports.

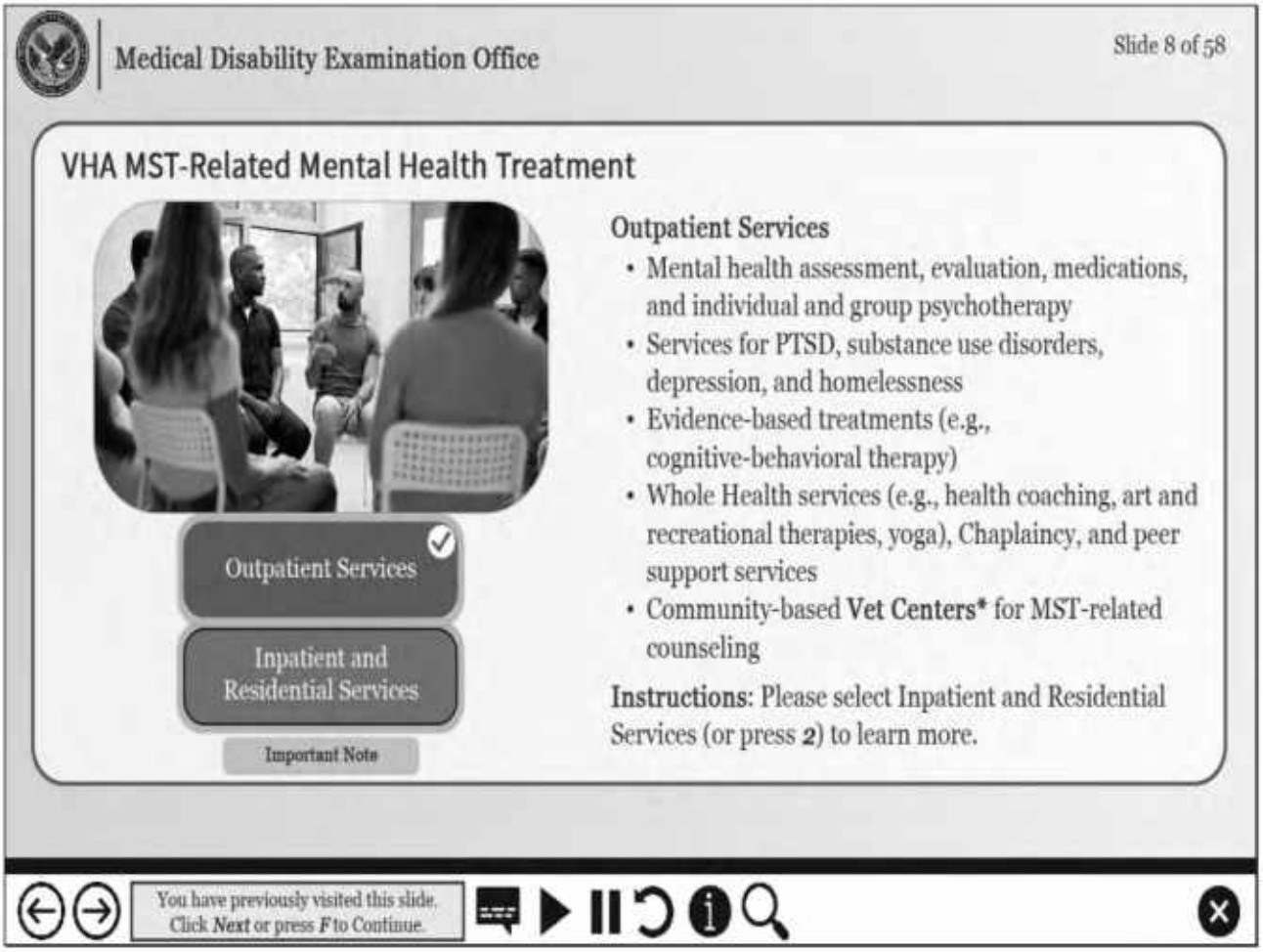
Slide 7 - VHA MST-Related Mental Health Treatment



Transcript

As you learned earlier in this course, there are often mental health diagnoses associated with MST. VHA offers outpatient, inpatient, and residential mental health services for mental health conditions related to MST. Please select Outpatient Services (or press *1*) to learn more.

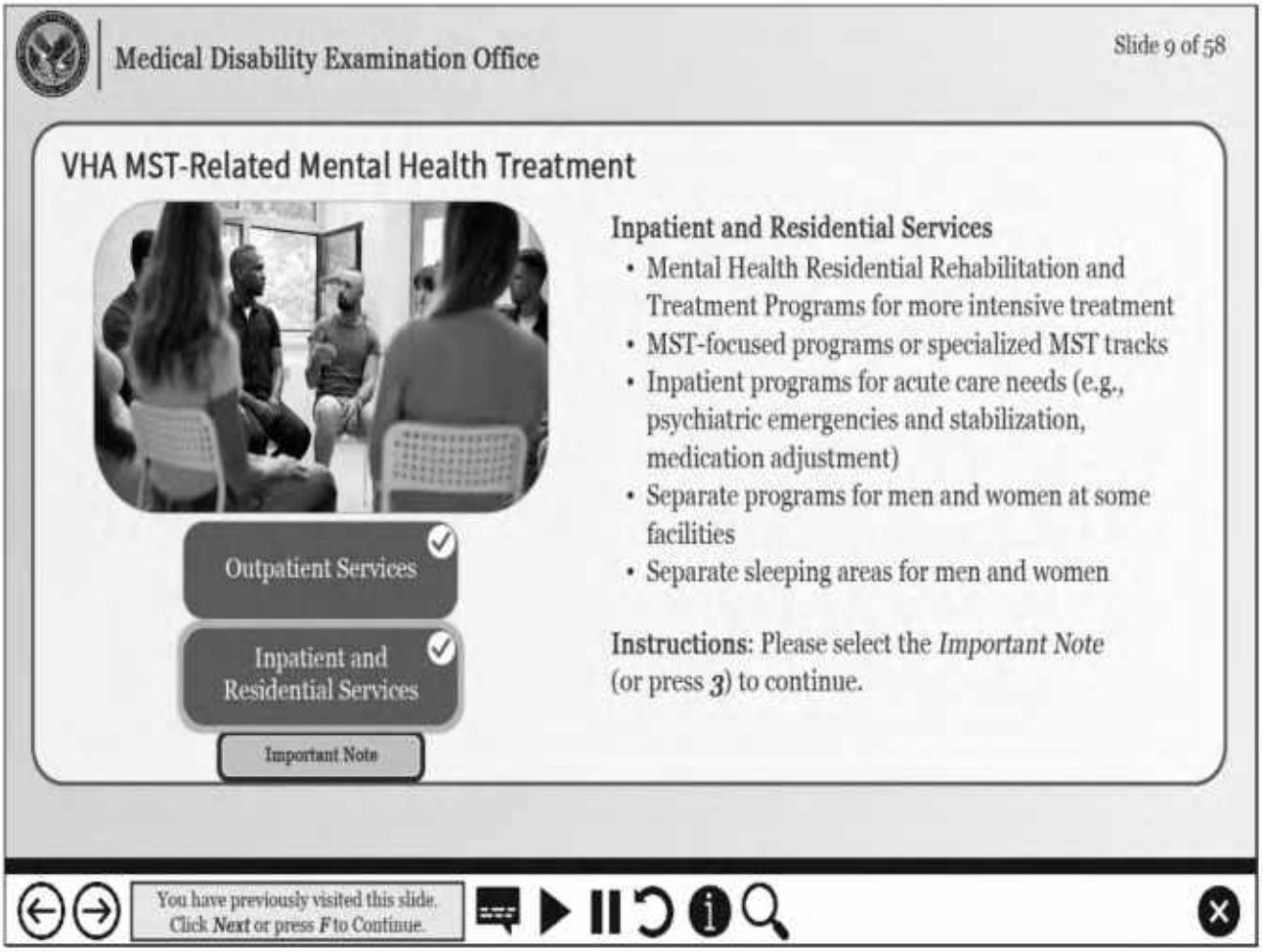
Slide 8 - VHA MST-Related Mental Health Treatment



Transcript

VHA outpatient services include mental health assessment and evaluation, medications, and individual and group psychotherapy. Services are available for difficulties such as PTSD, substance use disorders, depression, and homelessness. Evidence-based treatments, such as cognitive-behavioral therapies are also available. Whole Health services (such as health coaching, art and recreational therapies and yoga), Chaplaincy, and peer support services may also be available. In addition, VA's community based Vet Centers offer MST-related counseling. Please select Inpatient and Residential Services (or press ***2***) for more information.

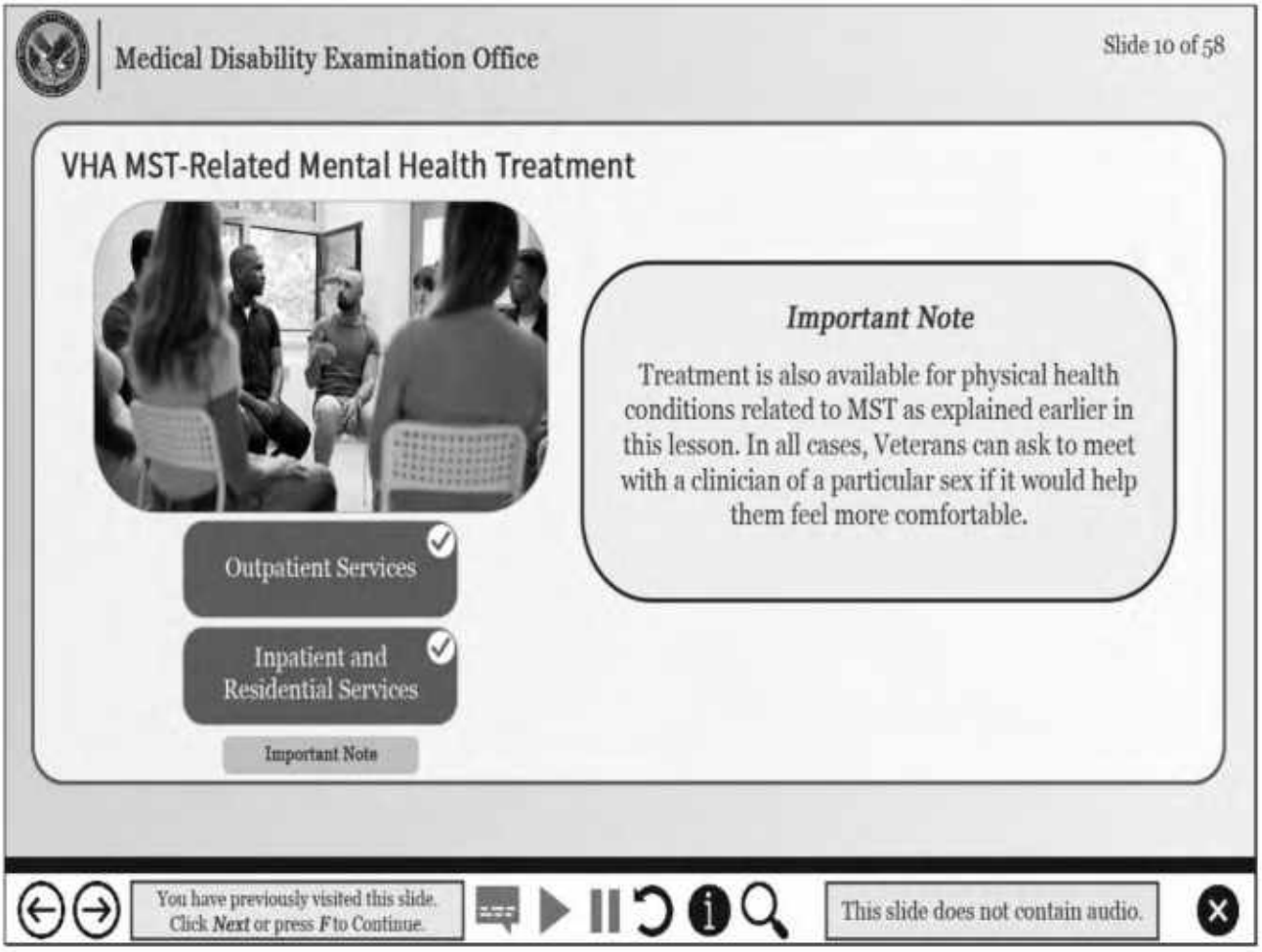
Slide 9 - VHA MST-Related Mental Health Treatment



Transcript

For Veterans who need more intensive treatment, many VHA facilities offer Mental Health Residential Rehabilitation and Treatment Programs. Some of these programs focus specifically on MST or have specialized MST tracks. VHA also has inpatient programs available for acute care needs, such as psychiatric emergencies and stabilization, and medication adjustment. Some facilities have separate programs for men and women, and all residential and inpatient MST programs have separate sleeping areas for men and women. Please select the ***Important Note*** to continue.

Slide 10 - VHA MST-Related Mental Health Treatment



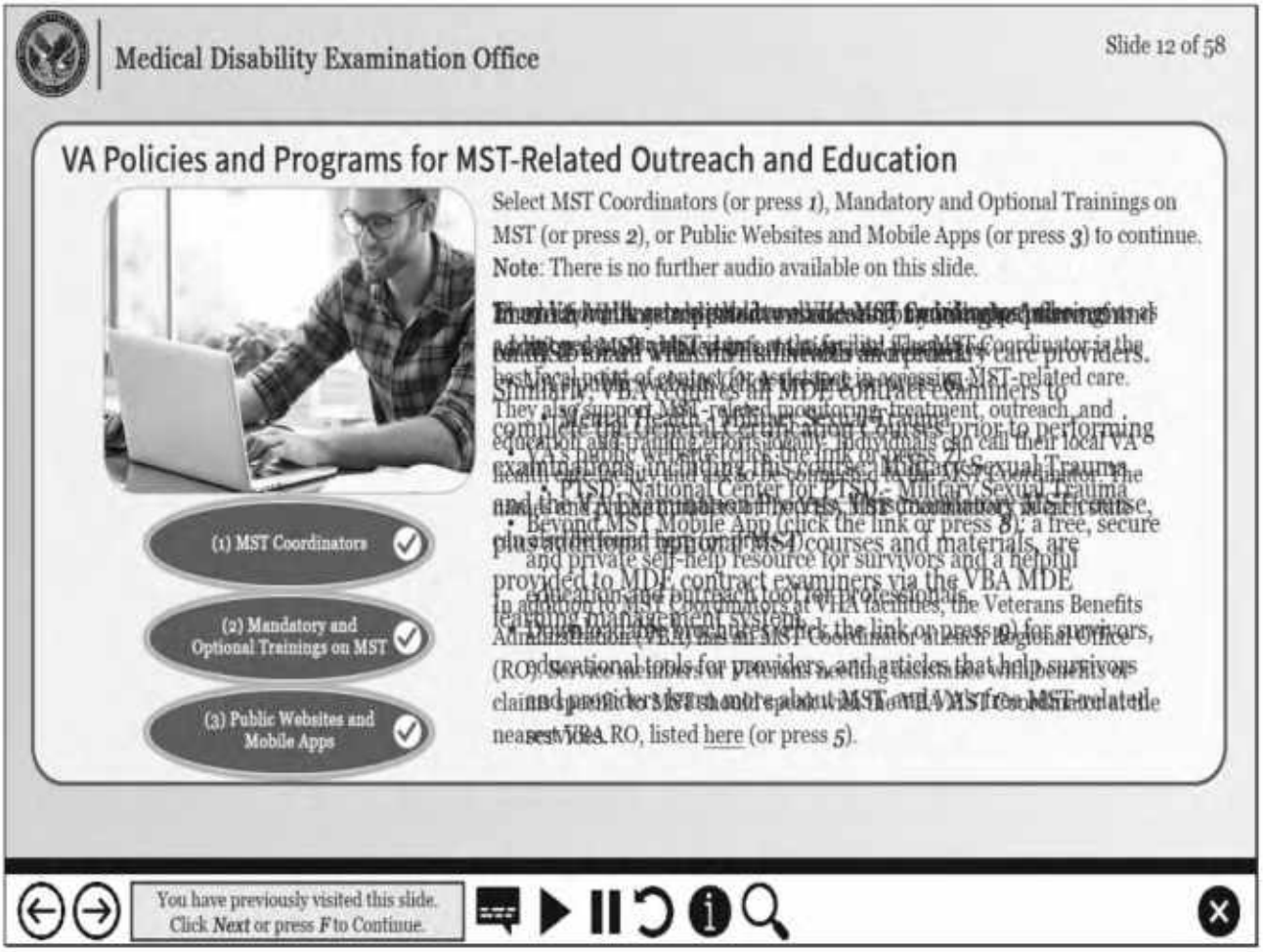
Slide 11 - VHA Policies on Eligibility for MST-Related Treatment



Transcript

VHA has developed a range of health care services to assist Veterans and Service members who experienced MST with their recovery. All VHA medical centers offer treatment for physical and mental health conditions related to the experience of MST free of charge to eligible former Service members. Current Service members can receive free, confidential MST-related counseling at VHA's Vet Centers, regardless of duty status. Other VHA services may be available with a DoD referral. Eligibility for VHA's MST-related care is expansive. Individuals do not need to have reported their experiences of MST to the authorities at the time or have other documentation that the MST occurred in order to receive VHA's MST-related care. Service connection (VA disability compensation) is also not required for eligible Veterans. Individuals do not need to initiate MST-related care within a certain time period after their experiences of MST or within a certain time of their discharge from the military. Veterans and most former Service members with an Other Than Honorable or uncharacterized (entry-level) discharge can receive MST-related care. Some of these individuals may be able to receive MST-related care even if they are not eligible to enroll for other VA health care benefits. Former National Guard members and Reservists with federal active duty service or a service-connected disability are also eligible; the service-connected disability does not need to be related to experiences of MST. Additional information about VHA's MST-related services, training, and outreach can be found by following the links on your screen.

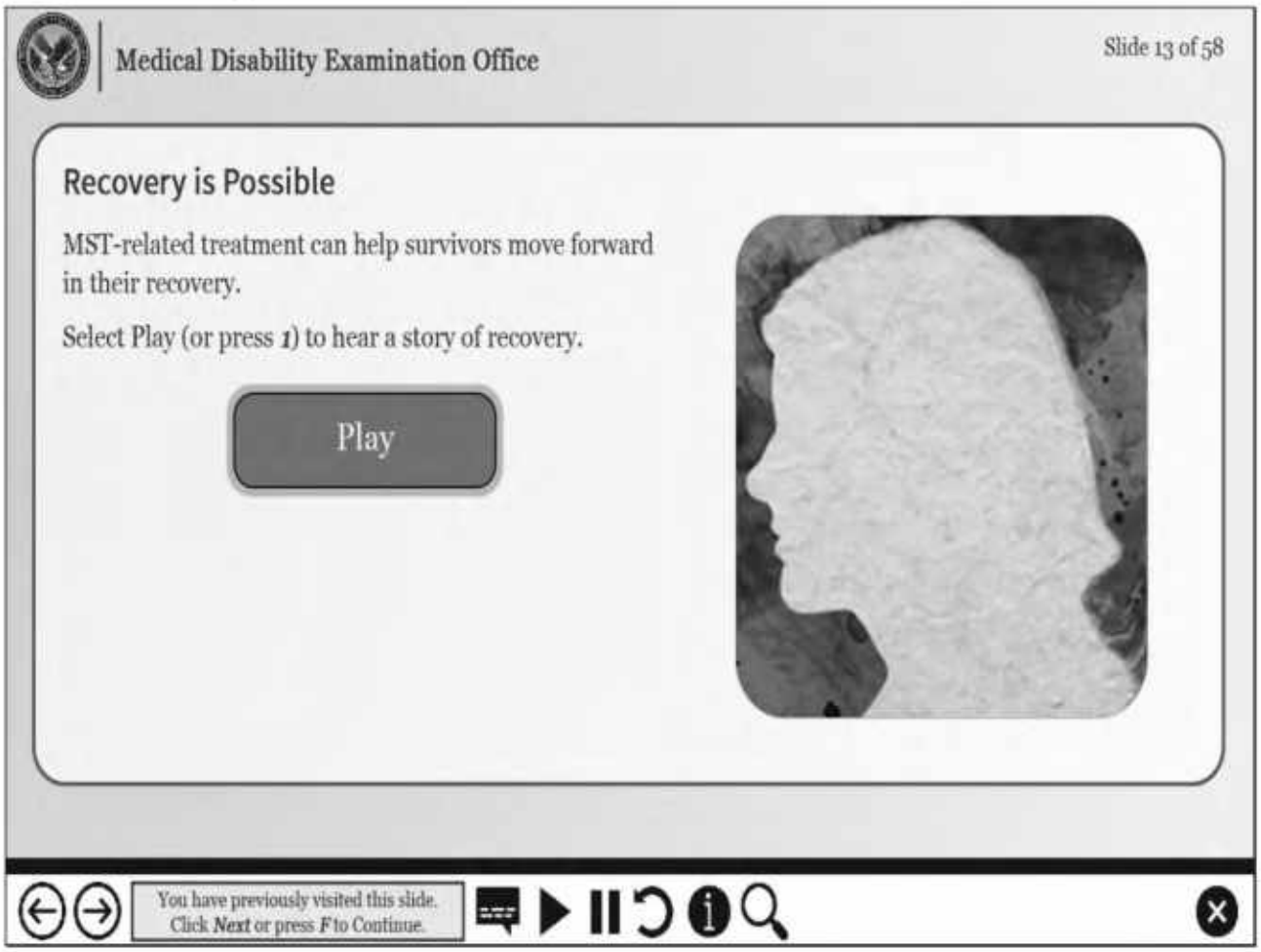
Slide 12 - VA Policies and Programs for MST-Related Outreach and Education



Transcript

There are many important resources for assisting and informing MST survivors that you should be aware of and ready to share with Service members or Veterans, if needed. To learn more about these resources, select the highlighted ovals (or press *1* for MST Coordinators, *2* for Mandatory and Optional Trainings on MST, and *3* for Public Websites and Mobile Apps).

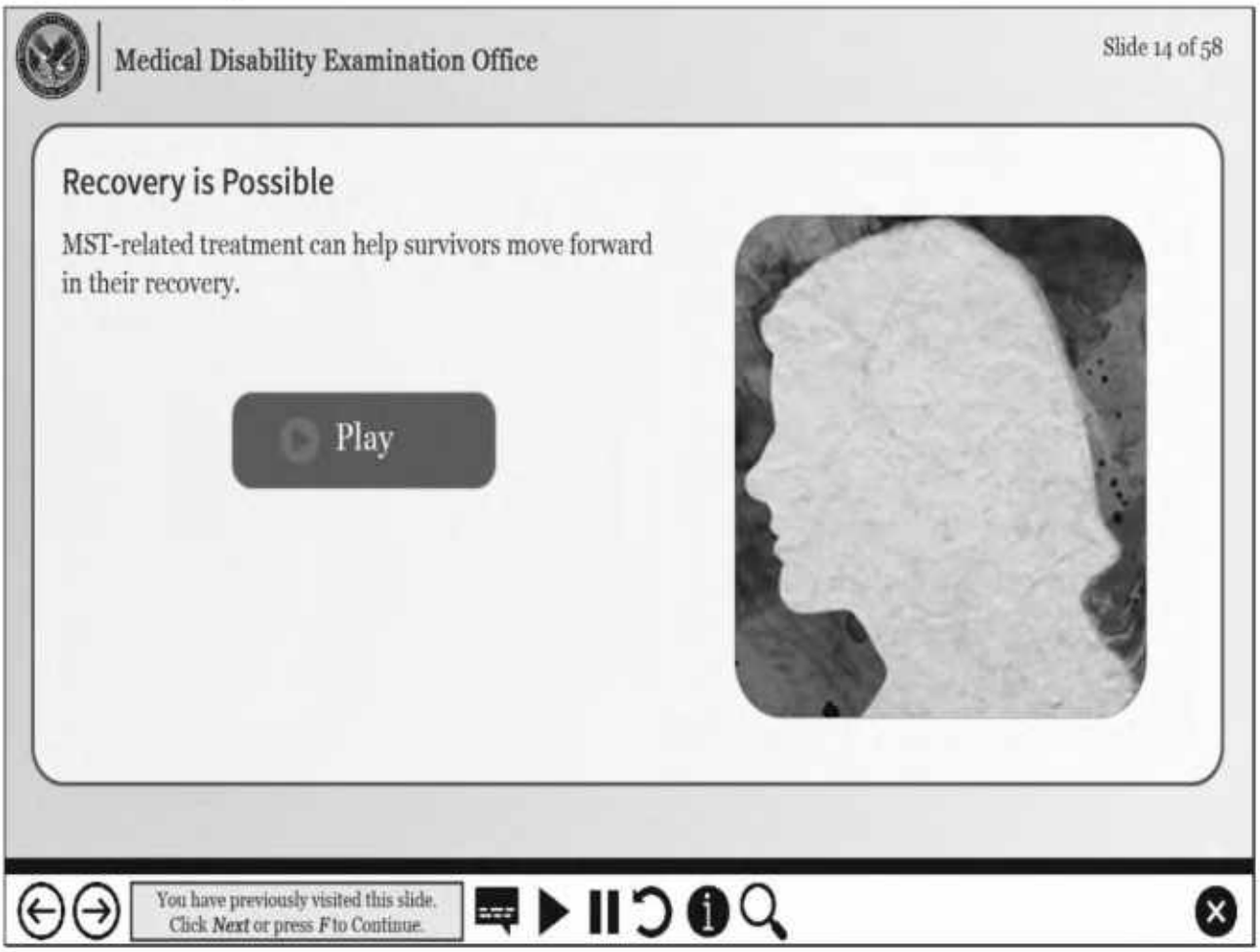
Slide 13 - Recovery is Possible



Transcript

MST-related treatment can help survivors move forward in their recovery. Select ***Play*** to hear a story of recovery.

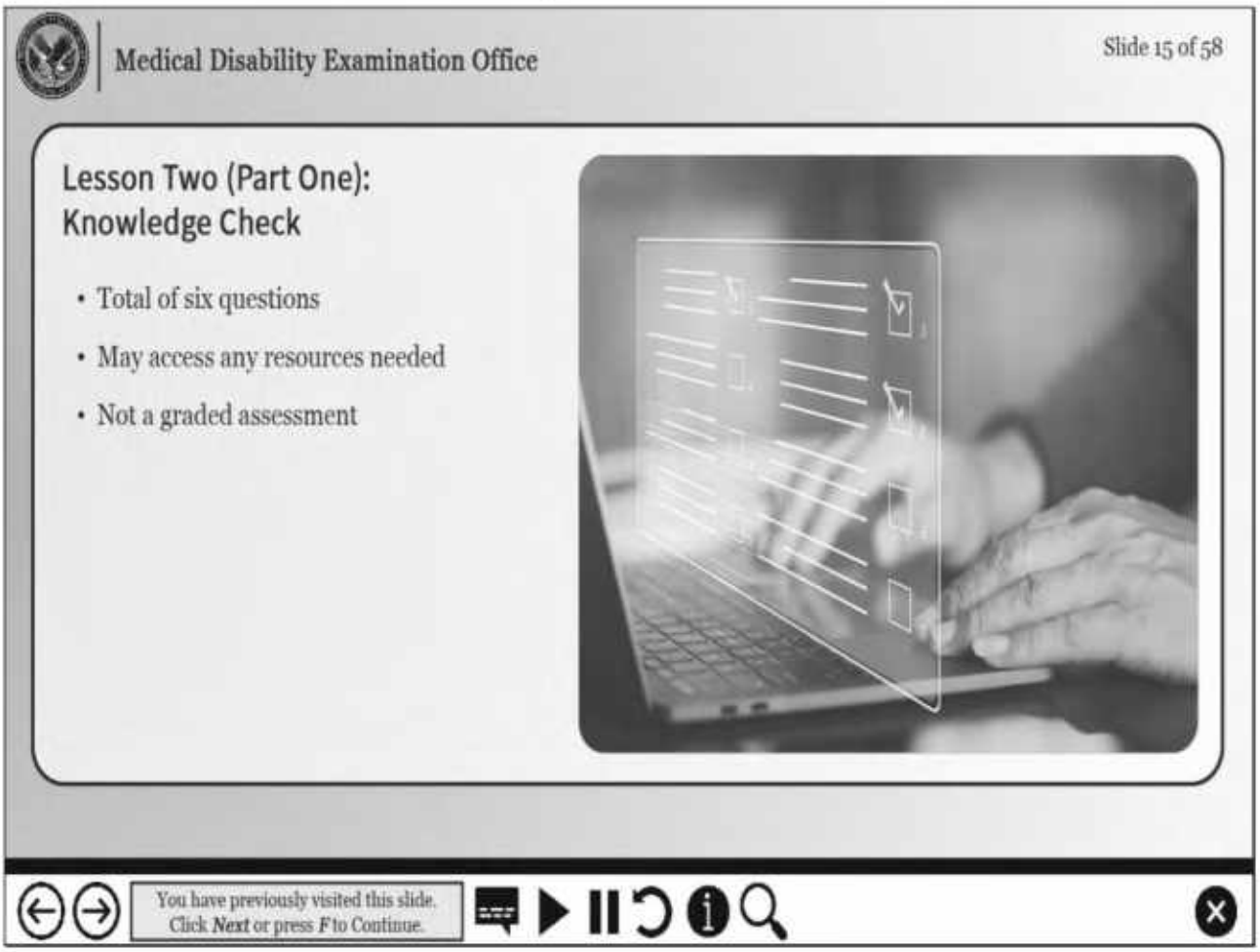
Slide 14 - Recovery is Possible



Transcript

I was raped by my superior several years ago, while I was on active duty. I never reported it; I just tried not to think about what happened and did the best I could until I finished my service. I thought I could move on with my life after I was discharged. I was going to work as a surgical technician after the service. I had the training and experience for the job, and I enjoyed it. But then I couldn't do it because I just couldn't stand to be in closed rooms with other people, especially men. Standing really close to other people also made me really uncomfortable, like I'd get anxiety and weird physical reactions to it. So, I had been out of the service for a number of years when I decided to enroll in VHA for health care. During the first visit to the VA facility, the provider asked me if I'd experienced sexual assault or harassment while I was in the service, also called military sexual trauma or MST. I was surprised when he asked, but he explained that VA asked this question to all Veterans who come to VA for health care. When I said yes, I had been raped in the military, he told me that VA has free MST-related care services. He asked if I wanted to talk to an MST Coordinator and gave me the contact information. "Why not," I thought, and so I called. The MST Coordinator asked me if I would like a referral for MST-related mental health counseling from VA to address my MST experience, and I agreed to do it. I did some really hard work for a long time in therapy. I also worked specifically on being around other people, especially men, and I can tolerate that better now. I thought things could never get better, but I am glad that my provider asked me about MST and helped me to get on this path.

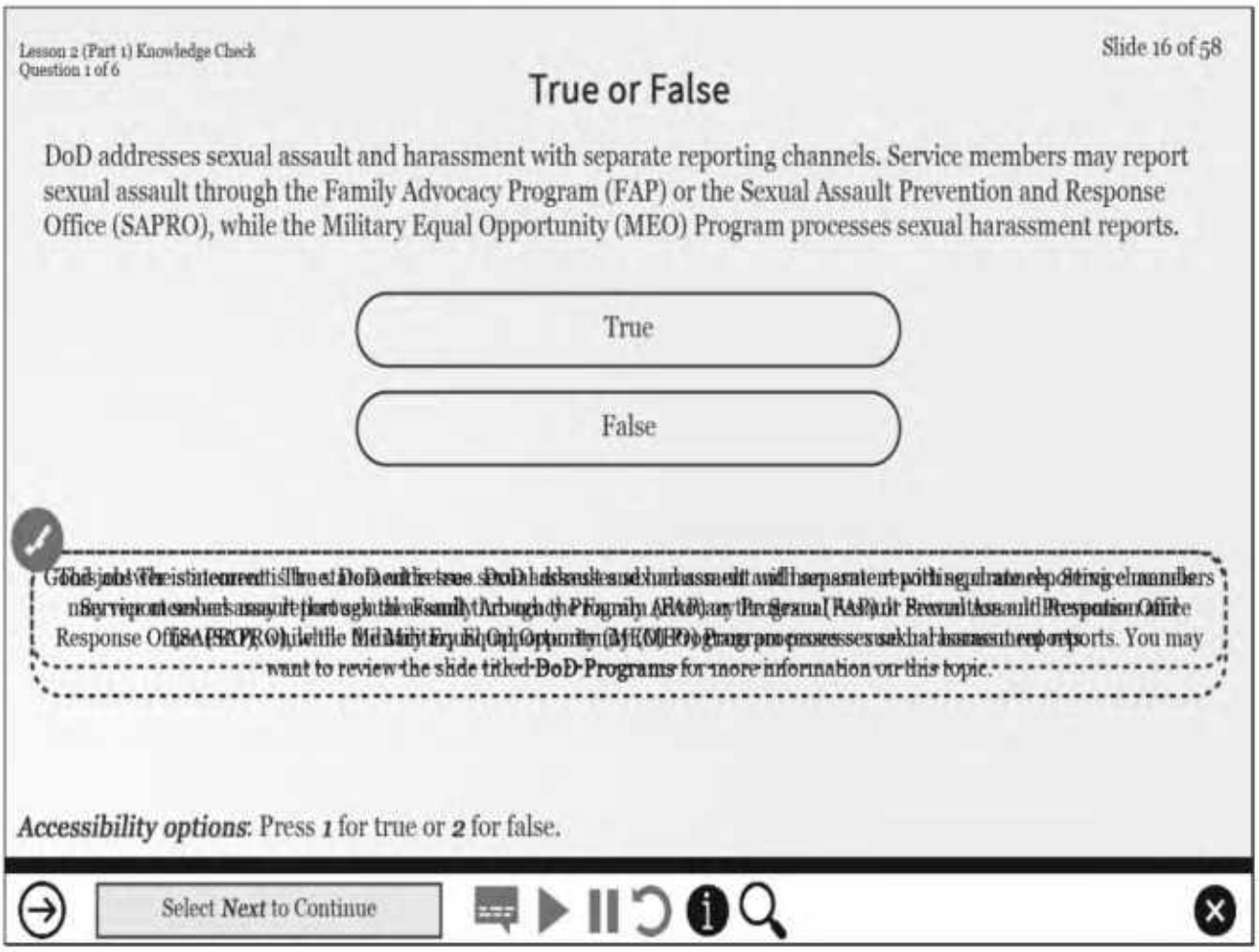
Slide 15 - Lesson Two Part One - Knowledge Check Transition



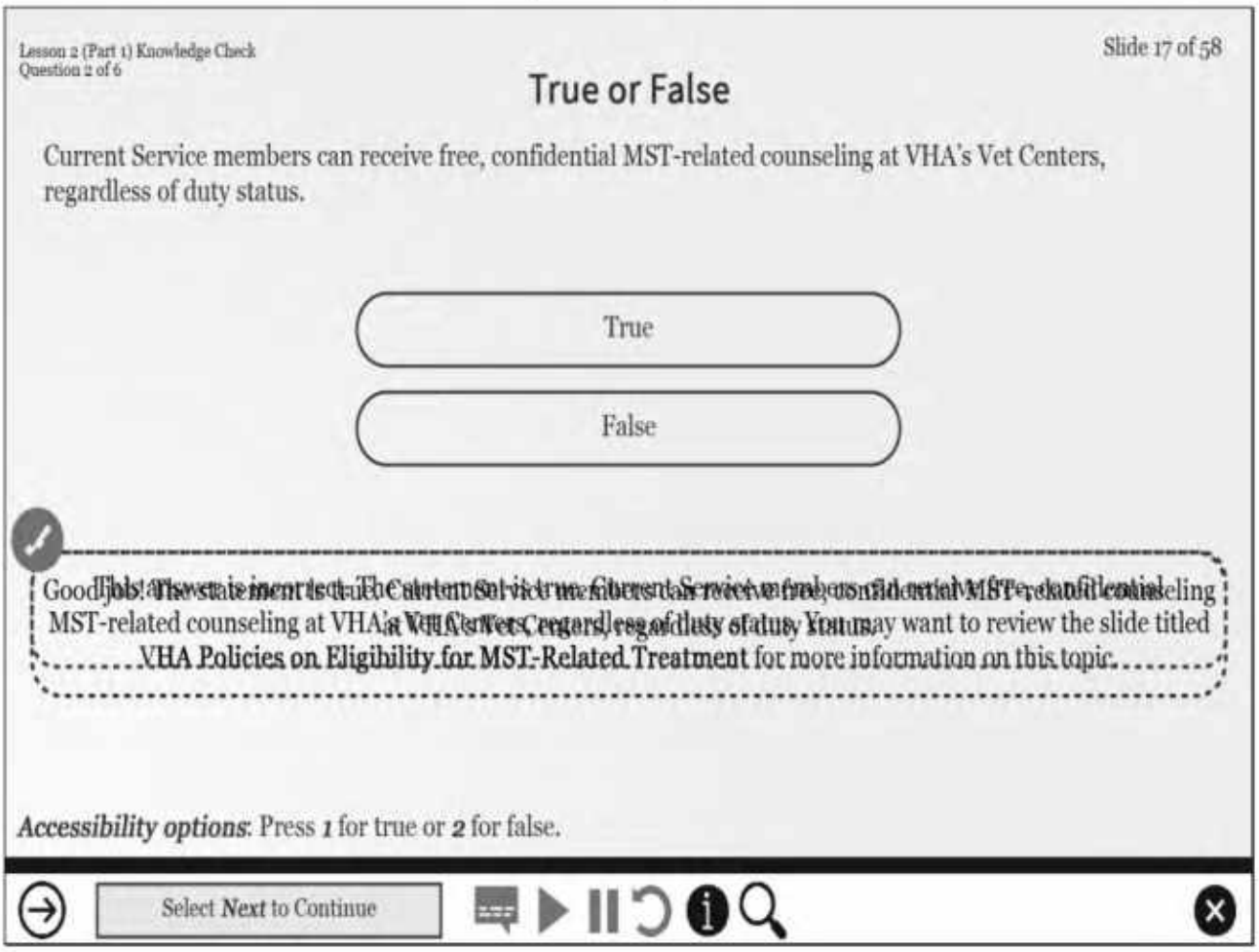
Transcript

You will now be presented with a knowledge check consisting of a total of six questions. This knowledge check is not a graded assessment, so there is no minimum score required to advance into the next lesson. Rather, it is a tool to help reinforce the information presented in the lesson. Similar questions may be asked on the final assessment. Please select ***Next Slide***, or press the right-facing arrow key, to proceed to the knowledge check.

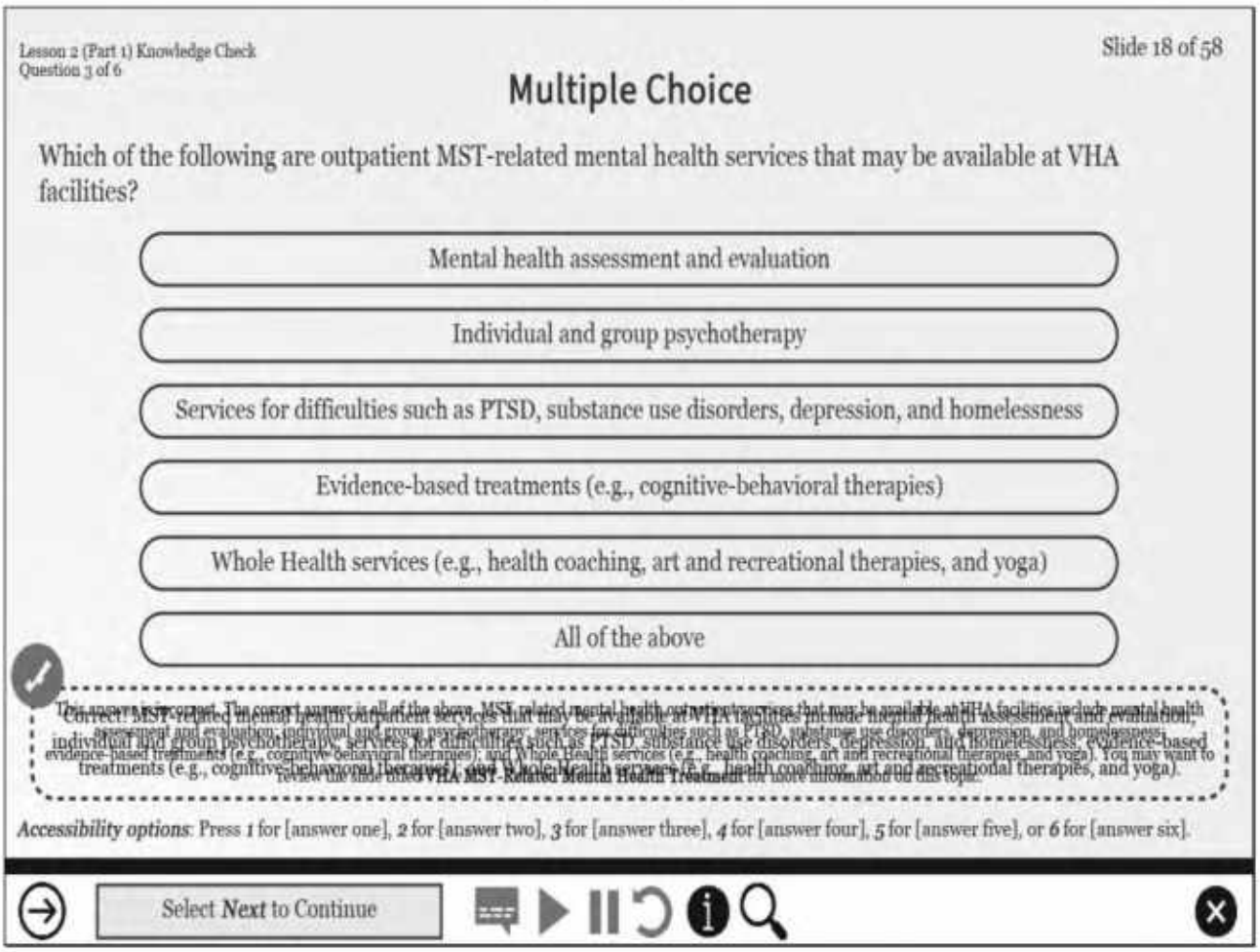
Slide 16 - Lesson Two Part One Knowledge Check | Question One



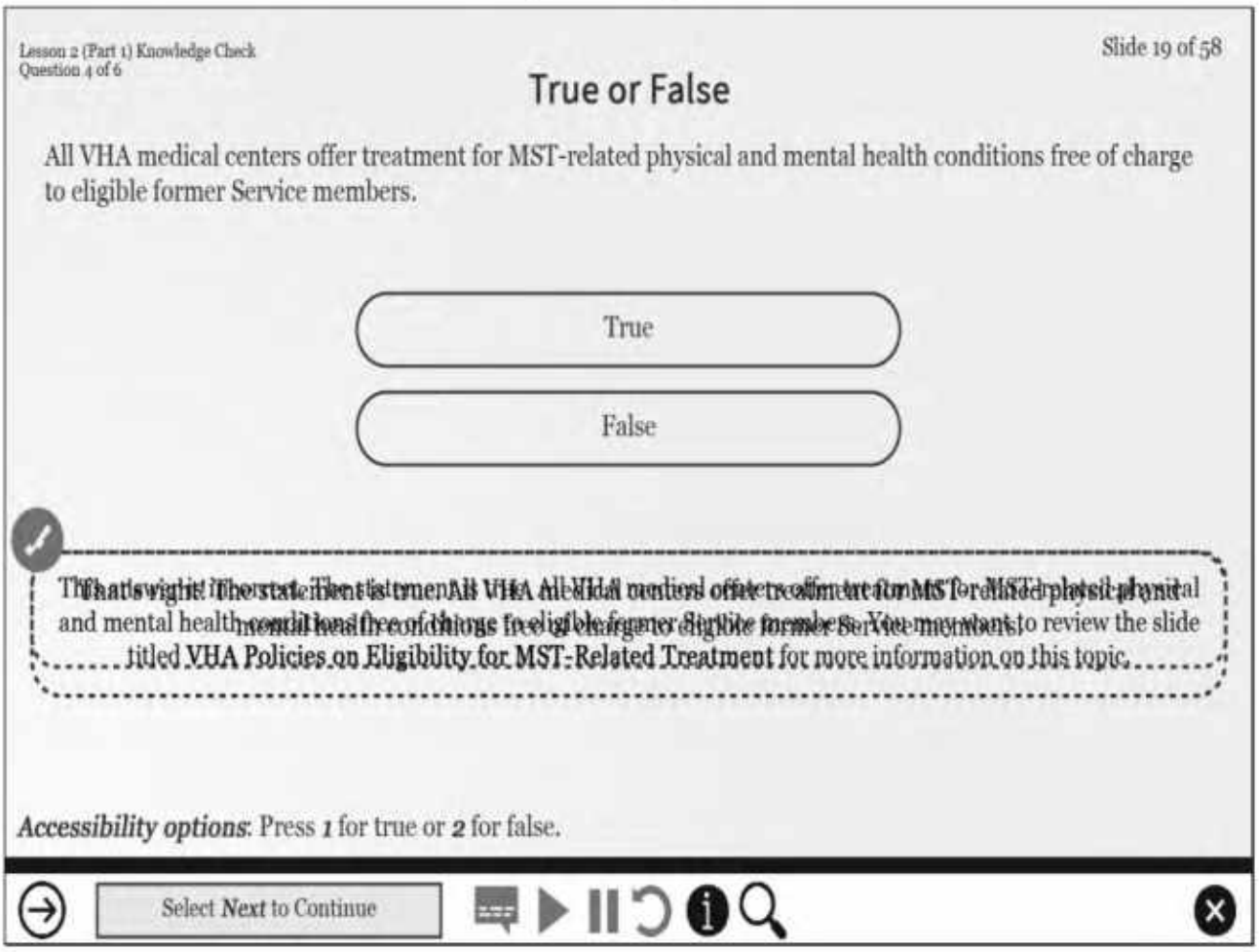
Slide 17 - Lesson Two Part One Knowledge Check | Question Two



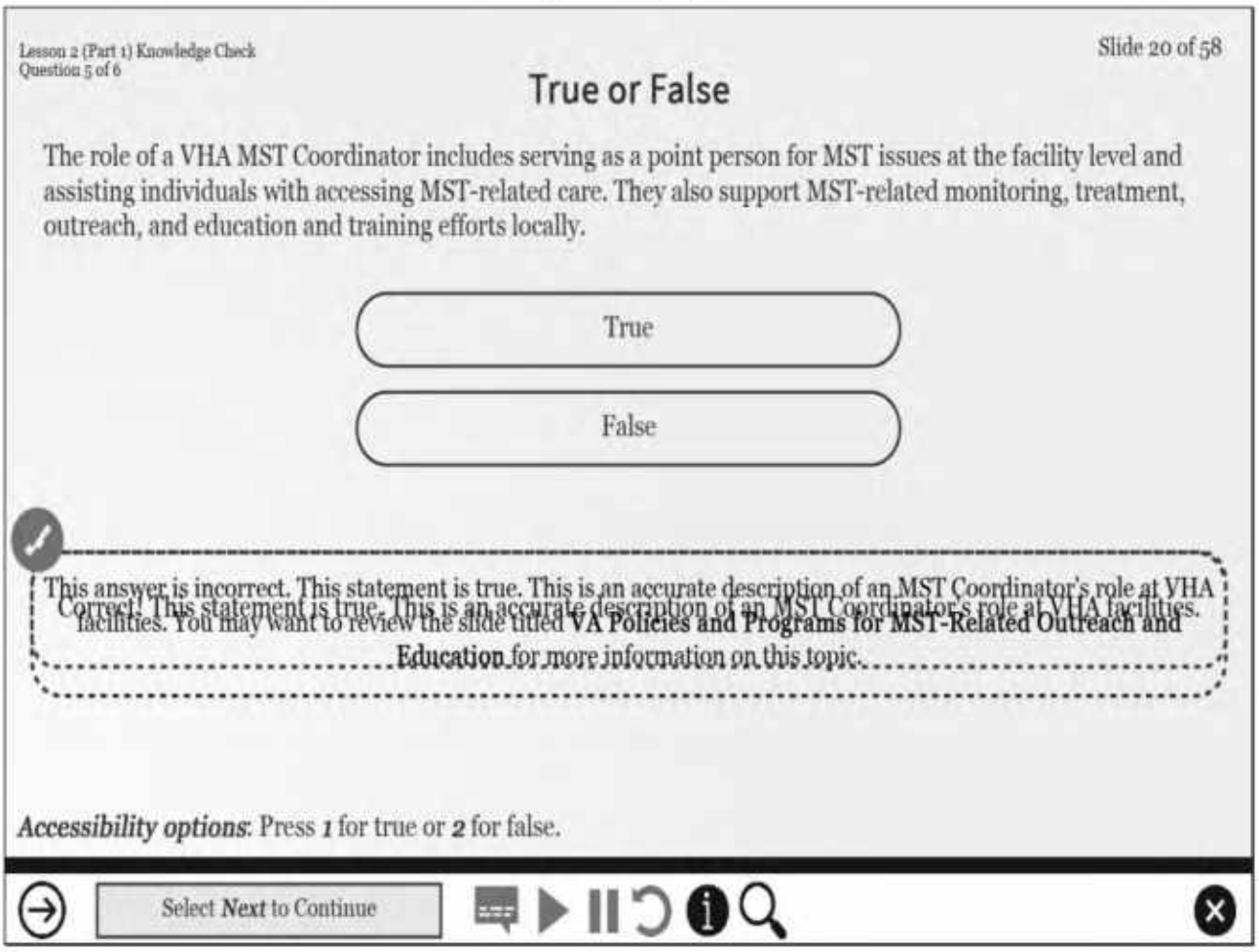
Slide 18 - Lesson Two Part One Knowledge Check | Question Three



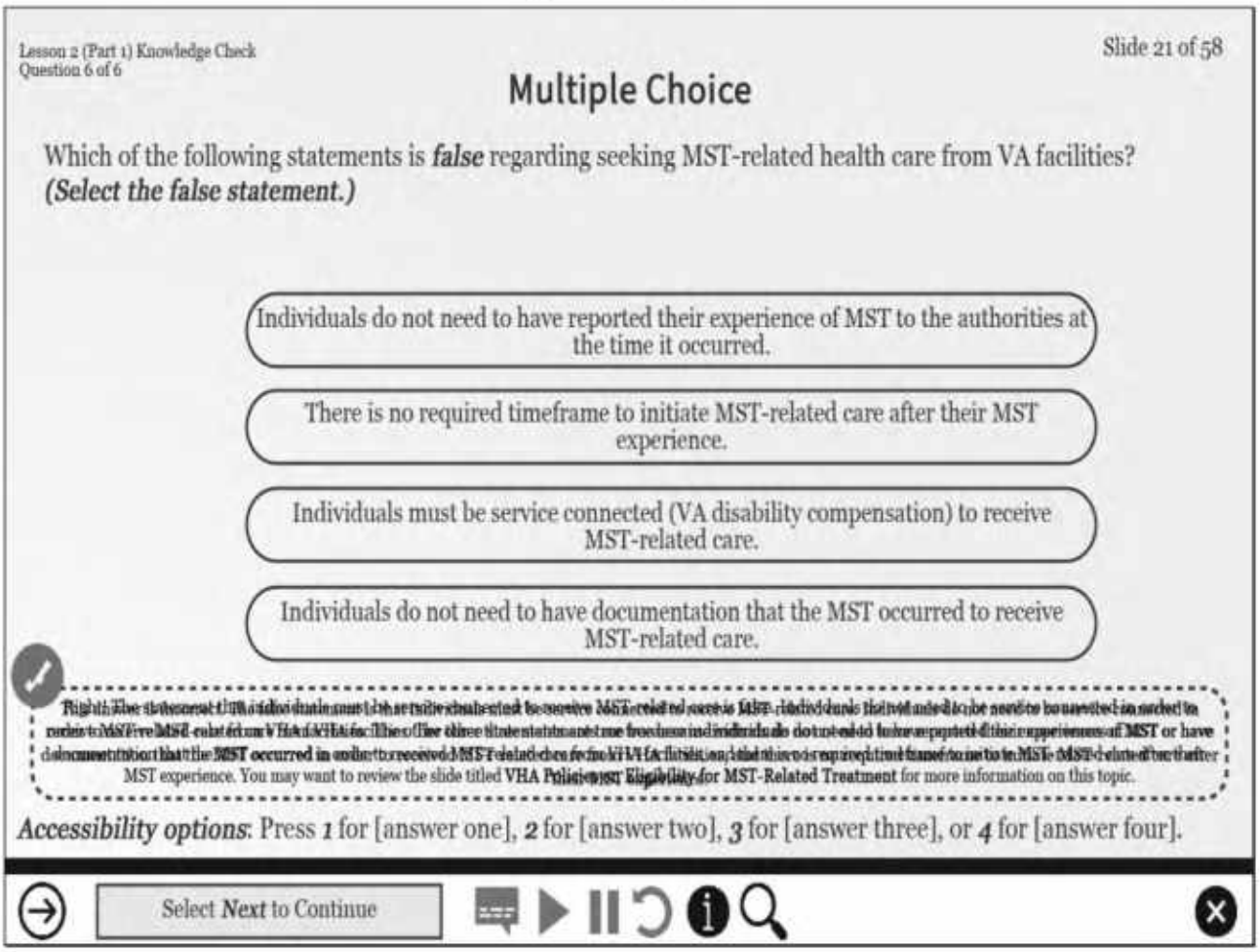
Slide 19 - Lesson Two Part One Knowledge Check | Question Four



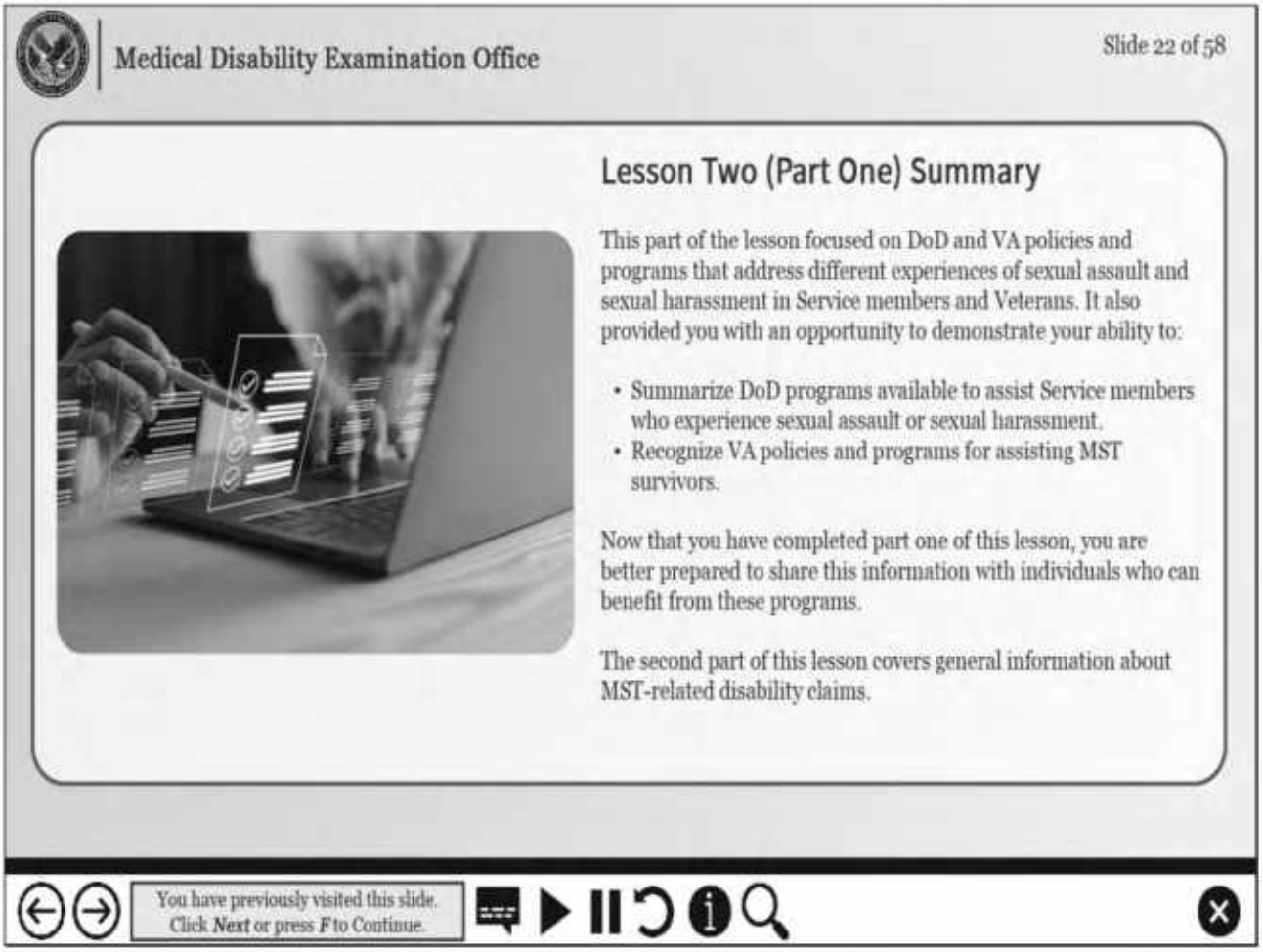
Slide 20 - Lesson Two Part One Knowledge Check | Question Five



Slide 21 - Lesson Two Part One Knowledge Check | Question Six



Slide 22 - Lesson Two Part One Summary



Transcript

Congratulations, you've completed Lesson Two, Part One. This part of the lesson focused on DoD and VA policies and programs that address different experiences of sexual assault and sexual harassment in Service members and Veterans. It also provided you with an opportunity to demonstrate your ability to summarize DoD programs available to assist Service members who experience sexual assault or sexual harassment, and to recognize VA policies and programs for assisting MST survivors. Now that you have completed part one of this lesson, you are better prepared to share this information with individuals who can benefit from these programs. The second part of this lesson covers general information about MST-related disability claims. Please select ***Next Slide,*** or press the right-facing arrow key, to continue to the next part of the lesson.

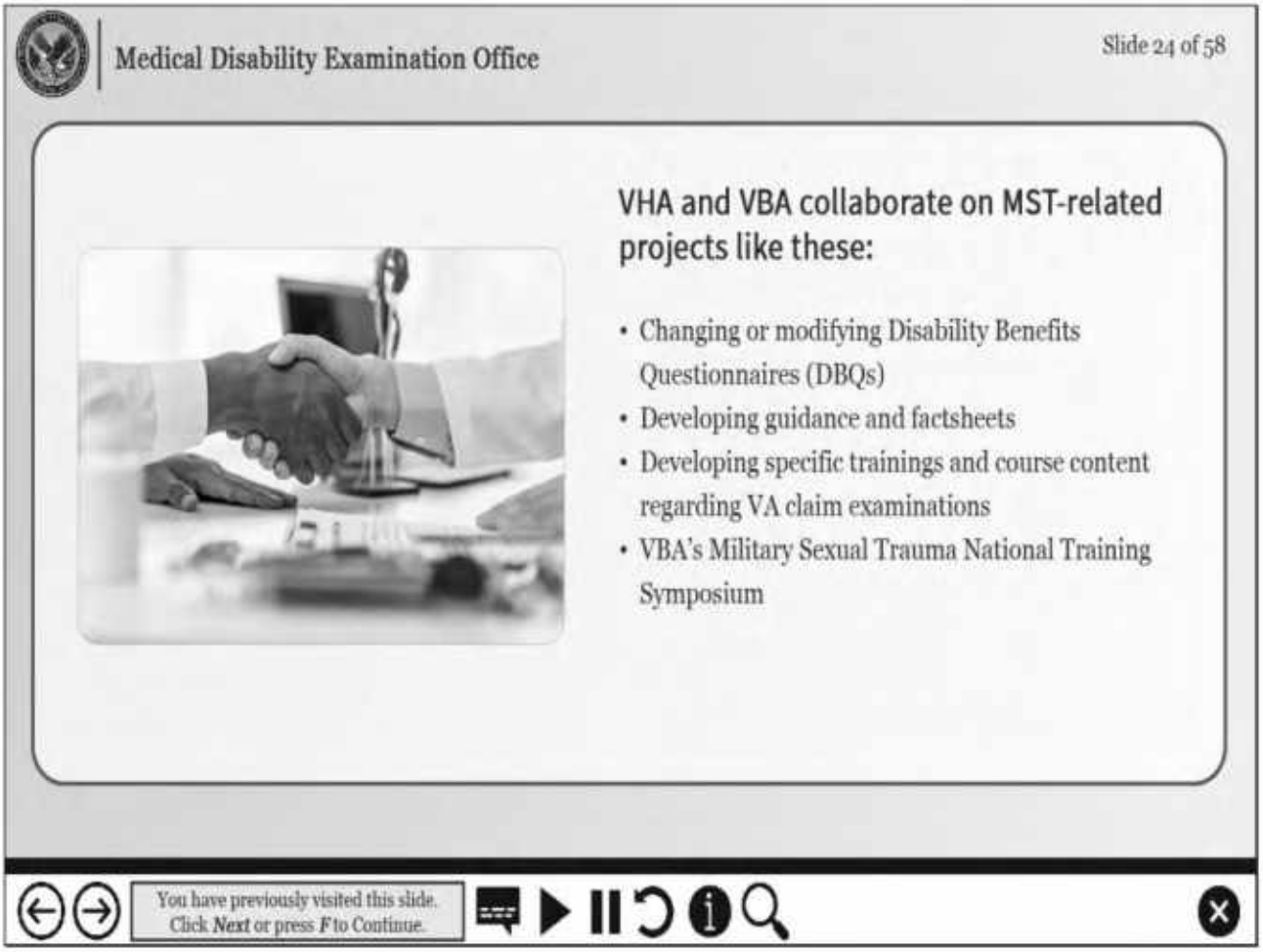
Slide 23 - Lesson Objective



Transcript

This second part of the lesson will provide information about MST-related disability claims, as well as resources available to support claimants as they maneuver the claims process. It will also explain ways in which VHA and VBA collaborate to improve the process. This part of the lesson will also demonstrate how you, as an examiner, can assist Veterans and Service members who've experienced MST by conducting trauma-sensitive examinations and supporting MST survivors through the exam portion of the disability claims process. Once you've completed this last part of the lesson, you should be able to describe methods to support MST survivors through the disability claims process.

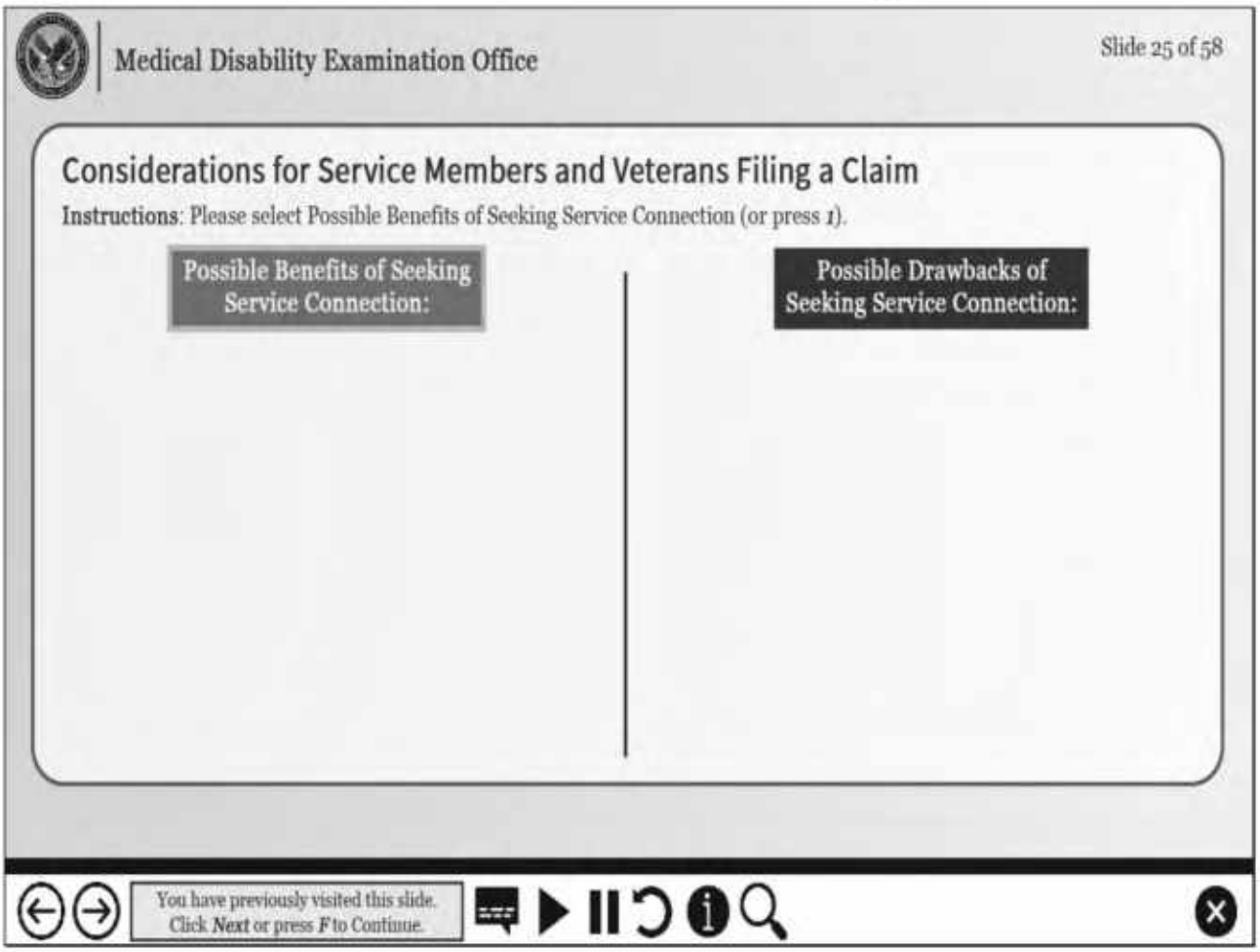
Slide 24 - The Partnership Between VHA and VBA



Transcript

VHA and VBA collaborate to review and address issues related to disability claims for individuals who experienced MST. They work together on projects such as changing or modifying Disability Benefits Questionnaires, developing guidance and factsheets, and developing trainings and course content regarding VA claim examinations. In addition, VBA hosts an annual VBA Military Sexual Trauma National Training Symposium which brings together subject matter experts from VHA and VBA to collaborate and share information and resources on MST.

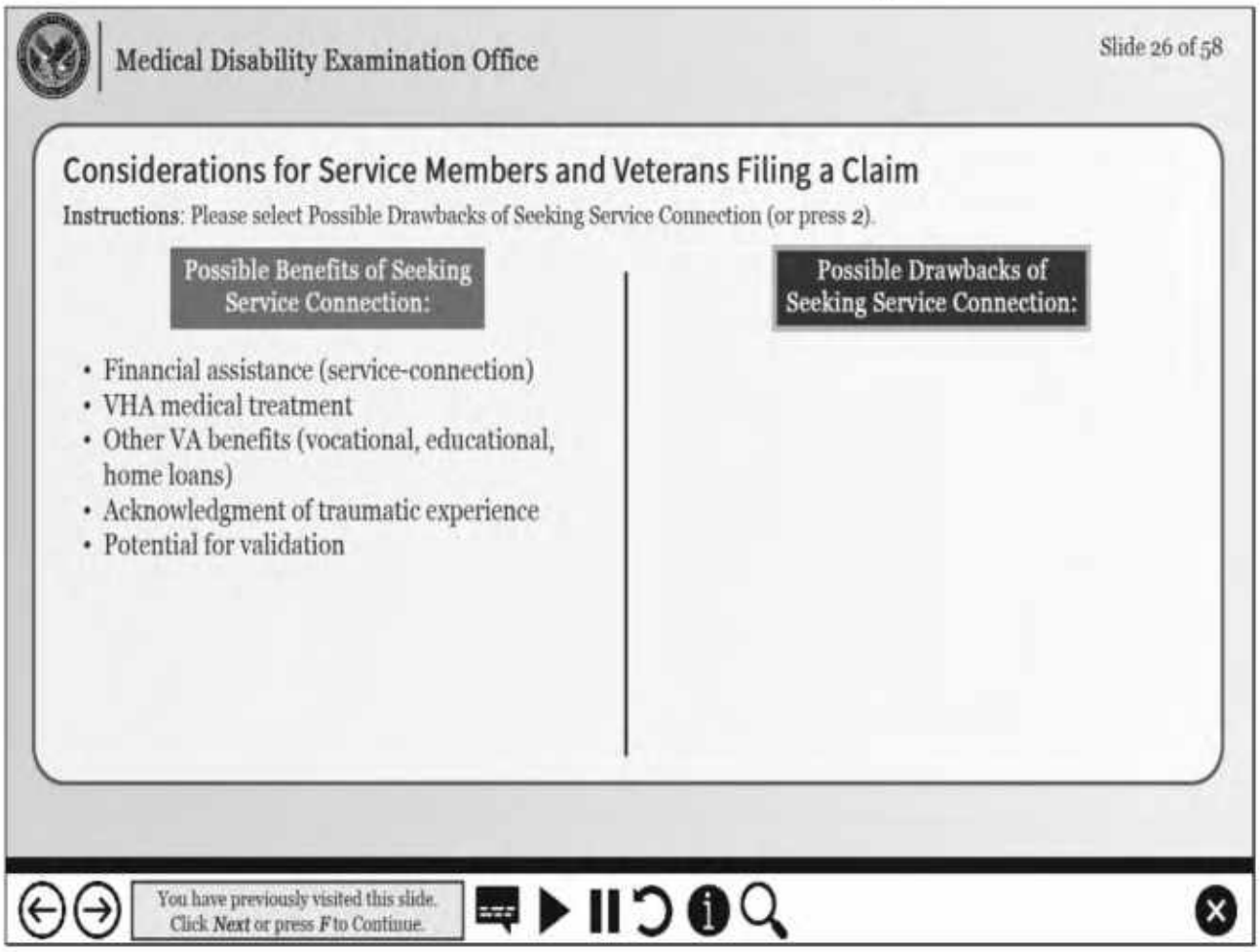
Slide 25 - Considerations for Service Members and Veterans Filing a Claim



Transcript

Service members and Veterans who experienced MST often have mixed feelings about seeking service connection for disabilities related to the MST. As a result, some may experience an increase in distress before, during, and after they participate in the claims process. The following lists show some potential benefits and drawbacks that Service members and Veterans may be considering before and after filing an MST-related claim. Please select Possible Benefits of Seeking Service Connection (or press *1*) to see some of the positive considerations Service members or Veterans may have had before filing a claim.

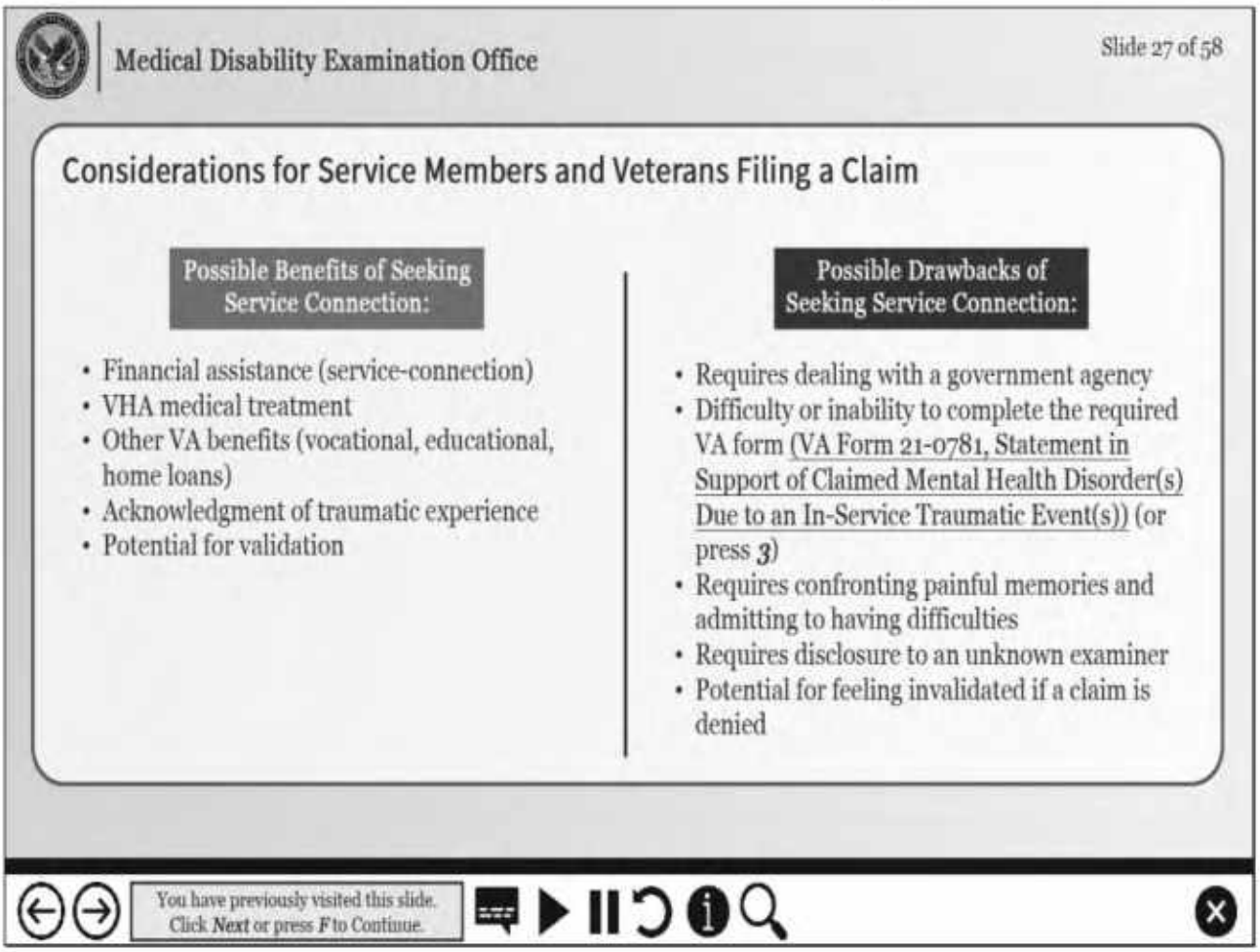
Slide 26 - Considerations for Service Members and Veterans Filing a Claim



Transcript

Claimants may gain access to potential benefits that can help them improve their lives if they are granted service connection. For example, Veterans may receive monthly financial compensation if they are granted service connection for MST-related conditions. Further resources may become available to the Veteran, including access to additional VHA health care benefits beyond the free MST-related health care that is provided to all Veterans. Other VA benefits may include vocational and education benefits and home loan programs. Access to such financial compensation and resources can decrease stress, increase safety, and expand options moving forward. In addition, claimants may benefit from the potential for acknowledgement of a traumatic experience from a professional who responds sensitively and supportively, and also from the potential validation of their experience and how it impacted them. Please select Possible Drawbacks of Seeking Service Connection (or press ***2***) to continue.

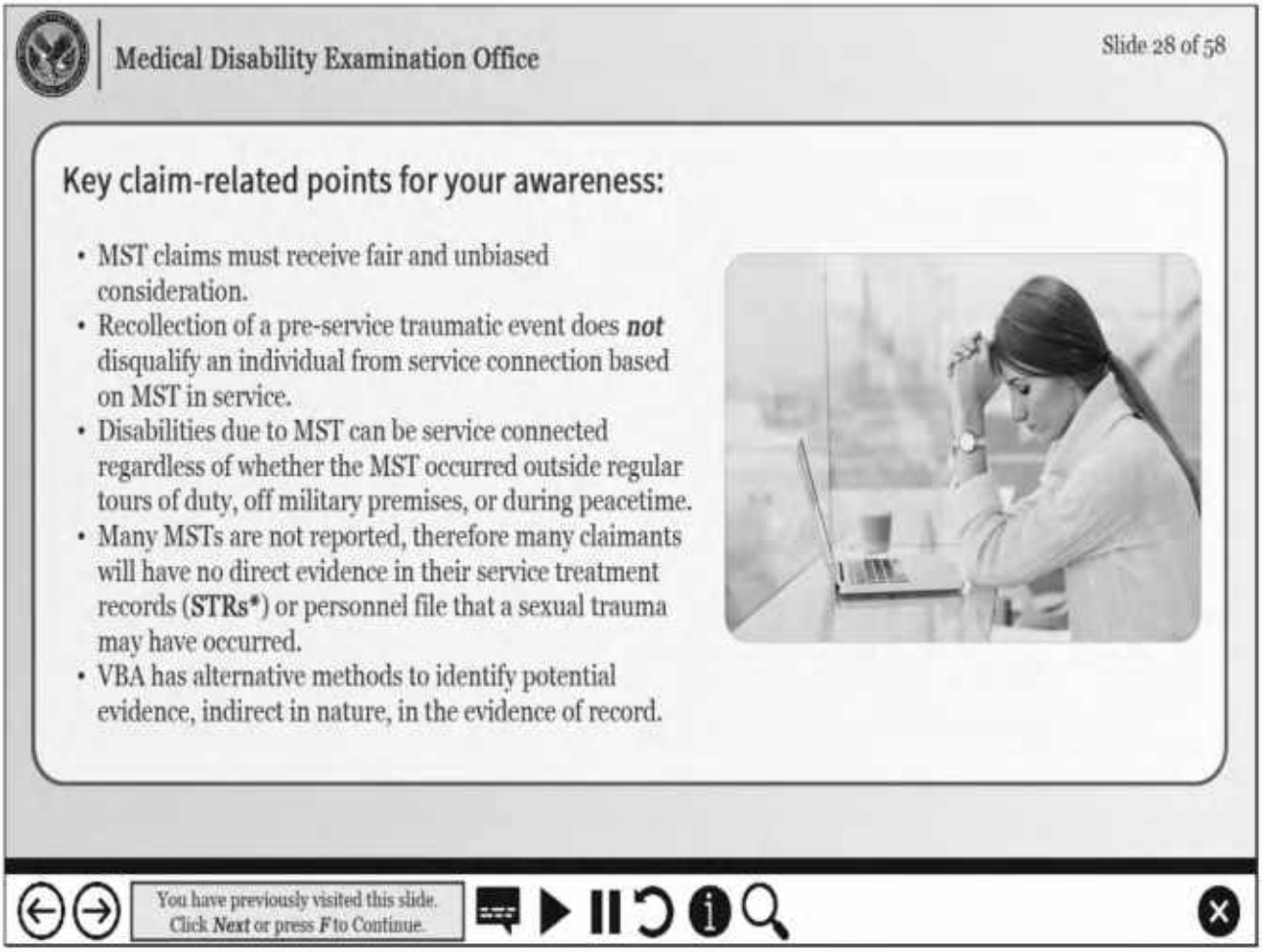
Slide 27 - Considerations for Service Members and Veterans Filing a Claim



Transcript

Some Service members or Veterans may have faced significant ambivalence in deciding to file a claim for service connection and in continuing through the MST-related claim and examination process. Some claimants may experience stress related to dealing with a government agency. This may be particularly difficult if an individual was let down or harmed further when they reported the MST experience or asked for help. Other individuals may experience difficulty completing, or be unable to complete, the required VA form(s). Some may be concerned about confronting painful memories and admitting to having difficulties when completing this form or when talking to a VA claim examiner during the claim examination. Some claimants may be concerned about feelings of dependency in applying for service connection. For others, the thought of having to disclose the traumatic experience to an unknown examiner will cause great concern, and there may be potential for the examination to stir up feelings of being damaged or unworthy, including in comparison to other Veterans (for example, in comparison to combat Veterans). Finally, there is the potential for feeling invalidated if a claim is denied.

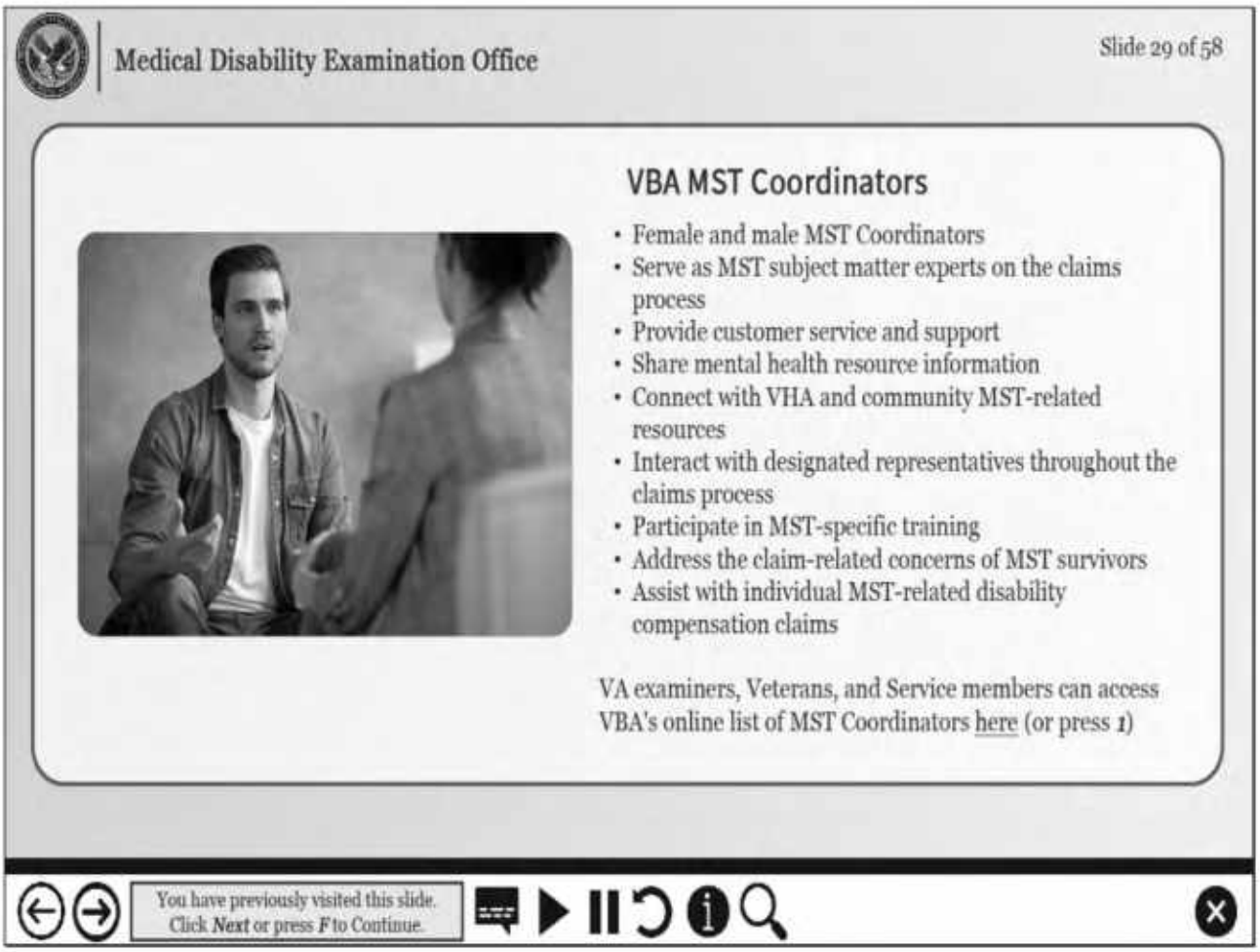
Slide 28 - VBA Processes for MST-Related Claims



Transcript

Due to the complex nature of MST claims, VBA has consolidated the processing of MST claims to the MST Operations Center in San Juan. Development of evidence, examination requests, and decision making are given added attention and scrutiny by specially trained employees. As an examiner, here are a few points you should be aware of. Filing a claim can be stressful for the claimant. VBA is invested in ensuring that all claims filed for conditions due to MST receive fair and unbiased consideration. Service members and Veterans may have encountered a traumatic event prior to military service (for example, a childhood trauma). The memory of this event may resurface due to the trauma in service. Recollection of the previous event does not disqualify the Veteran from service connection based on the MST in service. Disabilities determined to be due to MST can be service connected regardless of whether the MST occurred outside regular tours of duty, off military premises, or during peacetime, if VBA's evidentiary requirements are met. The issue of underreporting is important to consider. Many Veterans or Service members will not have any evidence in their Service Treatment Records or personnel file that a sexual trauma may have occurred. As Service members often do not report MST for understandable reasons, lack of evidence is a common challenge for VBA adjudicators working on MST-related disability claims. Without direct evidence of an event, it is often difficult for VBA to grant benefits. Because of this, VBA has alternative methods to identify potential evidence, indirect in nature, in the evidence of record. This will be discussed in greater detail in Lesson Four.

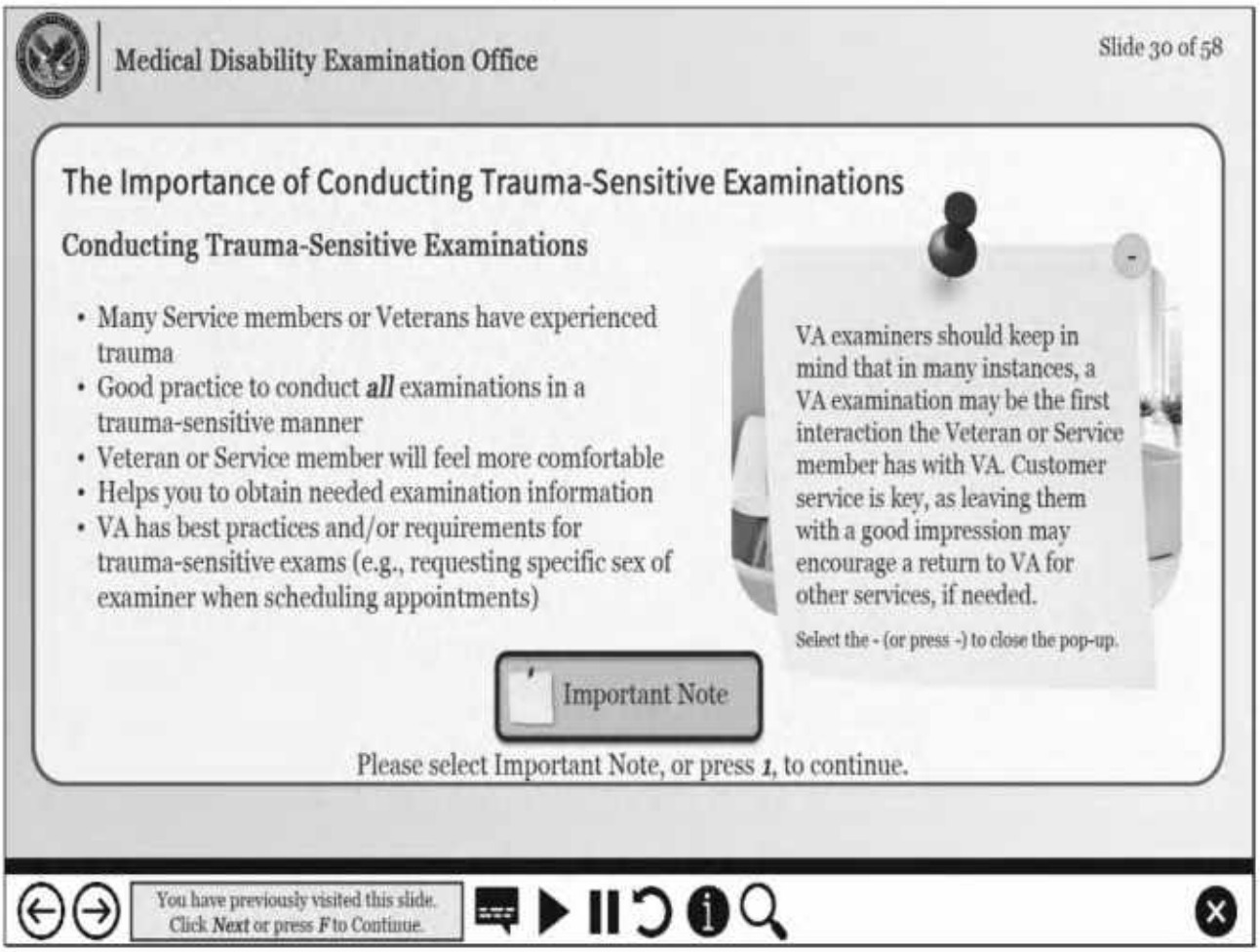
Slide 29 - VBA Outreach



Transcript

As Service members often do not report MST for reasons discussed in this course, a lack of evidence is a common challenge for VBA adjudicators working on MST-related disability claims. As a result, VBA has assigned specially trained personnel to focus on MST-related claims and to assist Veterans in filing their claim and finding MST-related resources. VBA has female and male MST Coordinators at each Regional Office who serve as designated MST subject matter experts on the claims process. They provide quality customer service and support to survivors of MST and their families. They share mental health resource information and also connect MST survivors and their families with VHA and community MST-related resources. VBA MST Coordinators interact with designated representatives throughout the claims process, working with MST claims processors when needed, and they participate in MST-specific training. VBA MST Coordinators also have the responsibility to actively address the concerns of MST survivors and assist them with their individual MST-related disability compensation claim. The specific names and contact information for the VBA MST Coordinators for each Regional Office can be found by following the link on your screen.

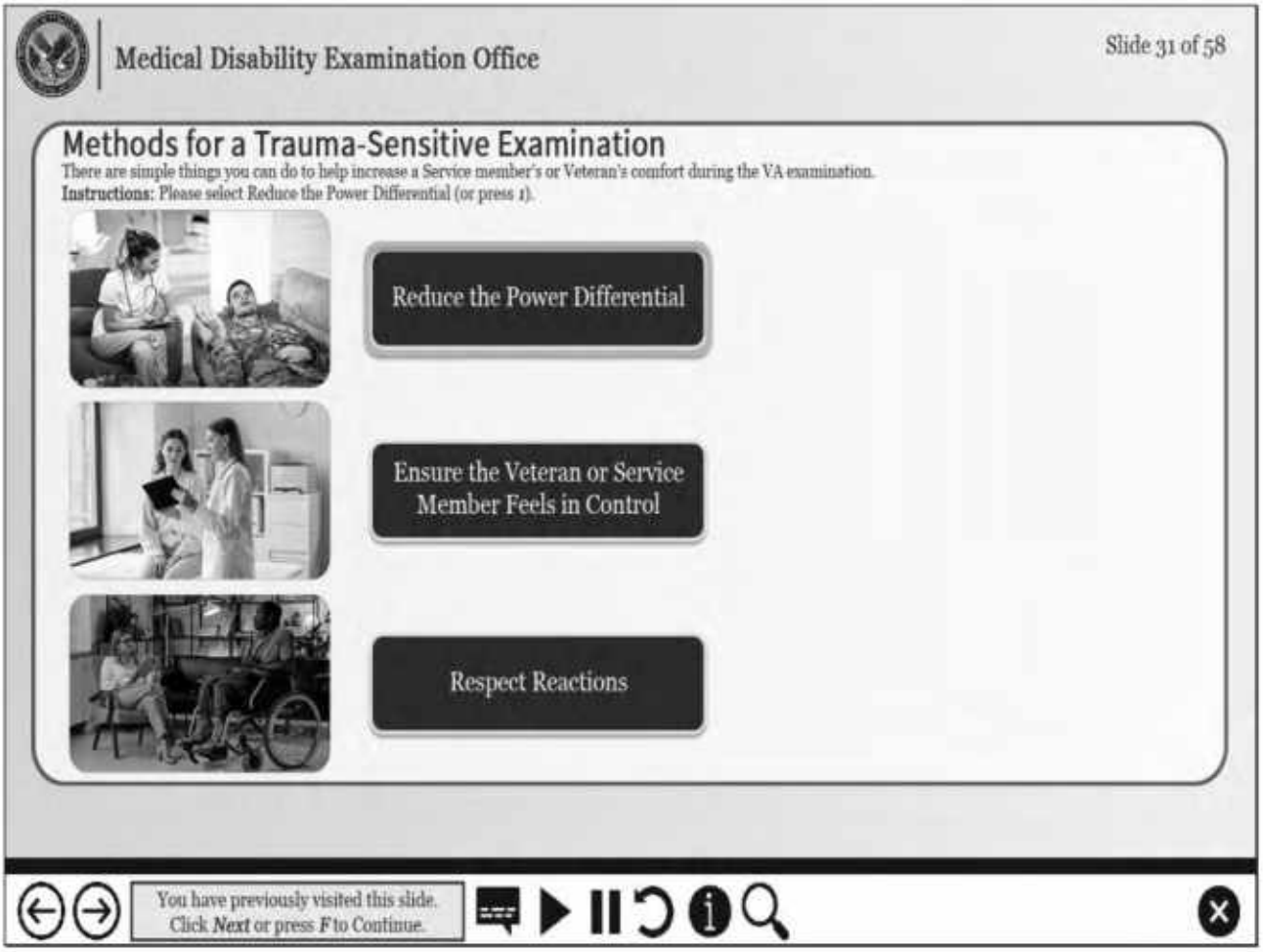
Slide 30 - The Importance of Conducting Trauma-Sensitive Examinations



Transcript

Many of the Service members or Veterans you examine will have experienced trauma. Since you will not know who does and does not have a trauma history, it's good clinical practice to conduct all examinations in a trauma-sensitive manner. This will help Veterans and Service members feel more comfortable and, in turn, help you to obtain the information you need. VA has identified best practices, and in some cases requirements, that are trauma-sensitive and can benefit the Service member or Veteran who has experienced MST. For example, VA requires the practice of allowing an examinee to request the specific sex of an examiner for MST-related exams when scheduling the exam appointment. Therefore, when an examination request involves sensitive claims such as for MST-related conditions, the claimant must be asked if there is a preference of sex for the examiner. On the next page, we'll discuss some simple ways you can conduct a trauma-sensitive examination. However, before we move on, please select the ***Important Note*** (or press *1*) for a vital reminder.

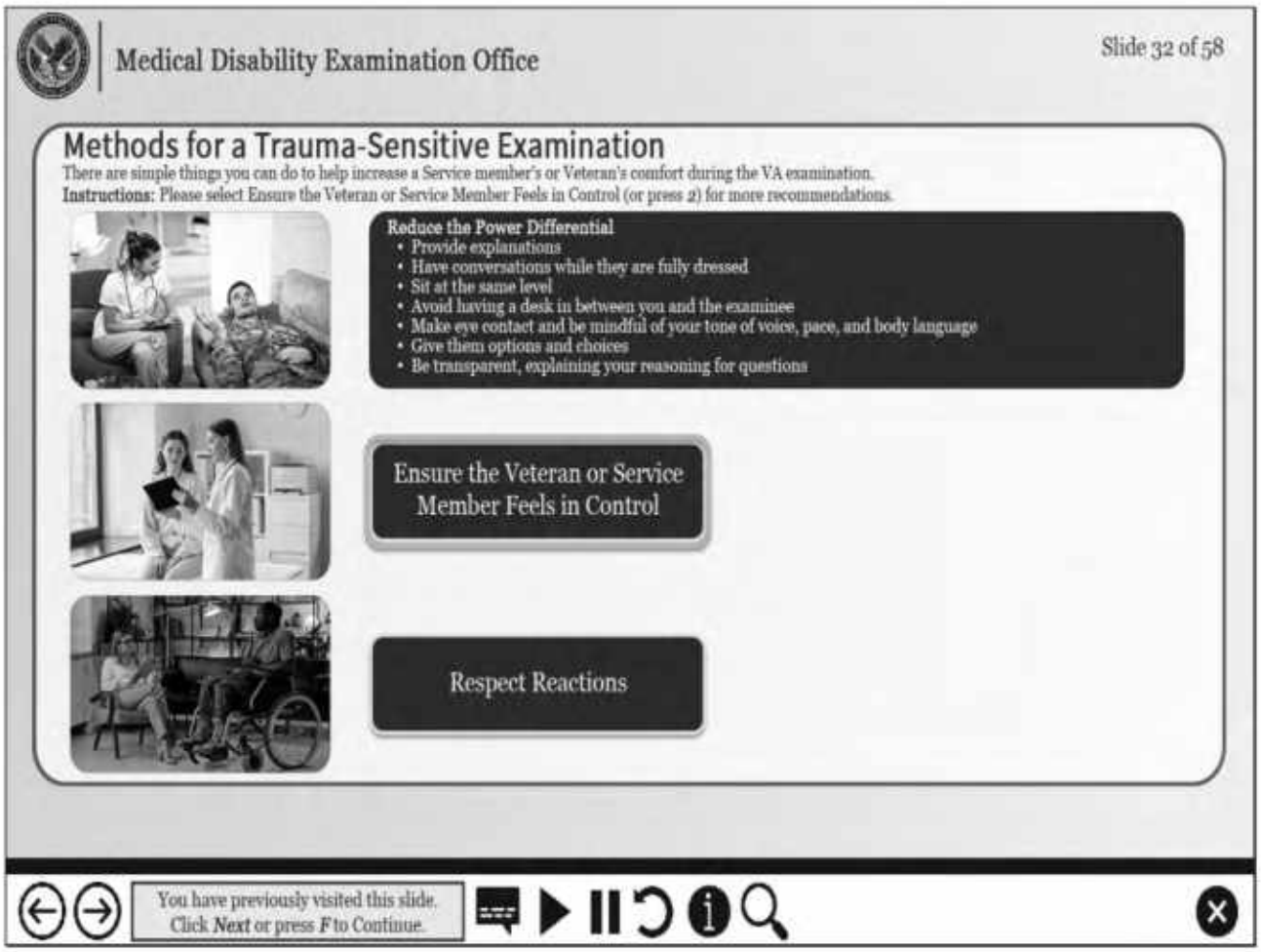
Slide 31 - Methods for a Trauma-Sensitive Examination



Transcript

You may recall from other courses that as a VA examiner, you should encourage the Service member or Veteran at the beginning of every examination to ask questions and to let you know at any time during the examination if they feel discomfort or pain. This is especially important for conducting trauma-sensitive examinations. Keep in mind that a Veteran or Service member who is reluctant to answer your questions partially or fully during the examination may be experiencing anxiety or discomfort related to their history of trauma. There are simple things you can do to help increase a Service member's or Veteran's comfort during the examination. These are good things to do with all individuals to help them feel more comfortable during examinations. Use the Service member's or Veteran's preferred name. When possible and consistent with appropriate professional boundaries, use methods of reducing the power differential, helping the Service member or Veteran to feel in control, and respecting their reactions. Please select Reduce the Power Differential (or press *1*).

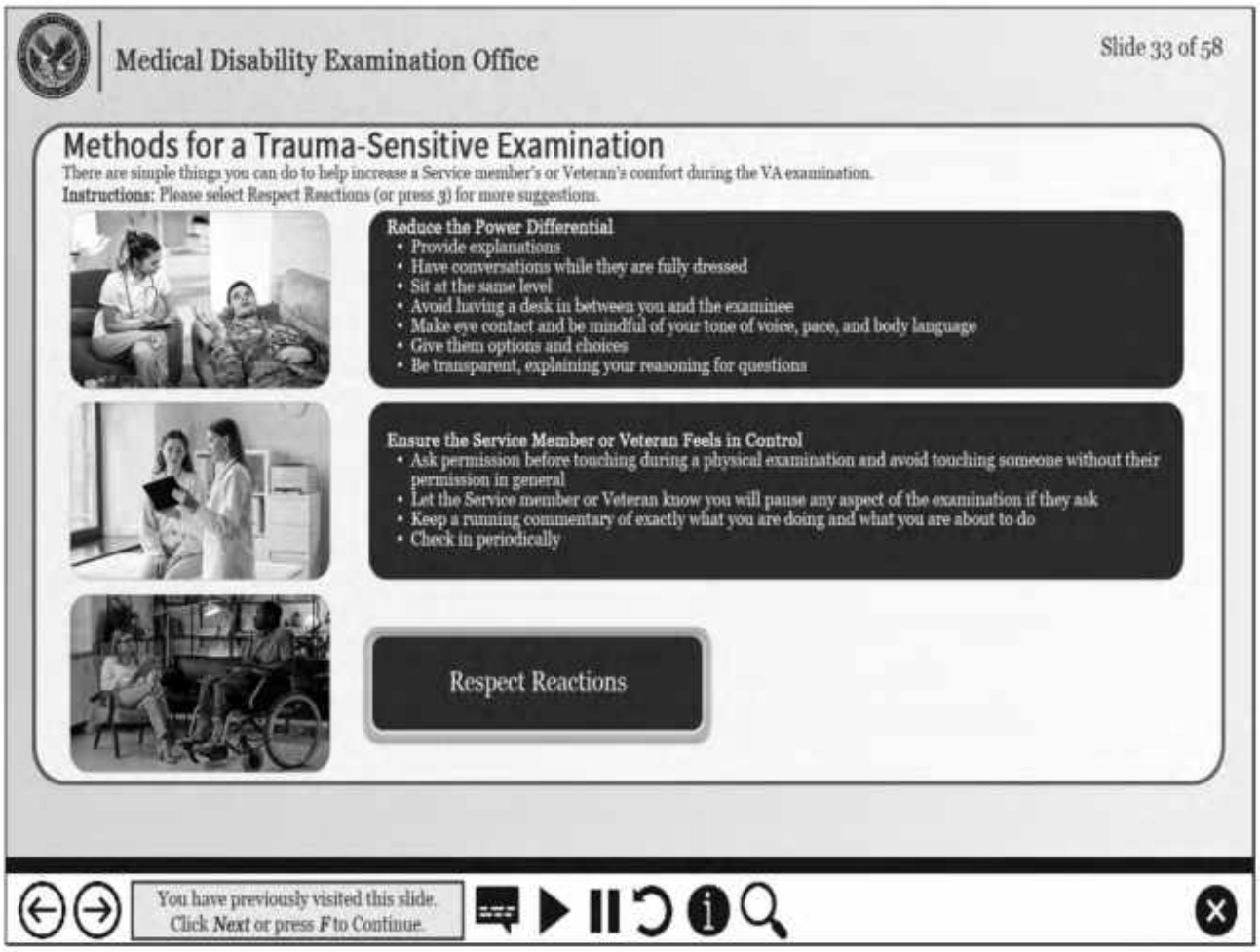
Slide 32 - Methods for a Trauma-Sensitive Examination



Transcript

First, try to reduce the power differential by providing explanations and taking the following actions. Whenever possible, have conversations while the Service member or Veteran is fully dressed. Sit at the same level as the Service member or Veteran preferably without a desk in between you. Make eye contact and be mindful of your tone of voice, pace, and body language. Give the Service member or Veteran options and choices whenever possible, and be transparent, explaining your reasoning for the questions you need to ask. Please select Ensure the Veteran or Service Member Feels in Control (or press ***2***) for more recommendations.

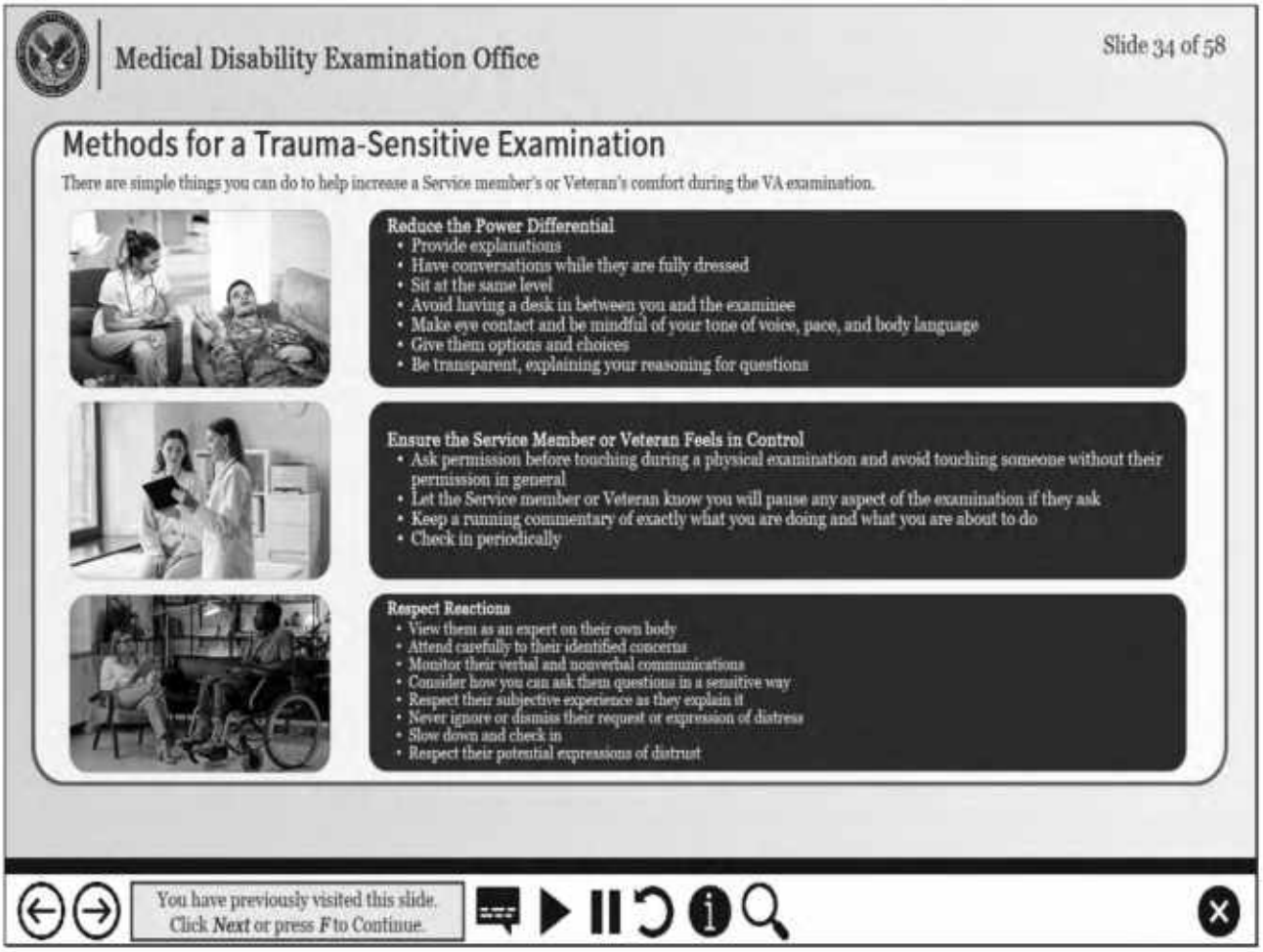
Slide 33 - Methods for a Trauma-Sensitive Examination



Transcript

Ensuring the Service member or Veteran feels in control is an important aspect of conducting a trauma-sensitive examination. First, always ask permission before touching during a physical examination and avoid touching someone without their permission in general. Let the Service member or Veteran know you'll pause any aspect of the examination if they ask. Keep a running commentary of exactly what you're doing and what you're about to do. For example, you could say: *"Okay, as you can see, I'm picking up an instrument now. This is for looking in your ears; it shouldn't hurt. I am going to move close to you and briefly touch your ears while I am looking at your inner ear, is that okay?" Also,* check in periodically and ask how they are doing. Please select Respect Reactions (or press ***3***) for more suggestions.

Slide 34 - Methods for a Trauma-Sensitive Examination



Transcript

You should respect a Service member's or Veteran's reactions. To do so, you should view the Service member or Veteran as an expert on their own body and its functioning. Attend carefully to their identified concerns. Monitor both their verbal and nonverbal communications for indications of discomfort. Consider how you can ask them in a sensitive way for the information you need. Respect their subjective experience as they explain it, even if the connection with the objective circumstance is not clear; and never ignore or dismiss a Service member's or Veteran's request or expression of distress. When they do seem distressed during an exam, slow down and check in. It's also possible for some to have a level of distrust with institutions or processes, especially if they were let down in the past. During an examination, this distrust may present in the form of the quality and quantity of information they disclose, angry or strong reactions to seemingly benign comments or questions, or expressing negative beliefs about the process, including VBA, VHA, or disability examiners. These exams can be stressful for the claimant, respect their potential expressions of distrust.

Slide 35 - Responding Sensitively When a Veteran Discloses MST



Transcript

There are many effective things you can say to respond sensitively when a Veteran shares with you that they experienced MST, whether this disclosure is expected as part of an examination for a claimed condition related to MST or unexpected at another time. An empathetic, supportive response, such as "I'm so sorry this happened to you," has the power to be tremendously healing. The selections on the screen provide four examples of responding sensitively.

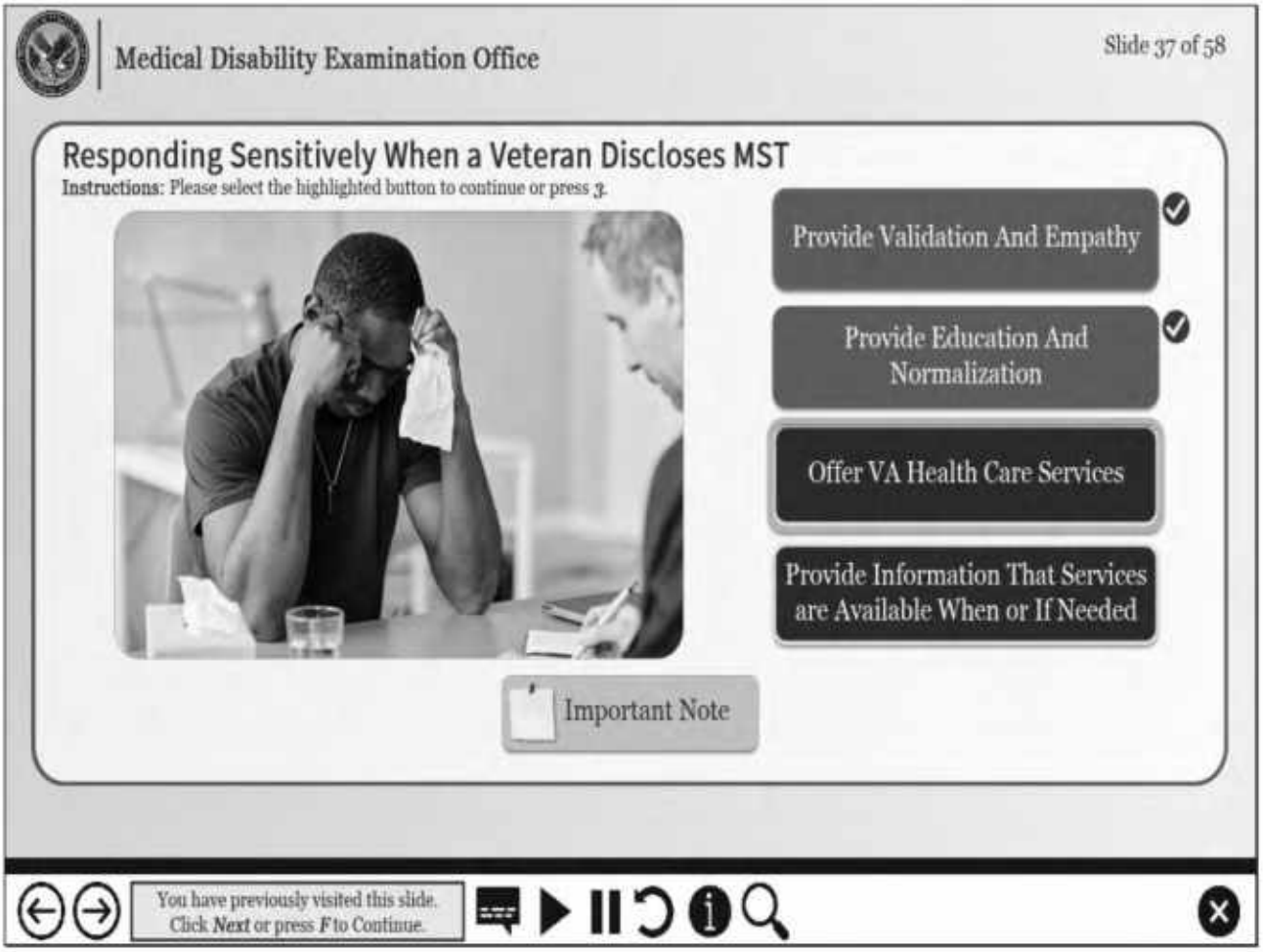
Slide 36 - Responding Sensitively When a Veteran Discloses MST



Transcript

"I'm very sorry this happened to you while you were serving our country. Thank you for deciding to share this information today."

Slide 37 - Responding Sensitively When a Veteran Discloses MST



Transcript

"Other Veterans have had experiences like yours and for some, it can continue to affect them even many years later. However, there are many services and treatments available to help you in your recovery, if you need them."

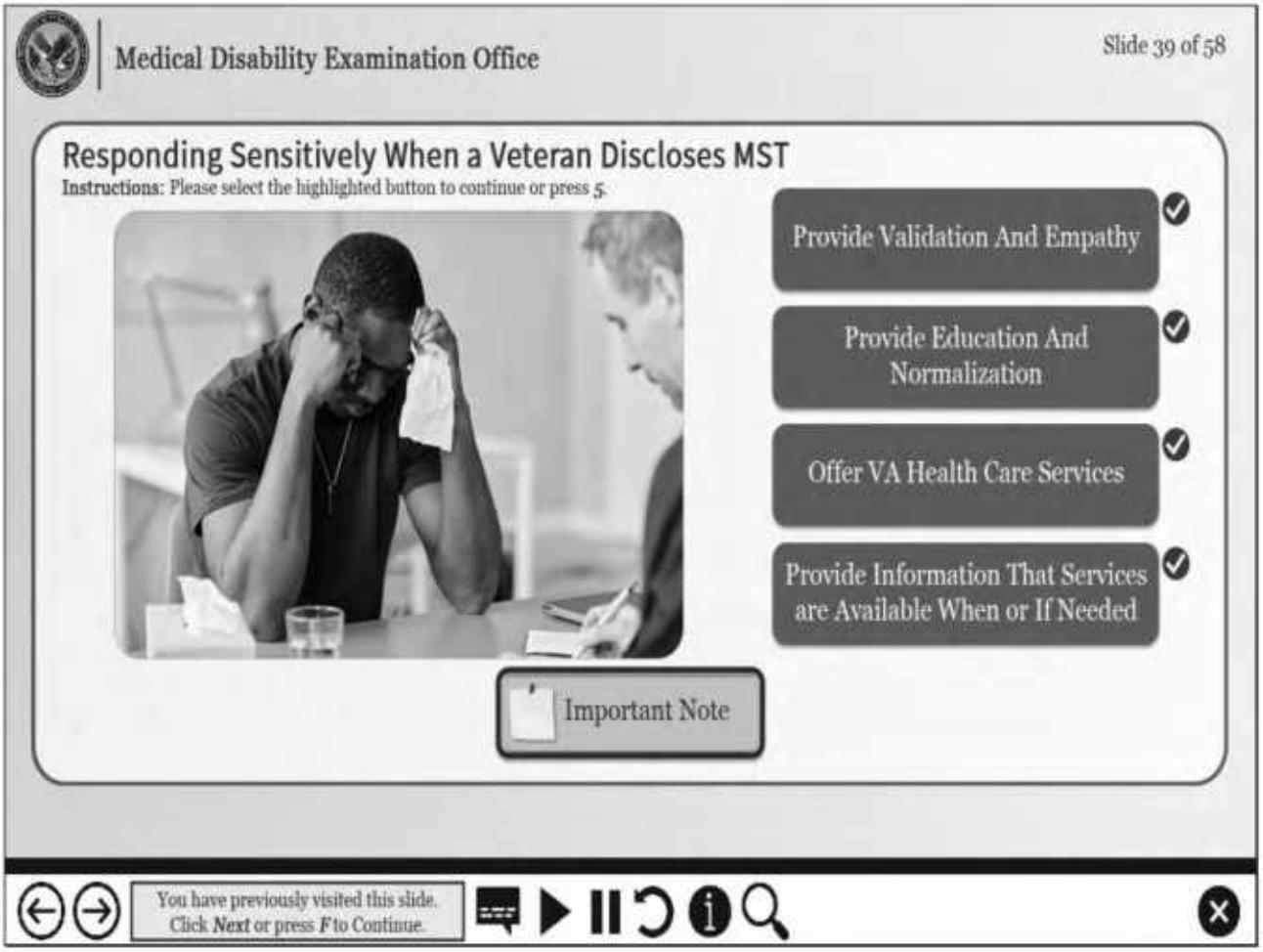
Slide 38 - Responding Sensitively When a Veteran Discloses MST



Transcript

"Some of the Veterans I've met with have found it helpful to talk with someone about their experiences. In case it's helpful to know, the VA offers free health care related to MST."

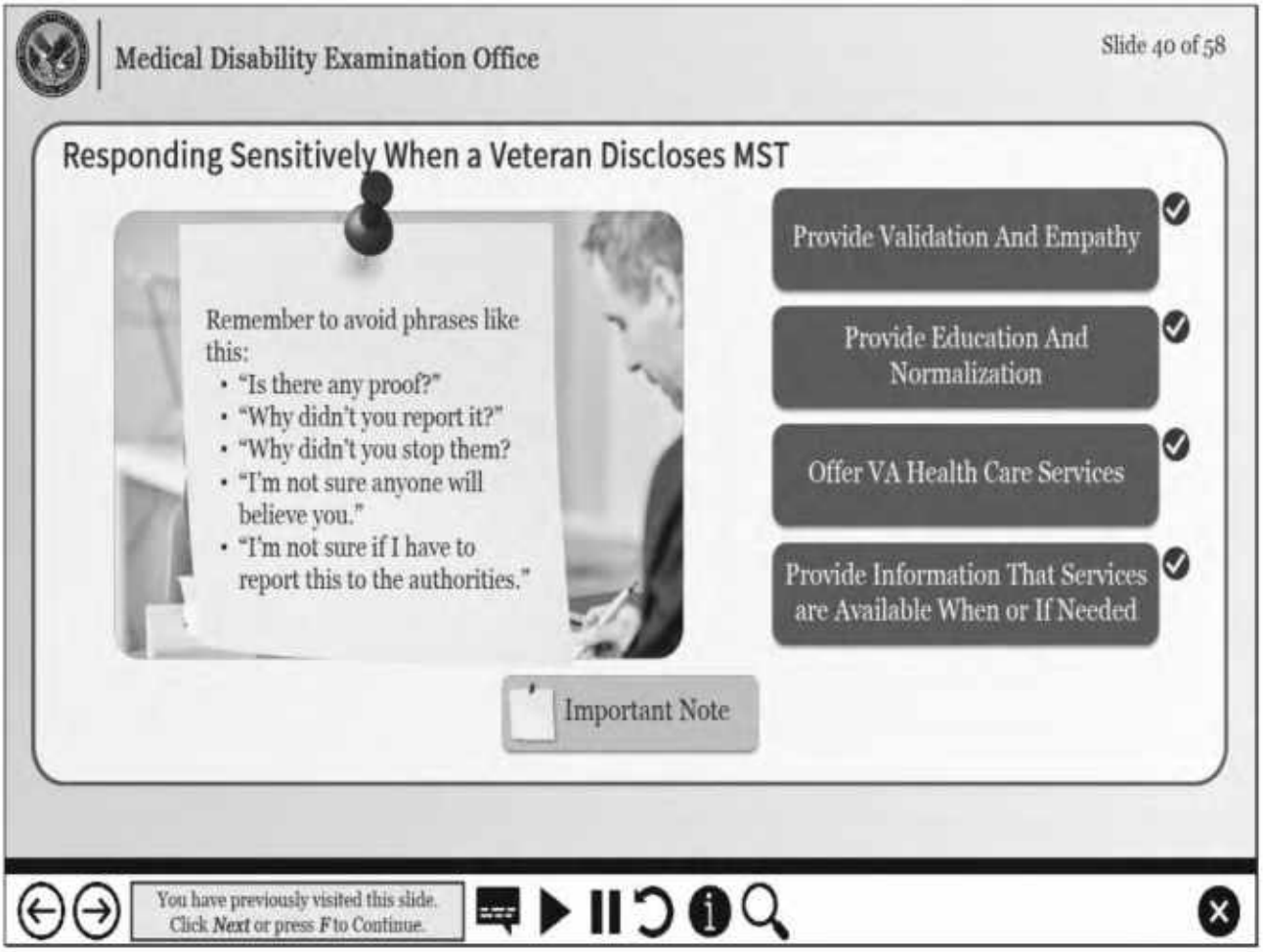
Slide 39 - Responding Sensitively When a Veteran Discloses MST



Transcript

"If you ever find in the future that it might help to talk to someone, you can call your local VA facility and ask to speak with the MST Coordinator."

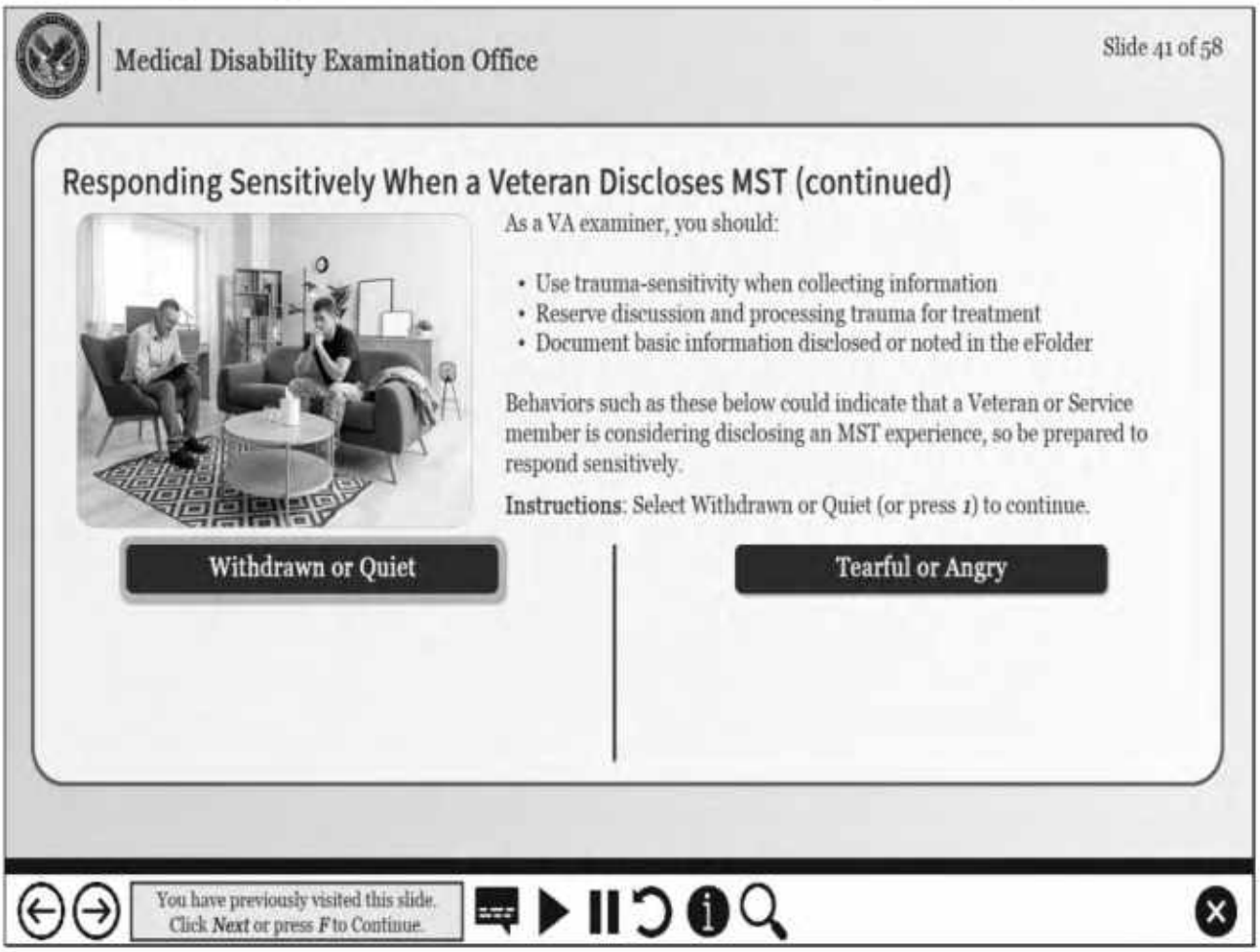
Slide 40 - Responding Sensitively When a Veteran Discloses MST



Transcript

It's very important to avoid phrases like these shown on the screen.

Slide 41 - Responding Sensitively When a Veteran Discloses MST (continued)



Transcript

The role of a VA examiner is not to process the MST experience as would a mental health professional providing treatment. While a claimant may volunteer basic information during an examination, asking them to recount every detail of their MST experience may cause increased distress. Therefore, as a VA examiner, you should use trauma-sensitivity to collect the information needed and reserve discussion and processing the trauma for ongoing treatment with an established mental health provider with expertise in trauma-related issues. However, it is helpful if you document in the exam report any basic information spontaneously disclosed by a claimant or noted in their eFolder. Here are a few other suggestions for examiners of ways to respond sensitively that may be of interest to you. Disclosing an MST experience during an exam can be difficult for many individuals. Behaviors such as these could indicate that they are considering disclosing an MST experience, so as a VA examiner, you should be prepared to respond sensitively. Please select Withdrawn or Quiet (or press *1*) to learn more.

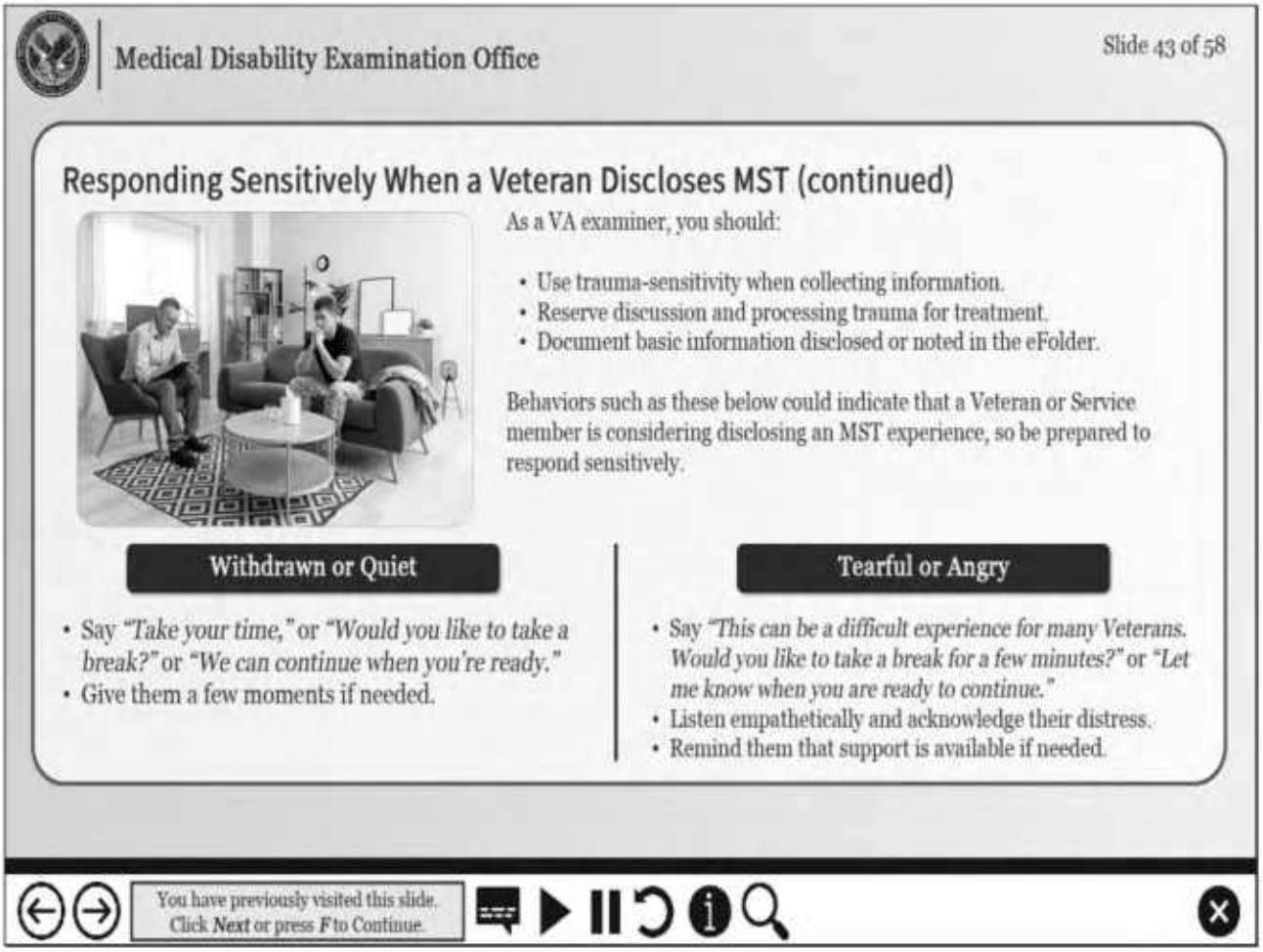
Slide 42 - Responding Sensitively When a Veteran Discloses MST (continued)



Transcript

If the Veteran appears withdrawn or quiet, seems "out of it," or provides minimal acknowledgement of the information, then: Say, "Take your time," or "Would you like to take a break?" or "We can continue when you're ready;" and give them a few moments if needed. Please select Tearful or Angry (or press ***2***) for another example.

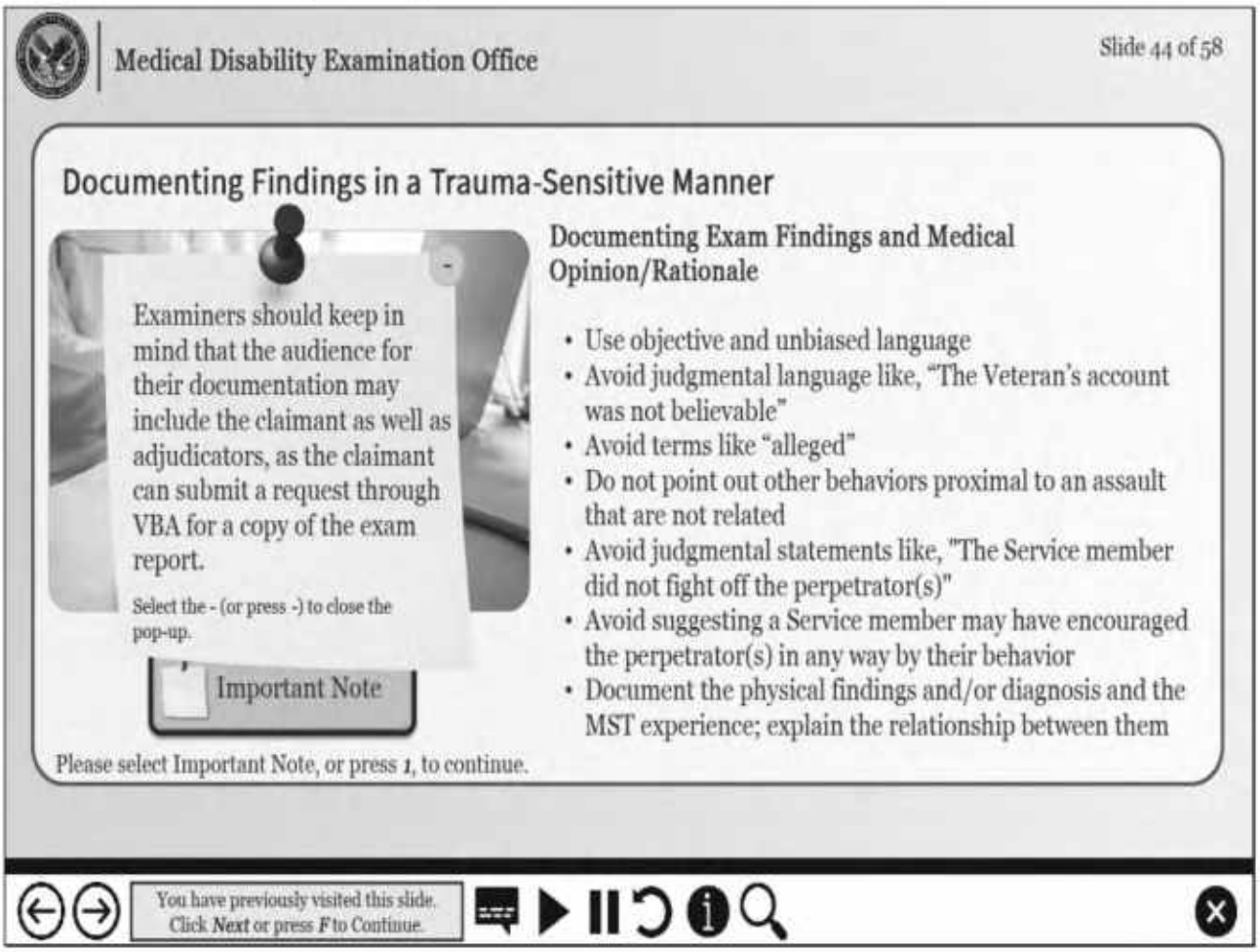
Slide 43 - Responding Sensitively When a Veteran Discloses MST (continued)



Transcript

If the Veteran becomes tearful, angry, agitated, anxious, or "jumpy," then say, "This can be a difficult experience for many Veterans. Would you like to take a break for a few minutes?" or "Let me know when you are ready to continue." Listen empathetically and acknowledge their distress. Also, remind them that support is available if needed.

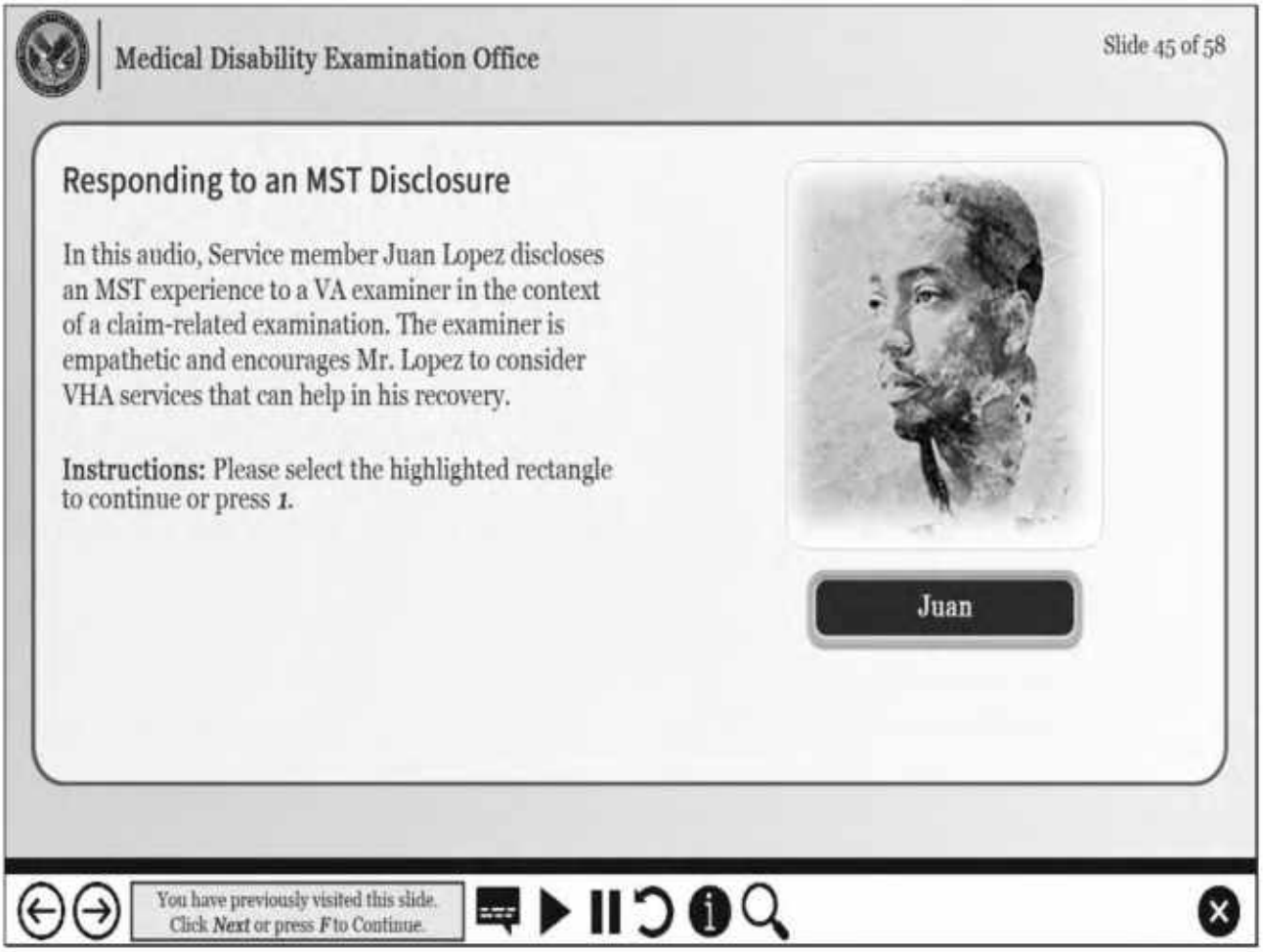
Slide 44 - Documenting Findings in a Trauma-Sensitive Manner



Transcript

Conducting an examination in a trauma-sensitive manner includes the language you use to document examination findings or to provide a medical opinion and rationale. To accomplish this, use objective and unbiased language and avoid judgmental language like, "The Veteran's account was not believable," and terms like "alleged." In addition, you should not point out other behaviors proximal to an assault that are not related. Avoid judgmental statements such as, "The Service member did not fight off the perpetrator," and avoid suggesting that a Service member may have encouraged the perpetrator in any way by their behavior. A variety of physical conditions may occur secondary to an experience of MST. Please document the physical findings and/or diagnosis (if appropriate to your role) and the experience of MST in the applicable DBQ. Explain the relationship between them. Please select and read the ***Important Note*** (or press *1*) before continuing to the next slide.

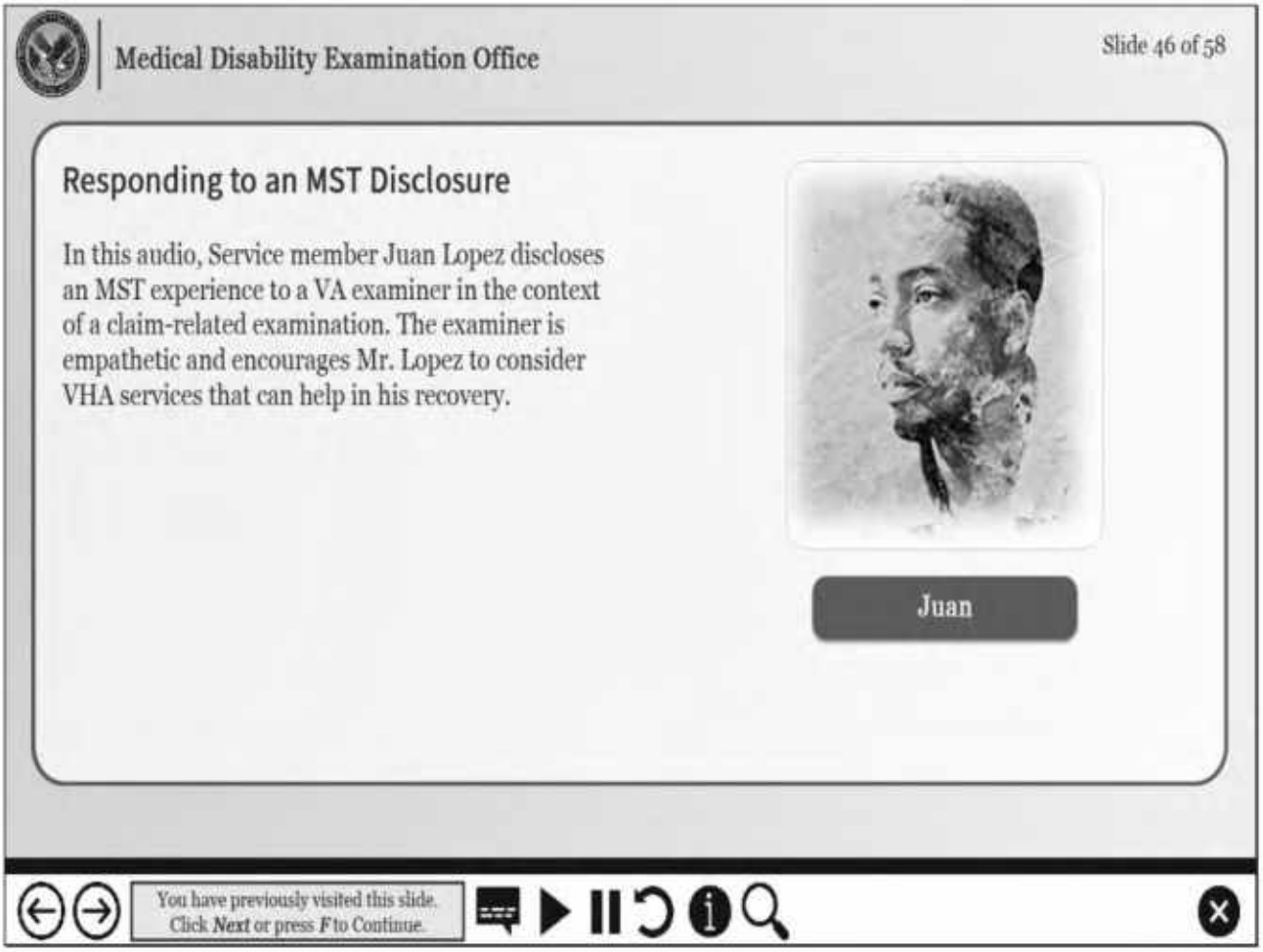
Slide 45 - Responding to an MST Disclosure



Transcript

You may remember the example fictional narrative of an MST experience earlier in this course for a Service member named Juan. In this audio, Juan Lopez discloses an MST experience to a VA examiner in the context of a claim-related examination. The examiner is empathetic and encourages Mr. Lopez to consider VHA services that can help in his recovery. Please select the highlighted rectangle (or press *1*) to hear this exchange between Mr. Lopez and the examiner.

Slide 46 - Responding to an MST Disclosure



Transcript

Examiner: So, those are all the questions I have for you today. Is there anything else I haven't asked you about your depression that you think is important for me to know as part of this exam?

Juan: Well, I... I know I've been pretty vague as to how my depression started. But I think I know why it started. Something happened on my deployment.

Examiner: Is that something you'd like to share with me today?

Juan: I know that's not what this exam's about but...I haven't told anybody. I don't even think I should say anything now.

Examiner: What you decide to share is completely up to you.

Juan: During my deployment, in Afghanistan, I was attacked... raped, going to the latrine one night. It was a bunch of guys. They said I wasn't pulling my weight and that they couldn't trust me anymore. They were going to "teach me a lesson." I didn't know what to do, who to trust. I thought they'd kill me or do it again if I said anything. And then I find out I've got this HPV infection from the rape! I had never even heard of that before this happened. It was just too much... too much...

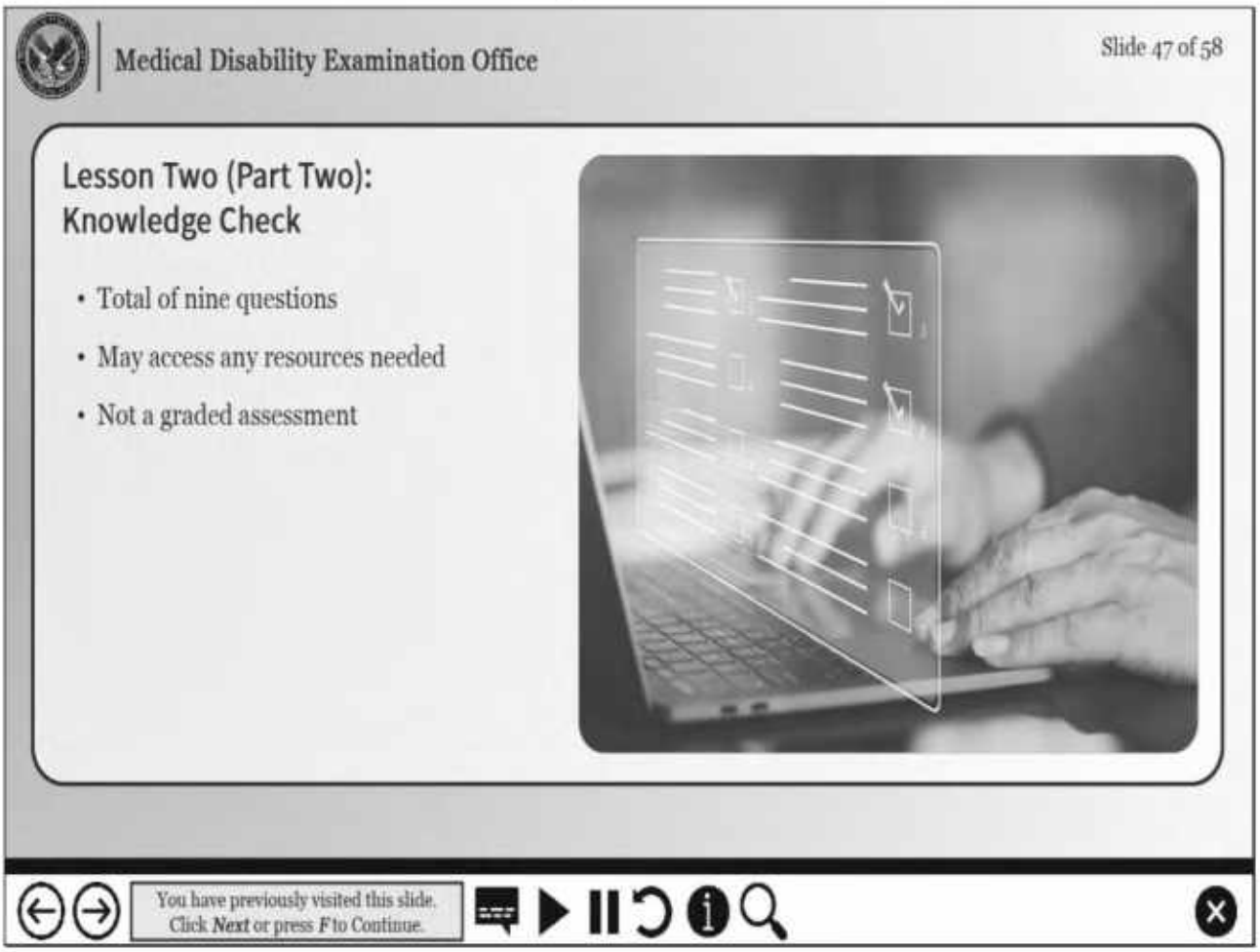
Examiner: I'm so sorry that happened to you, Mr. Lopez, and on your deployment. I can understand how overwhelming that must have been.

Juan: It was horrible.

Examiner: I'm glad that you felt comfortable enough sharing it with me today. Unfortunately, many Veterans have had similar experiences,

and for some, it can continue to affect them even years later. People can recover though. Can I talk to you about VA services that are available that can help you if you're still having problems that you think are related to that experience?
Juan: I'd be open to it.
Examiner: VA offers free health care for physical and mental health conditions related to sexual assault and sexual harassment that occurred in the military, also called military sexual trauma or MST, and every VA medical center has an MST Coordinator, a point person who can help you access that care, if you think that would help. Would you be interested in contacting your VA's MST Coordinator after today's exam?
Juan: Yeah, I think I probably should.
Examiner: Let me get the contact information for you before you leave today.

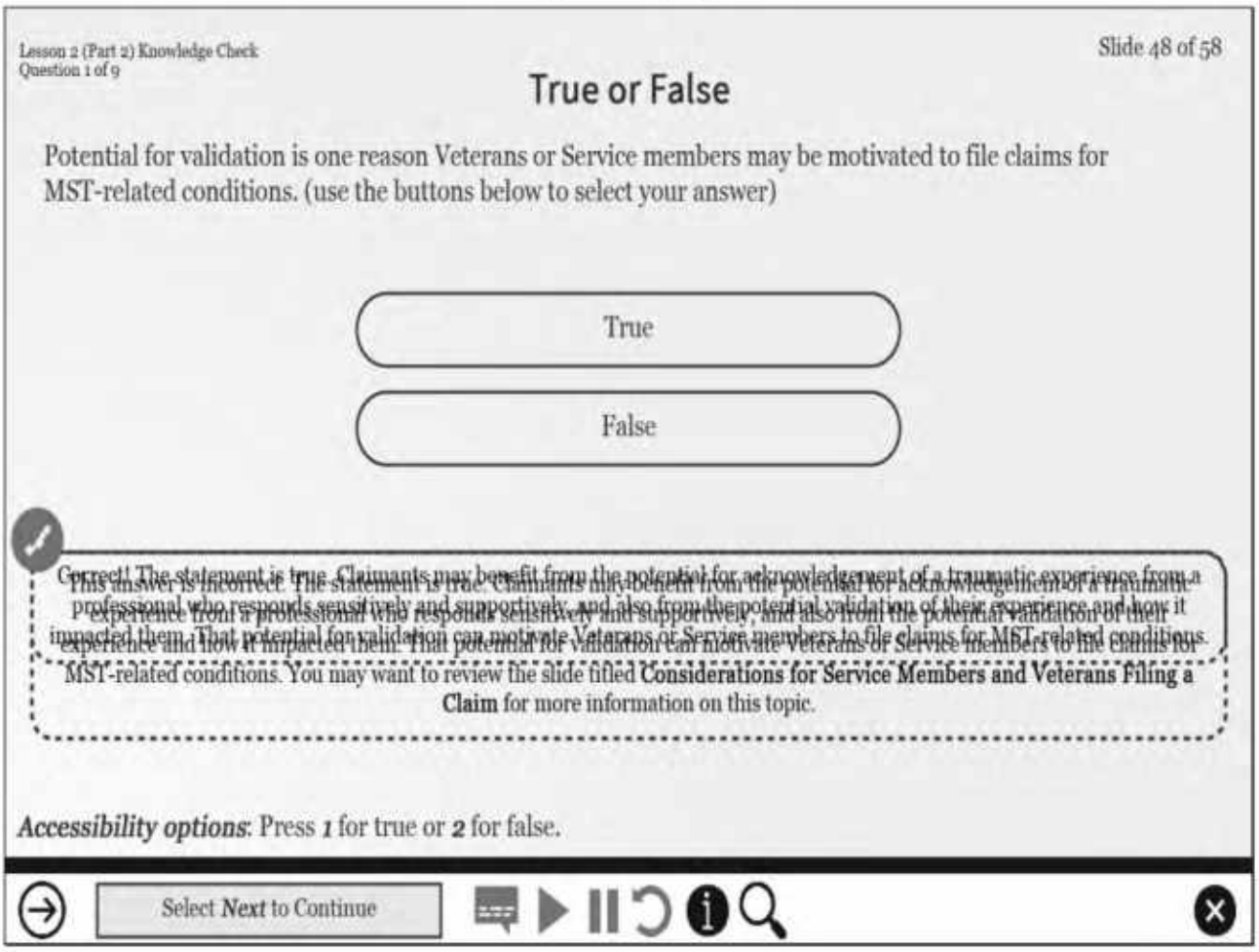
Slide 47 - Lesson Two Part Two - Knowledge Check Transition



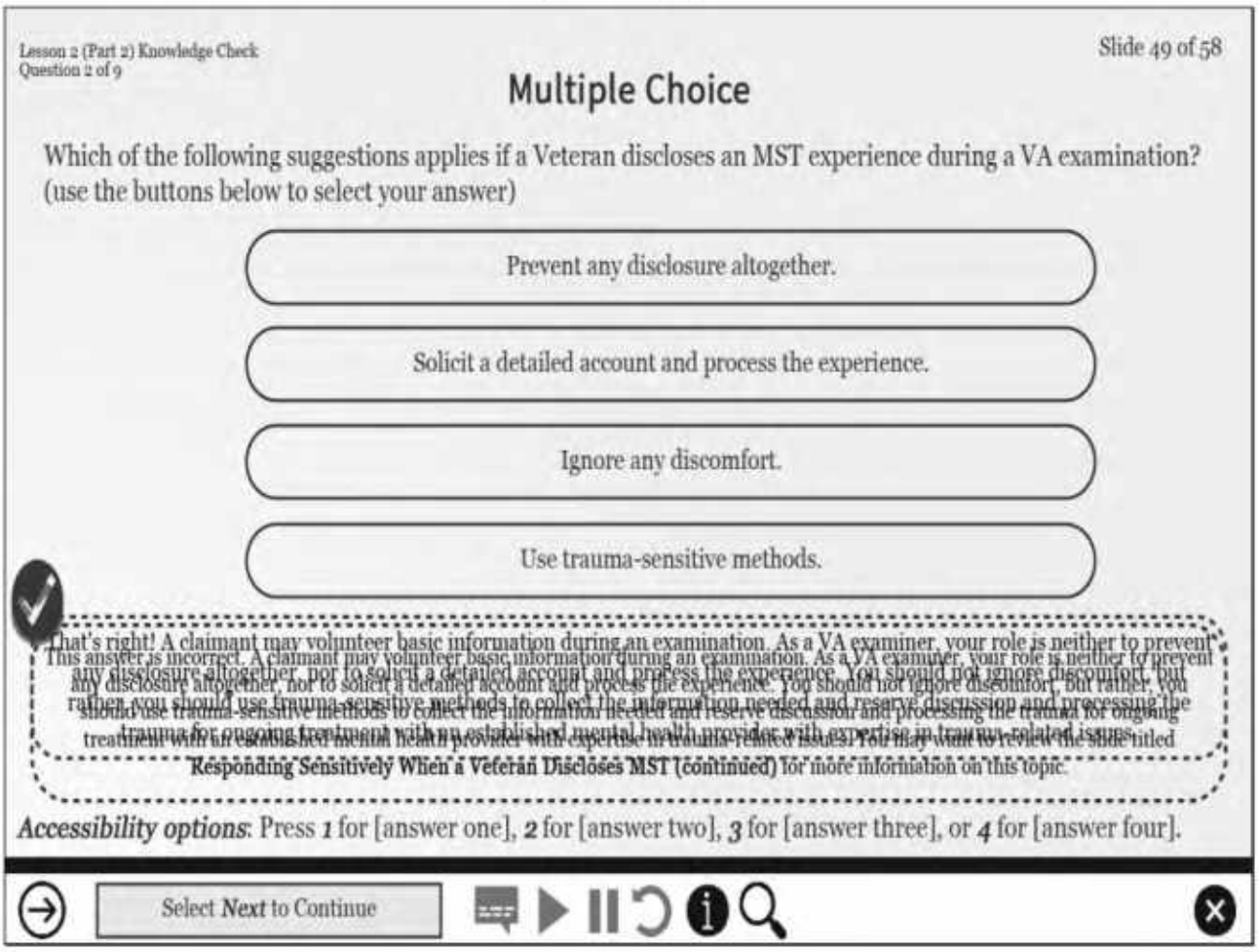
Transcript

You will now be presented with a knowledge check consisting of a total of nine questions. This knowledge check is not a graded assessment, so there is no minimum score required to advance into the next lesson. Rather, it is a tool to help reinforce the information presented in the lesson. Similar questions may be asked on the final assessment. Please select ***Next Slide***, or press the right-facing arrow key, to proceed to the knowledge check.

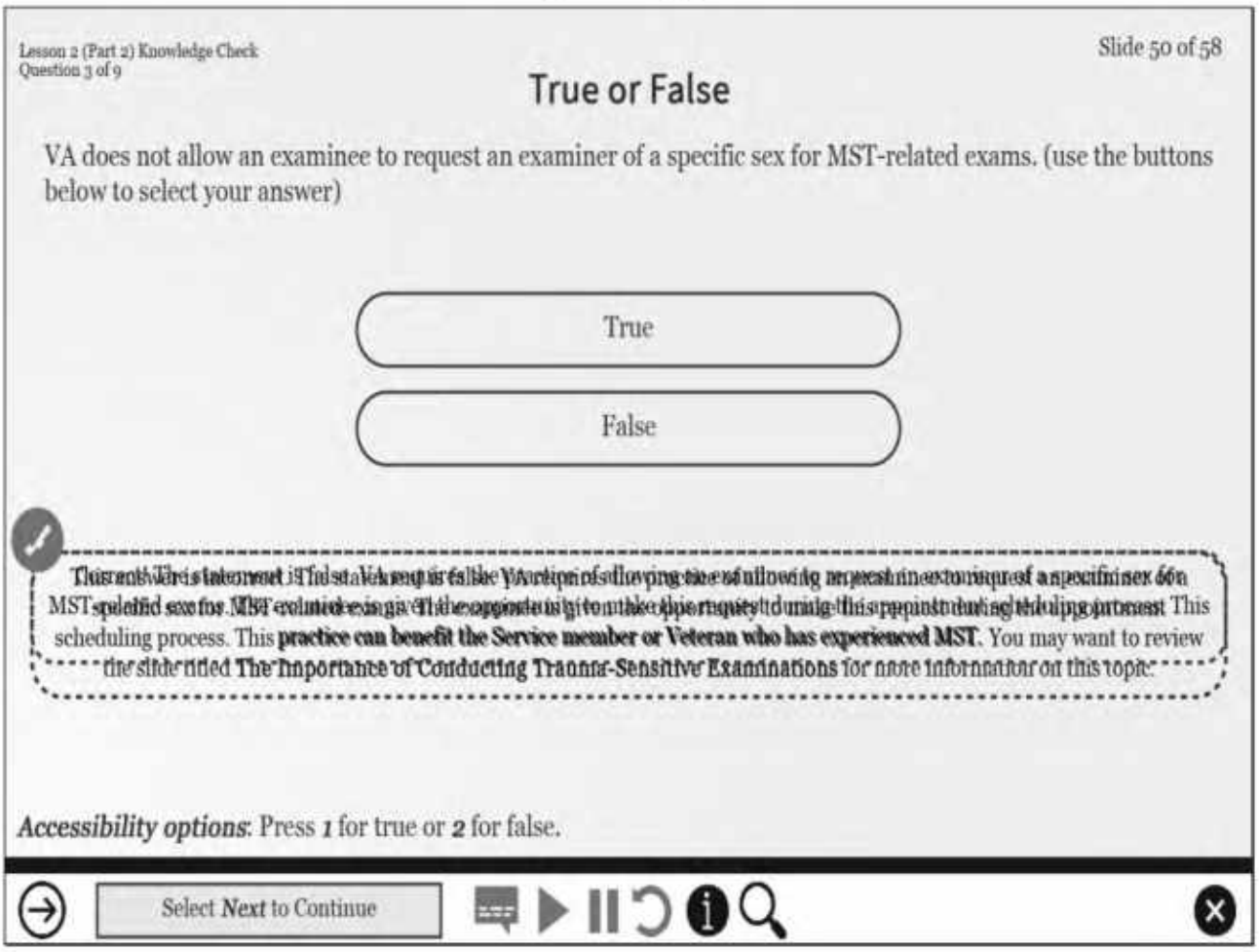
Slide 48 - Lesson Two Part Two Knowledge Check | Question One



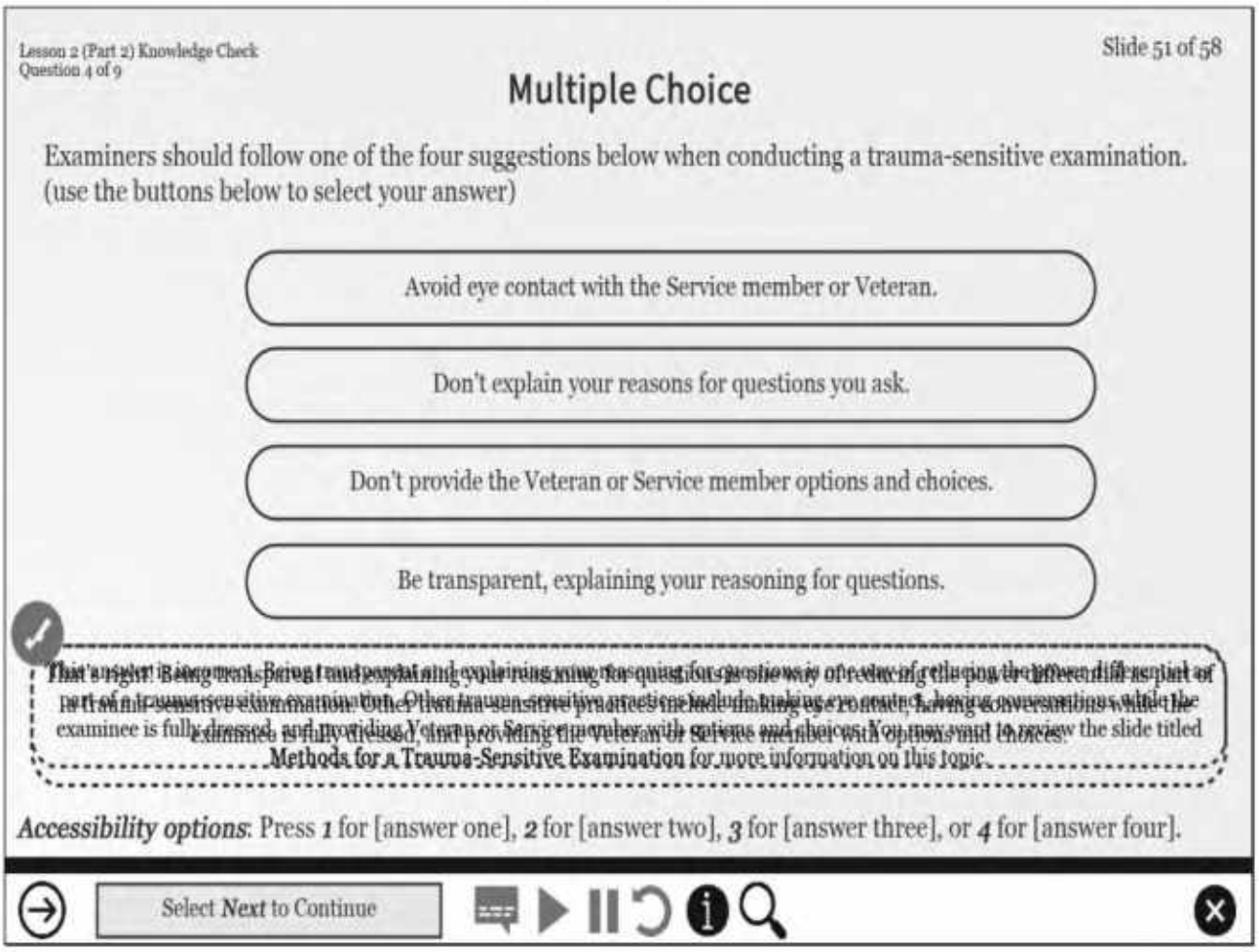
Slide 49 - Lesson Two Part Two Knowledge Check | Question Two



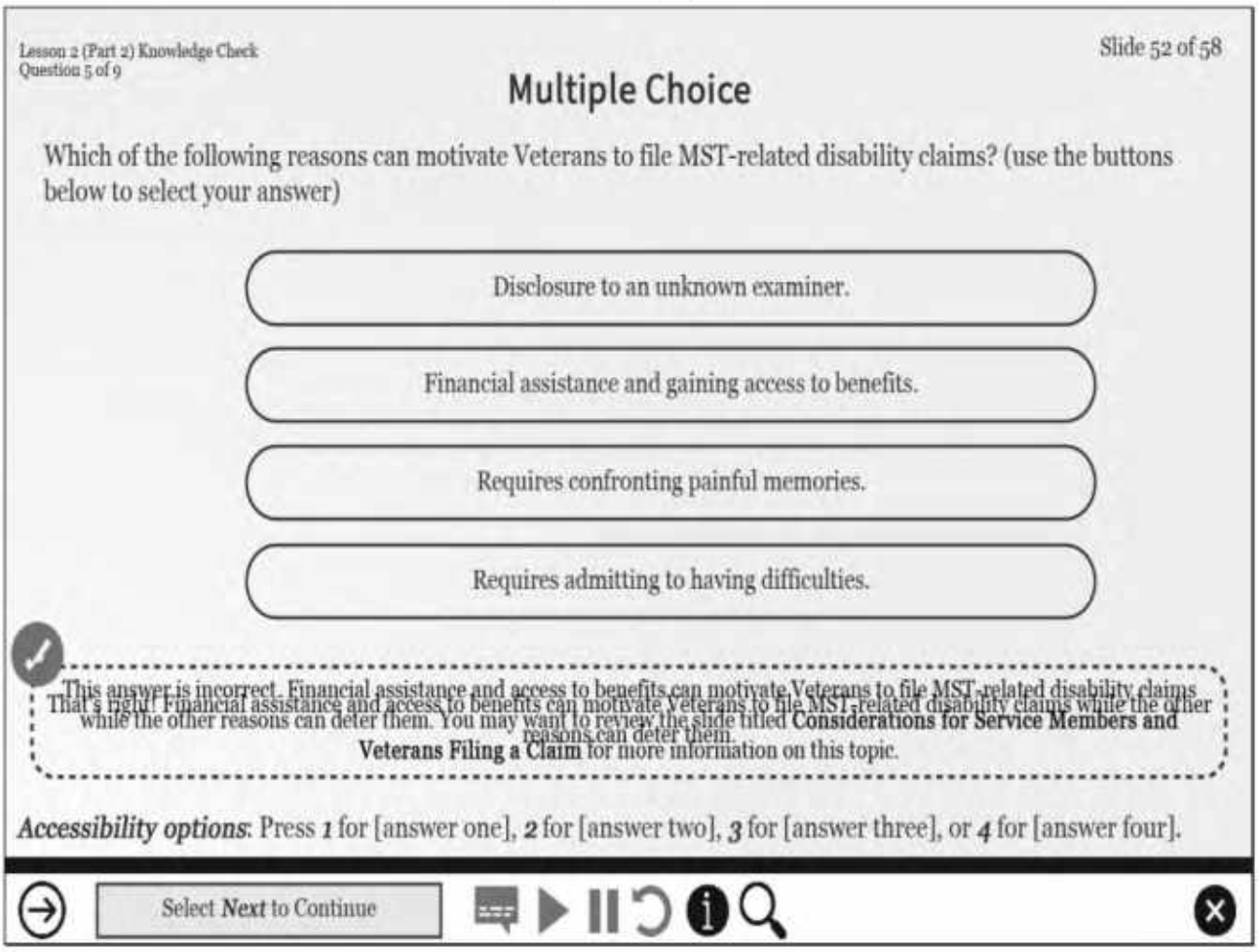
Slide 50 - Lesson Two Part Two Knowledge Check | Question Three



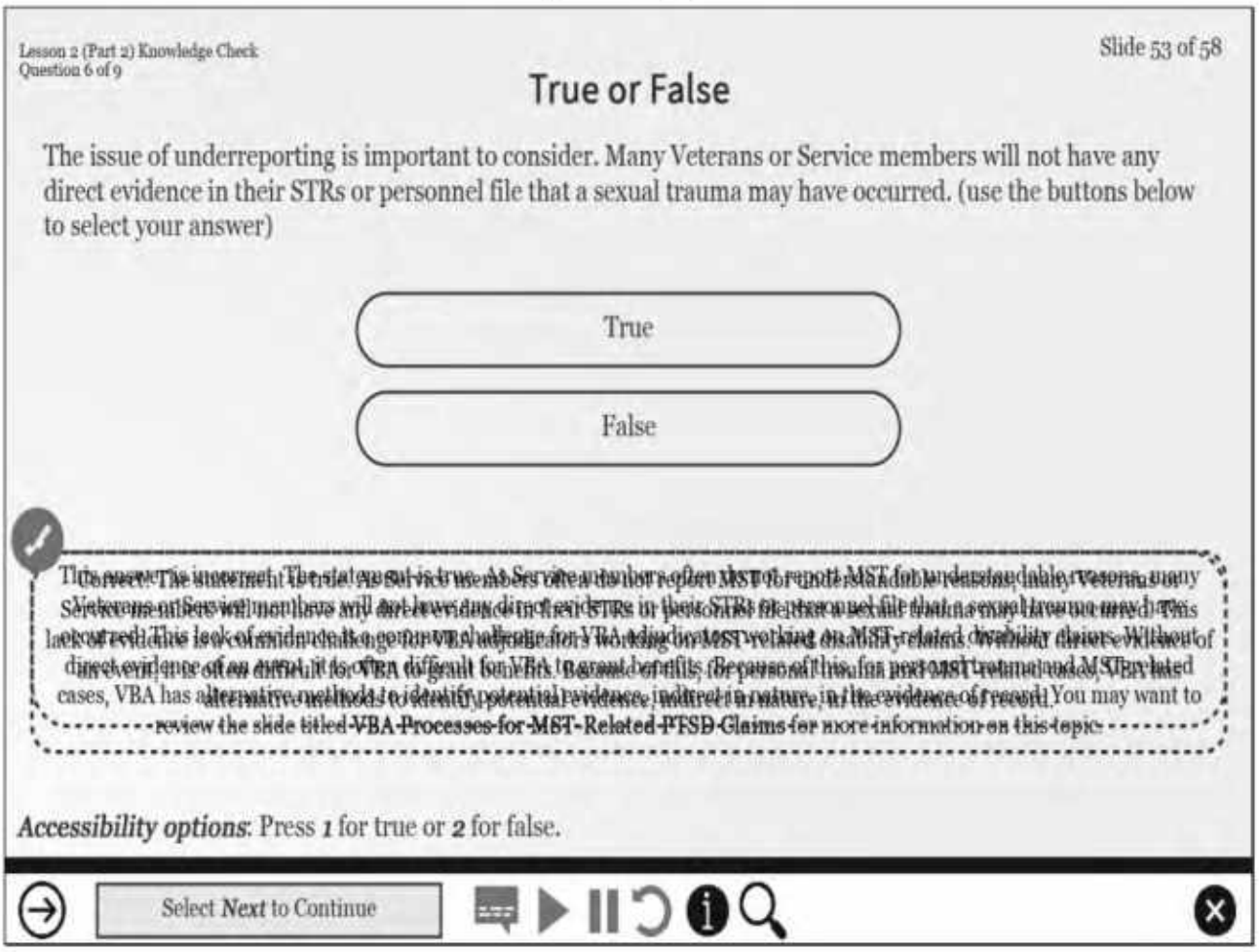
Slide 51 - Lesson Two Part Two Knowledge Check | Question Four



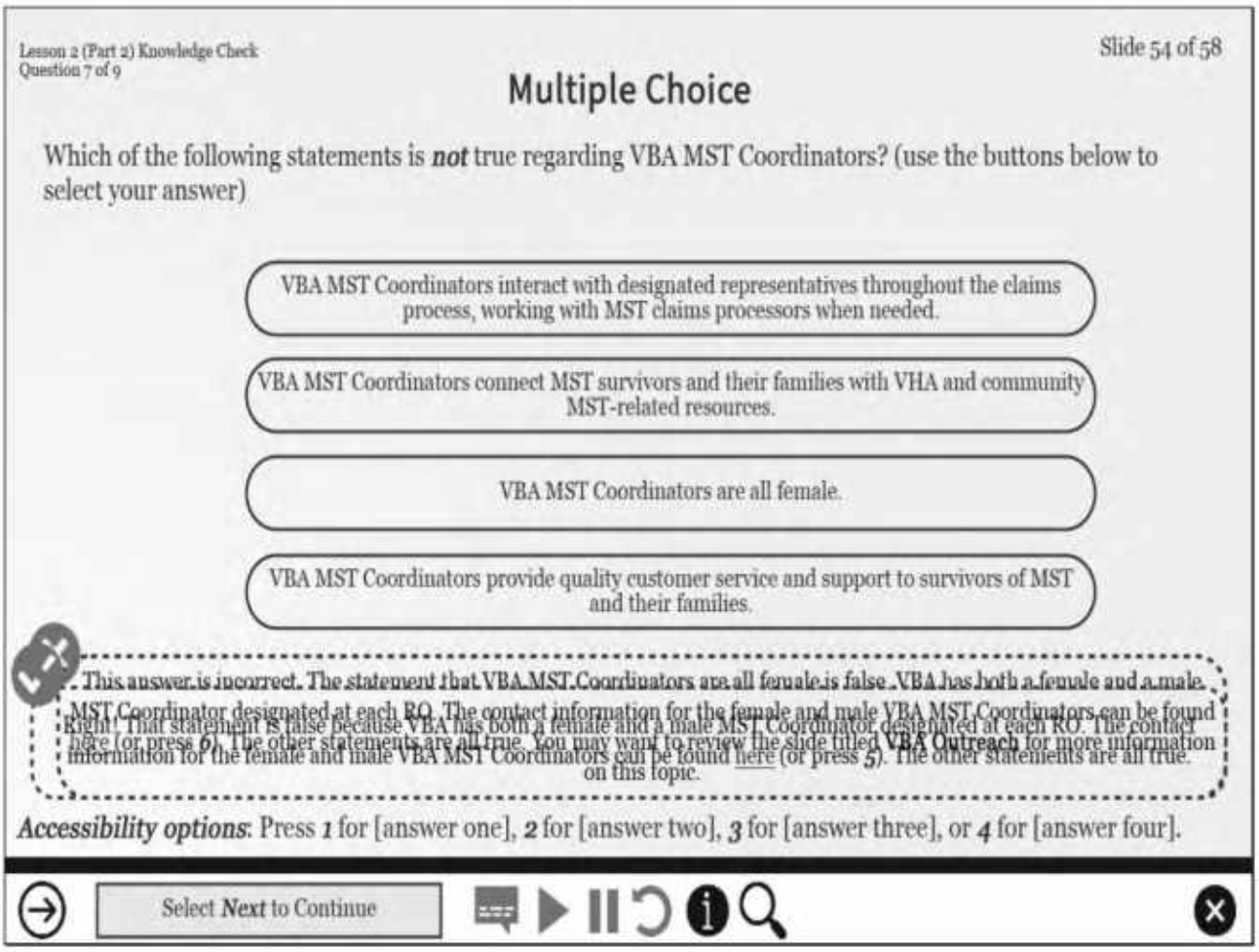
Slide 52 - Lesson Two Part Two Knowledge Check | Question Five



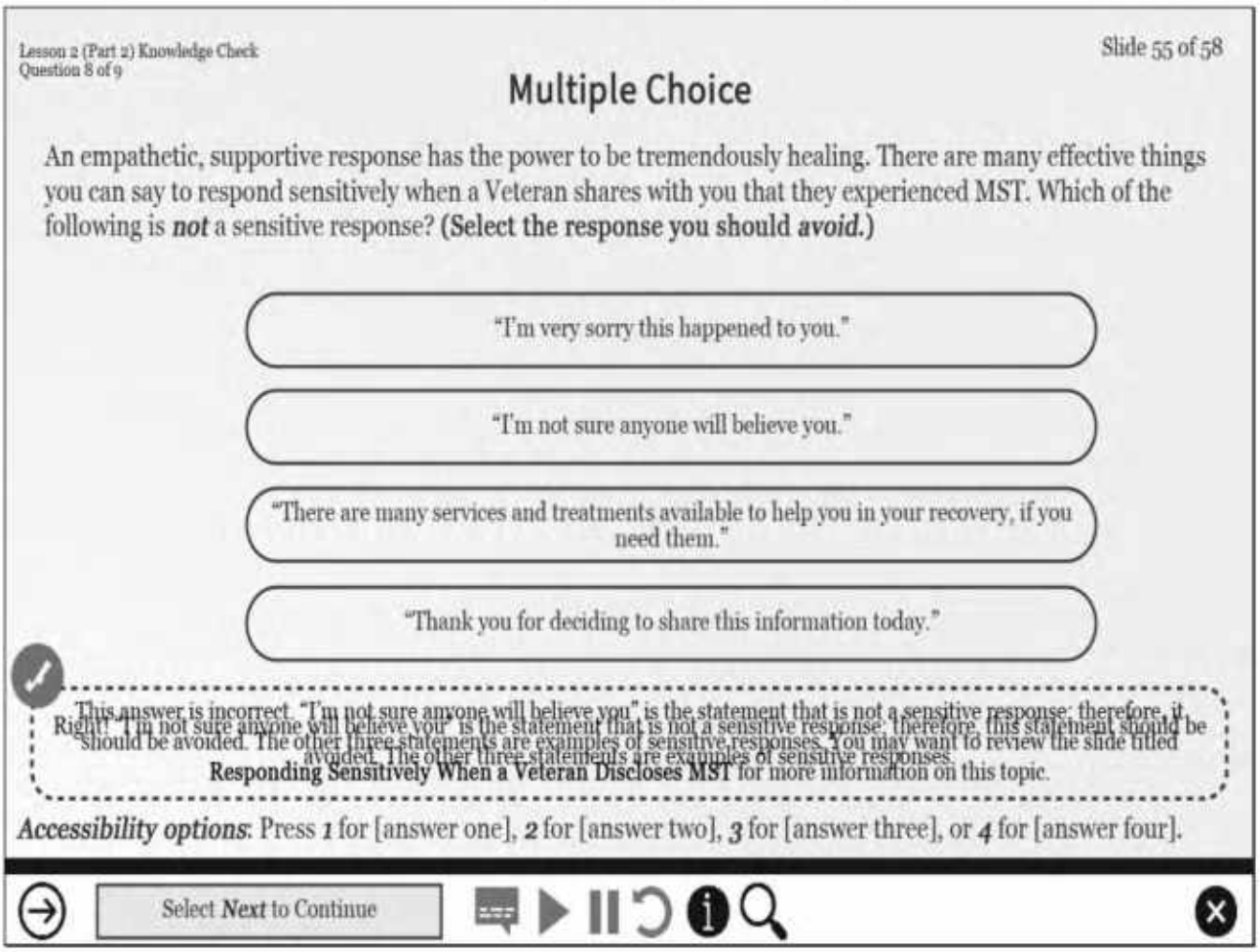
Slide 53 - Lesson Two Part Two Knowledge Check | Question Six



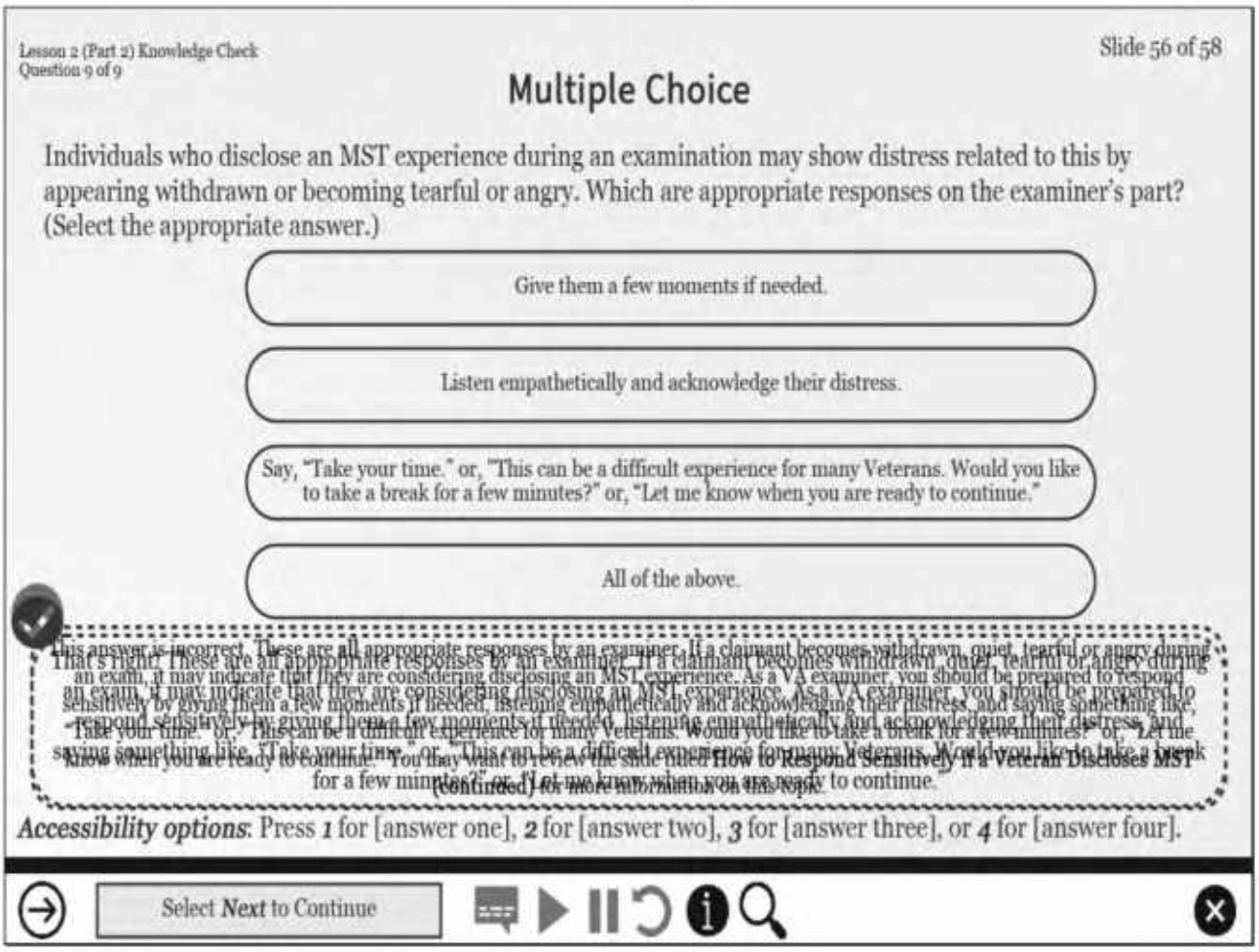
Slide 54 - Lesson Two Part Two Knowledge Check | Question Seven



Slide 55 - Lesson Two Part Two Knowledge Check | Question Eight



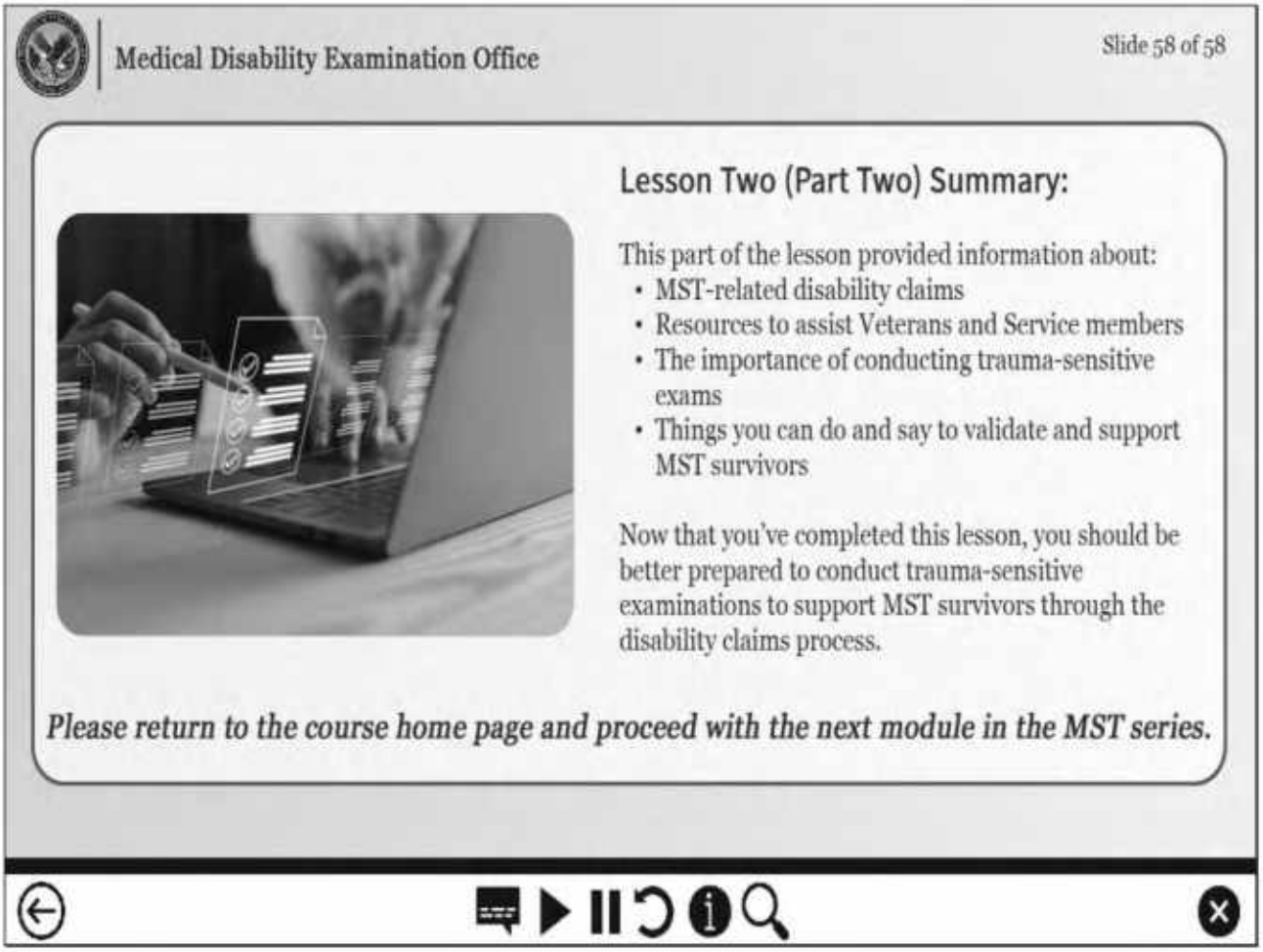
Slide 56 - Lesson Two Part Two Knowledge Check | Question Nine



Slide 57 - References



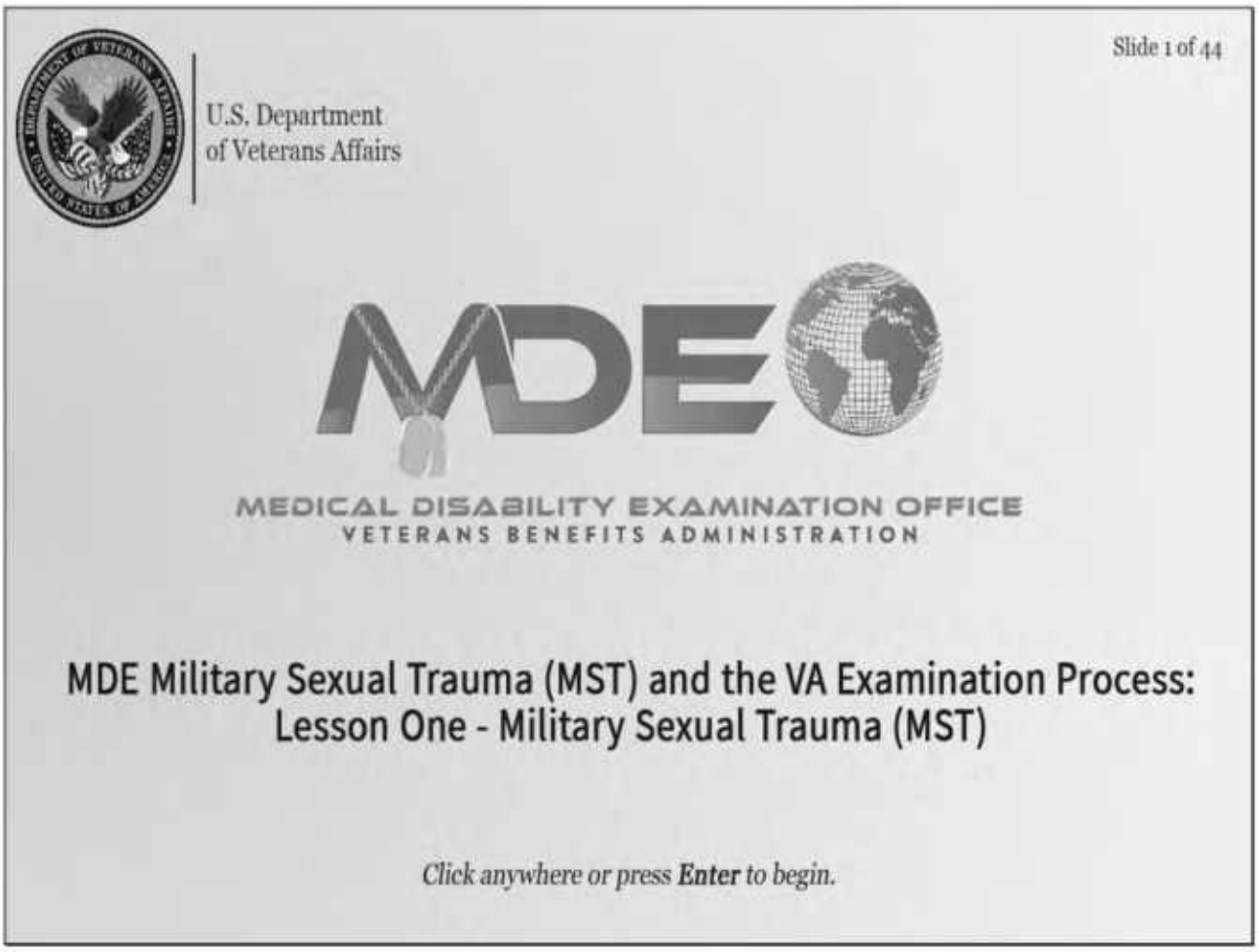
Slide 58 - Lesson Two Part Two Summary



Transcript

Congratulations, you've completed Lesson Two, Part Two. This part of the lesson focused on methods to support MST survivors. It provided information about MST-related disability claims, as well as resources available to support claimants as they maneuver the claims process. The lesson addressed the need for conducting trauma-sensitive examinations and also demonstrated things you can do and say to validate and support a Service member or Veteran after disclosure of MST and throughout the VA examination. Now that you have completed this lesson, you should be better prepared to conduct trauma-sensitive examinations to support MST survivors through the disability claims process.

Slide 1 - Intro



Lesson Time

30 minutes

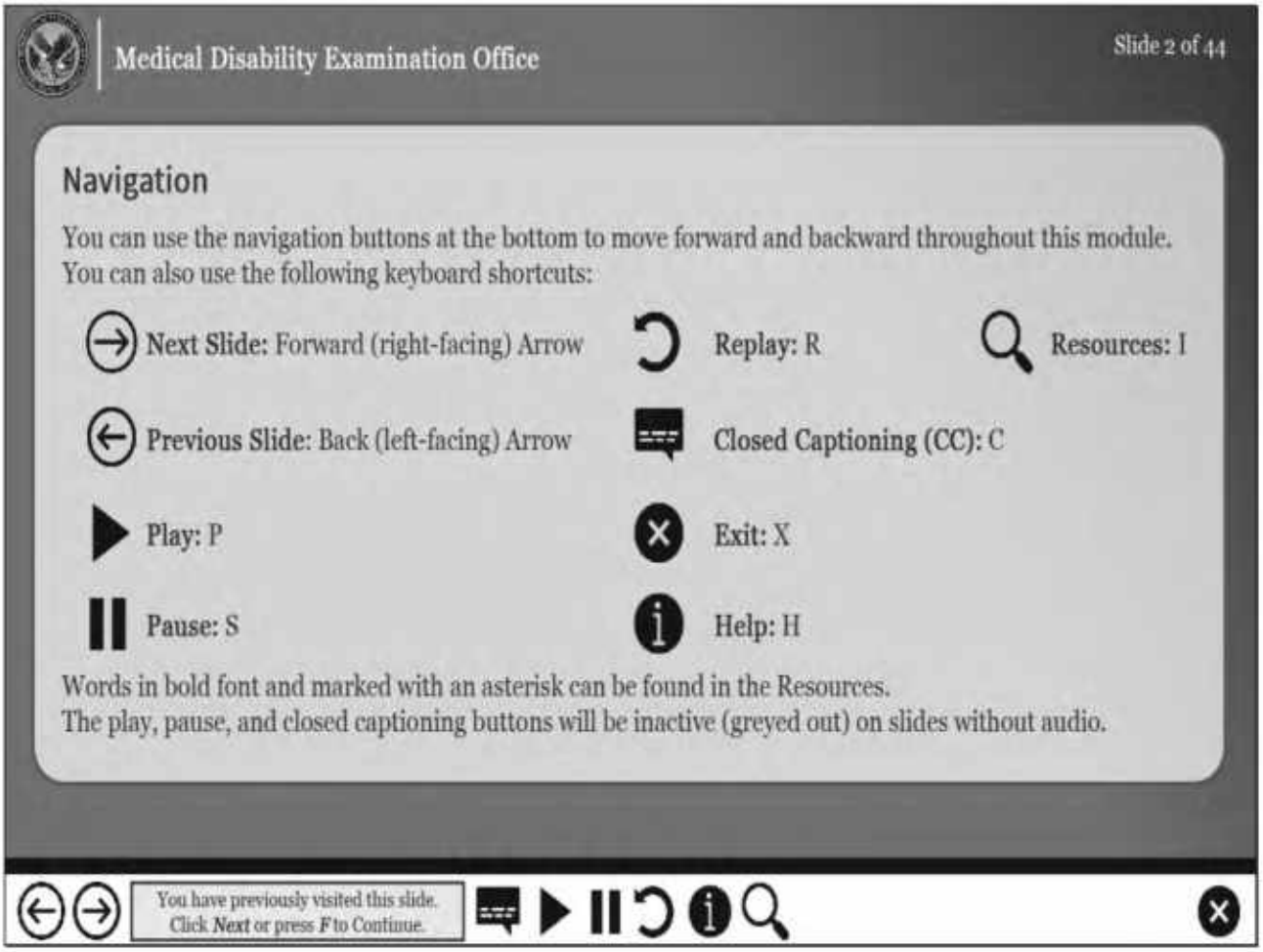
Core Content

Course Material

Evaluation

Course Assessment

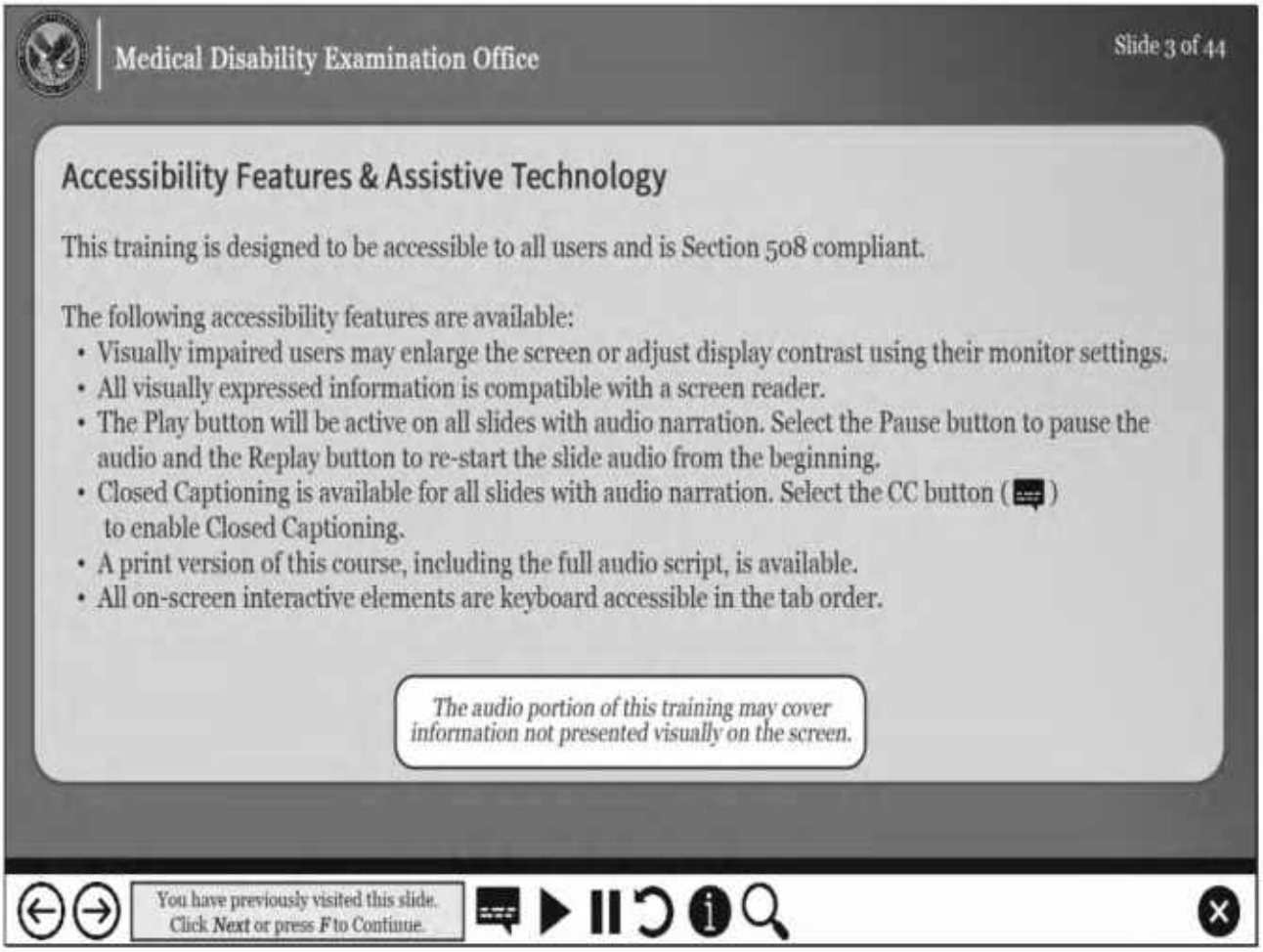
Slide 2 - Navigation



Transcript

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

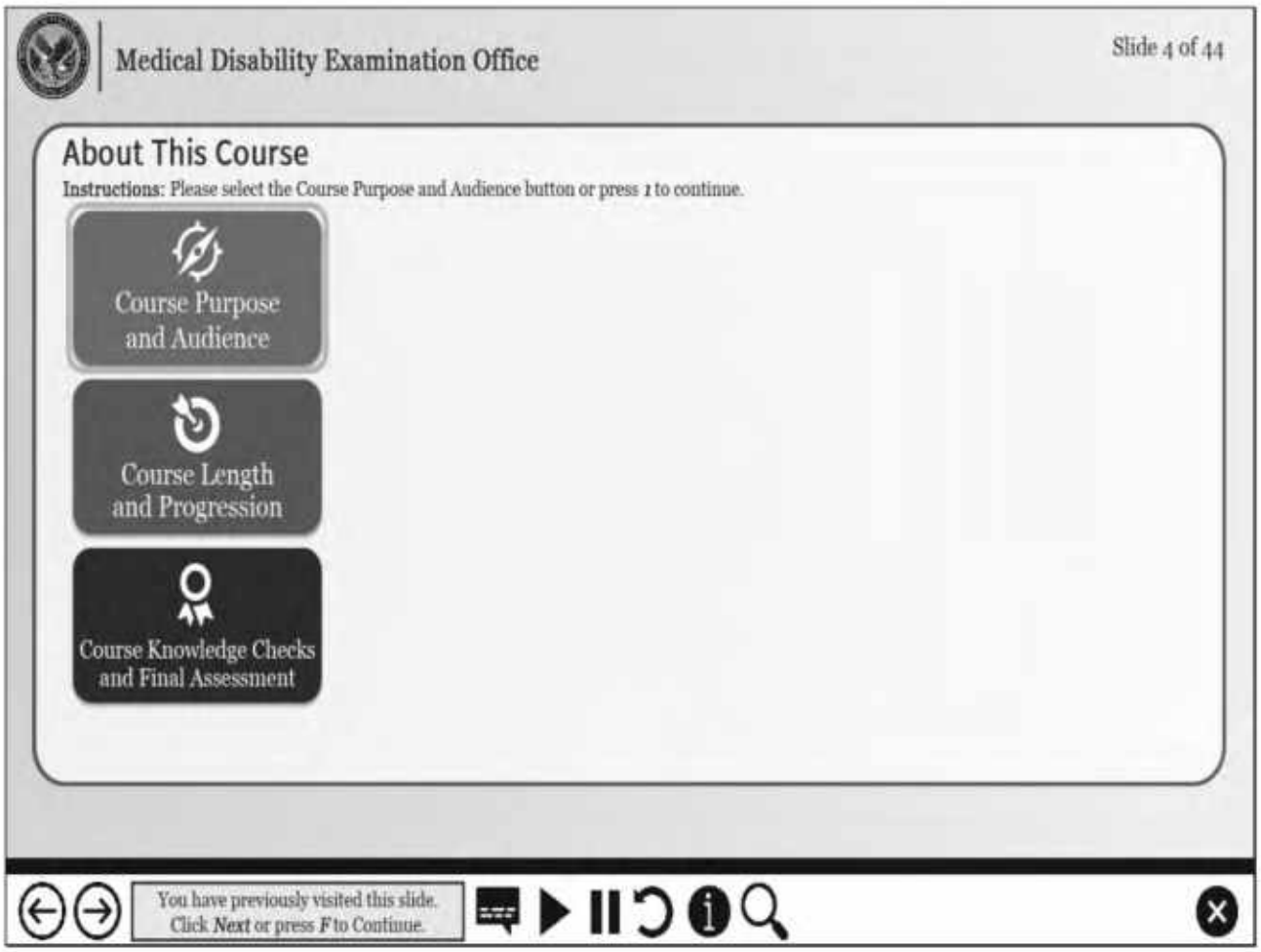
Slide 3 - Accessibility



Transcript

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. All on-screen interactive elements are keyboard accessible in the tab order. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

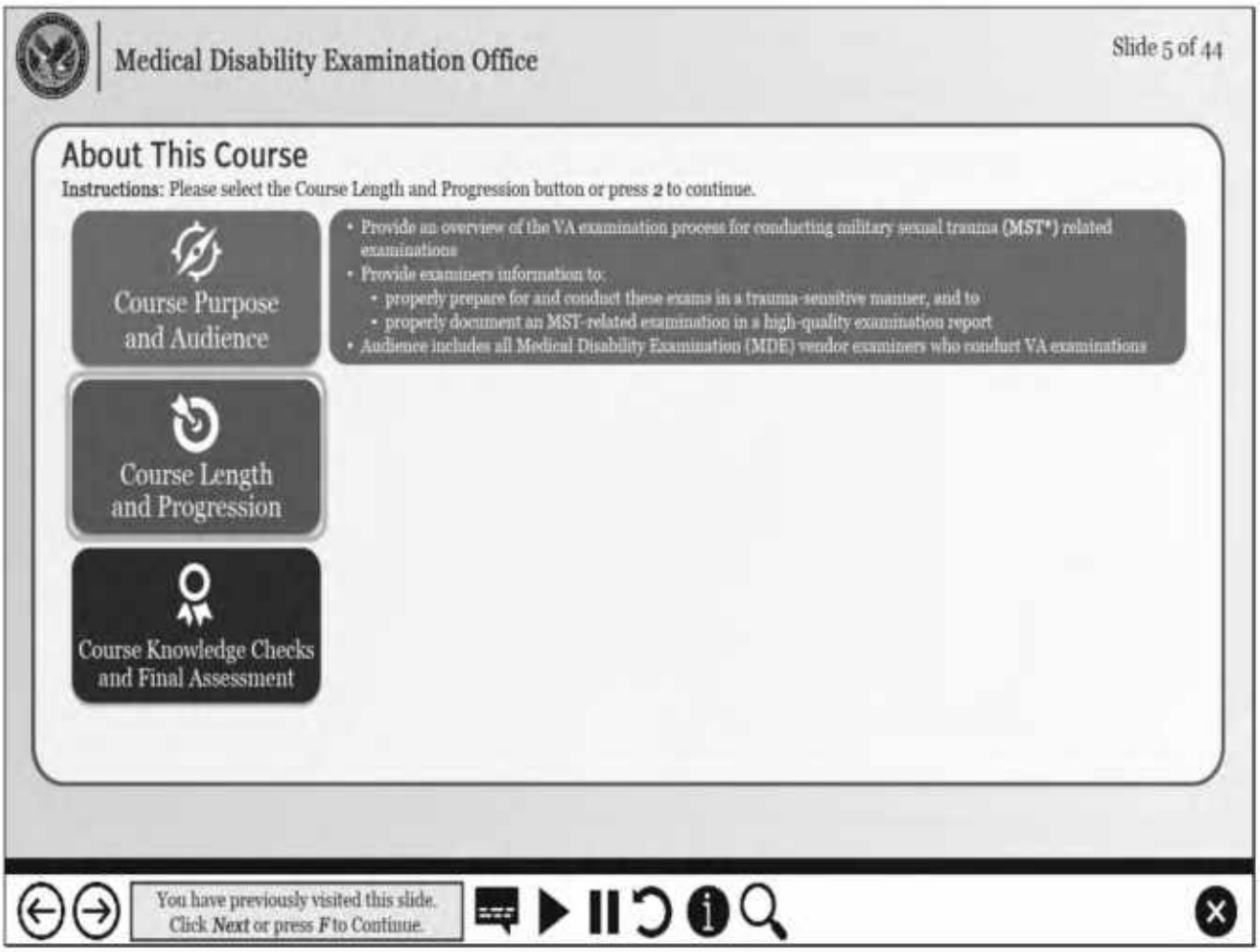
Slide 4 - About this Course



Transcript

Please select each option to obtain information regarding the Course Purpose and Audience, Course Length and Progression, Course Knowledge Checks and Final Assessment, and an additional note about the course. You must select each option from top to bottom to proceed with the training.

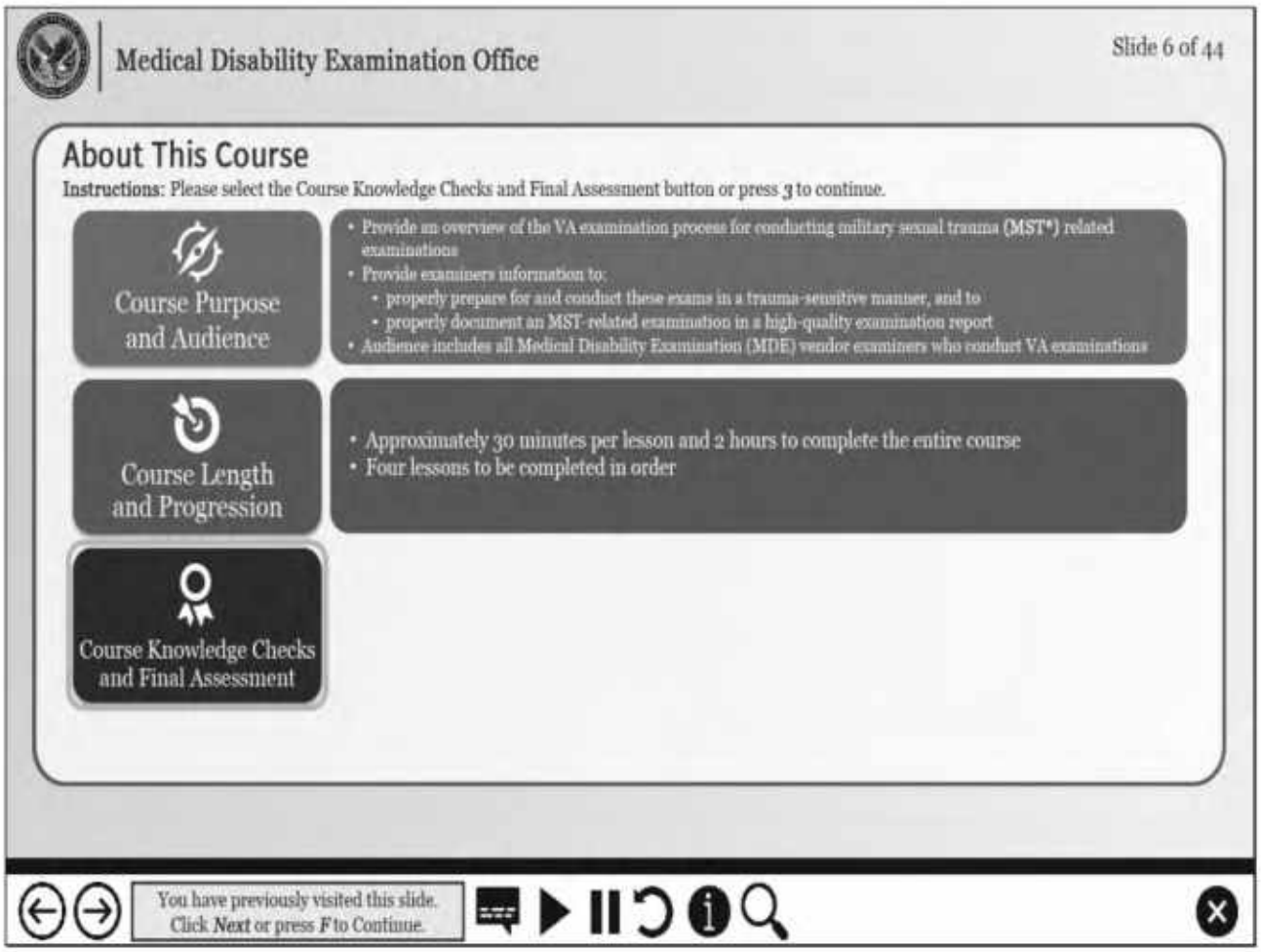
Slide 5 - About this Course



Transcript

The purpose of this course is to provide an overview of the VA examination process for conducting military sexual trauma (MST) related examinations. This training will provide examiners information to properly prepare for and conduct these exams in a trauma-sensitive manner, and to properly document their findings in a high-quality examination report. This course was developed for the target audience of Medical Disability Examination (MDE) vendor examiners who conduct VA examinations. Pursuant to the vendor contracts and attachments, all MDE vendor examiners must complete this MST certification course prior to performing any VA examinations. Please select Course Length and Progression to continue.

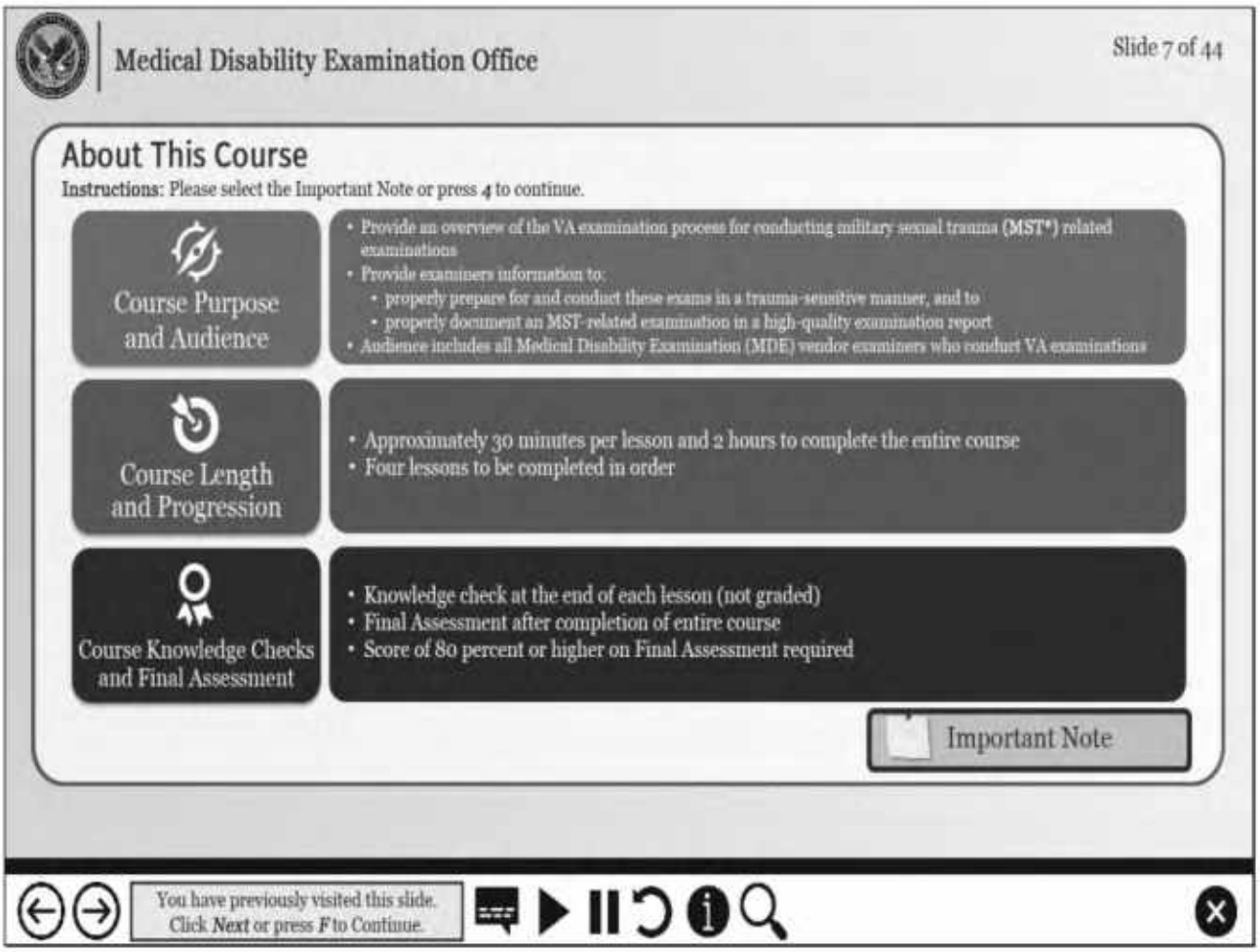
Slide 6 - About this Course



Transcript

This course is broken into four lessons. The lessons must be completed in the order presented so you can build on knowledge from one lesson to the next. Some lessons include scenario exercises designed to help you apply the knowledge you gain along the way. Please select Course Knowledge Checks and Final Assessment to continue.

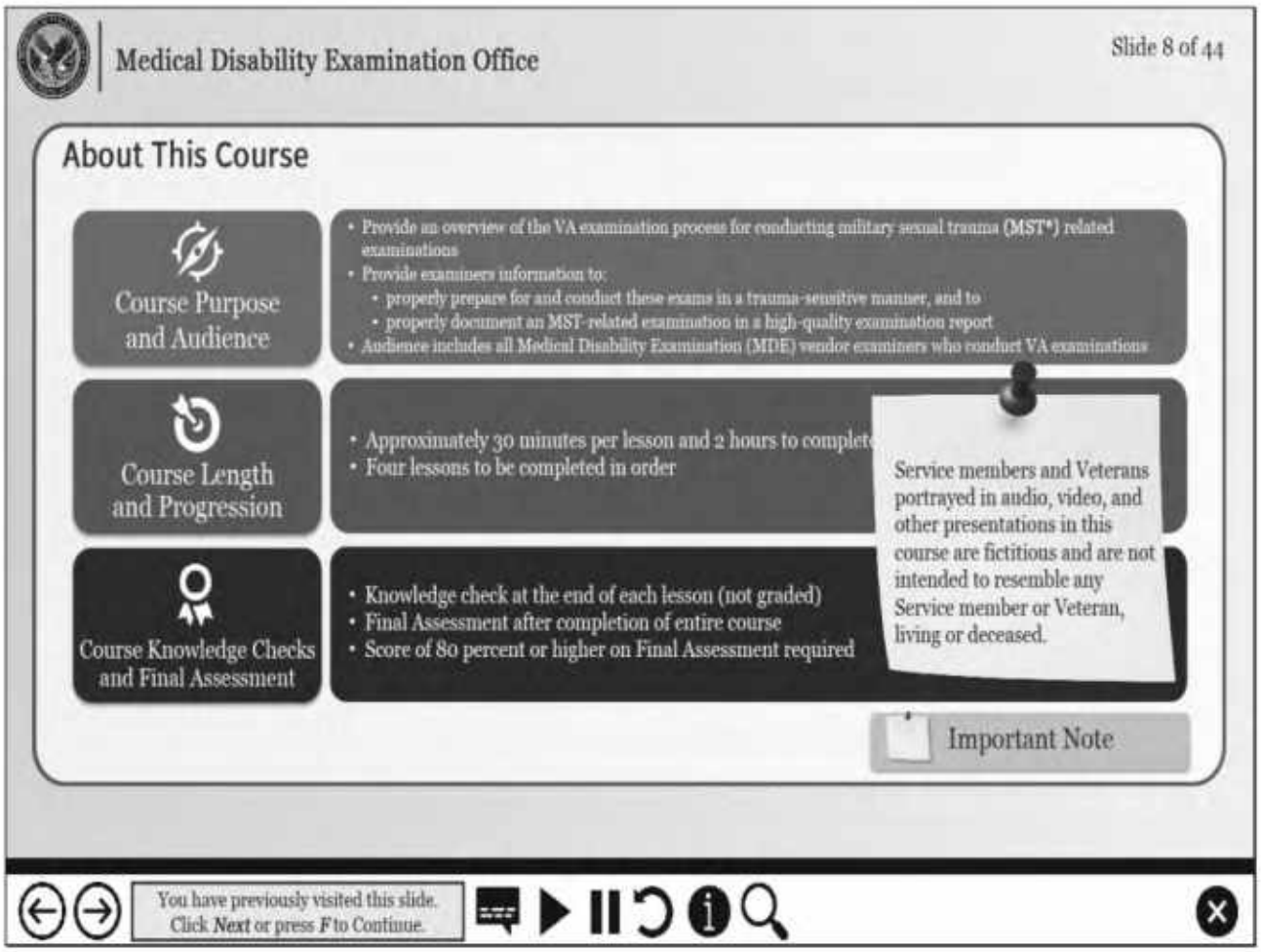
Slide 7 - About this Course



Transcript

At the end of each lesson, you will complete a lesson knowledge check. These knowledge checks are not graded but will help reinforce the information presented in the lesson. When you complete the entire course, you will have access to the Final Assessment. A score of 80 percent or higher on the Final Assessment is required for course completion. The final page of this course contains instructions for accessing the Final Assessment. Once the Final Assessment is completed, you will be instructed on how to print or save your certificate of completion. Please note that throughout the course you will encounter key words or terms that are in bold font and marked with an asterisk, as shown on this slide, that have additional information. When this appears, please select the **Resources** button (or press ***I***) to access this information in the Resources page. Please select the ***Important Note*** to continue.

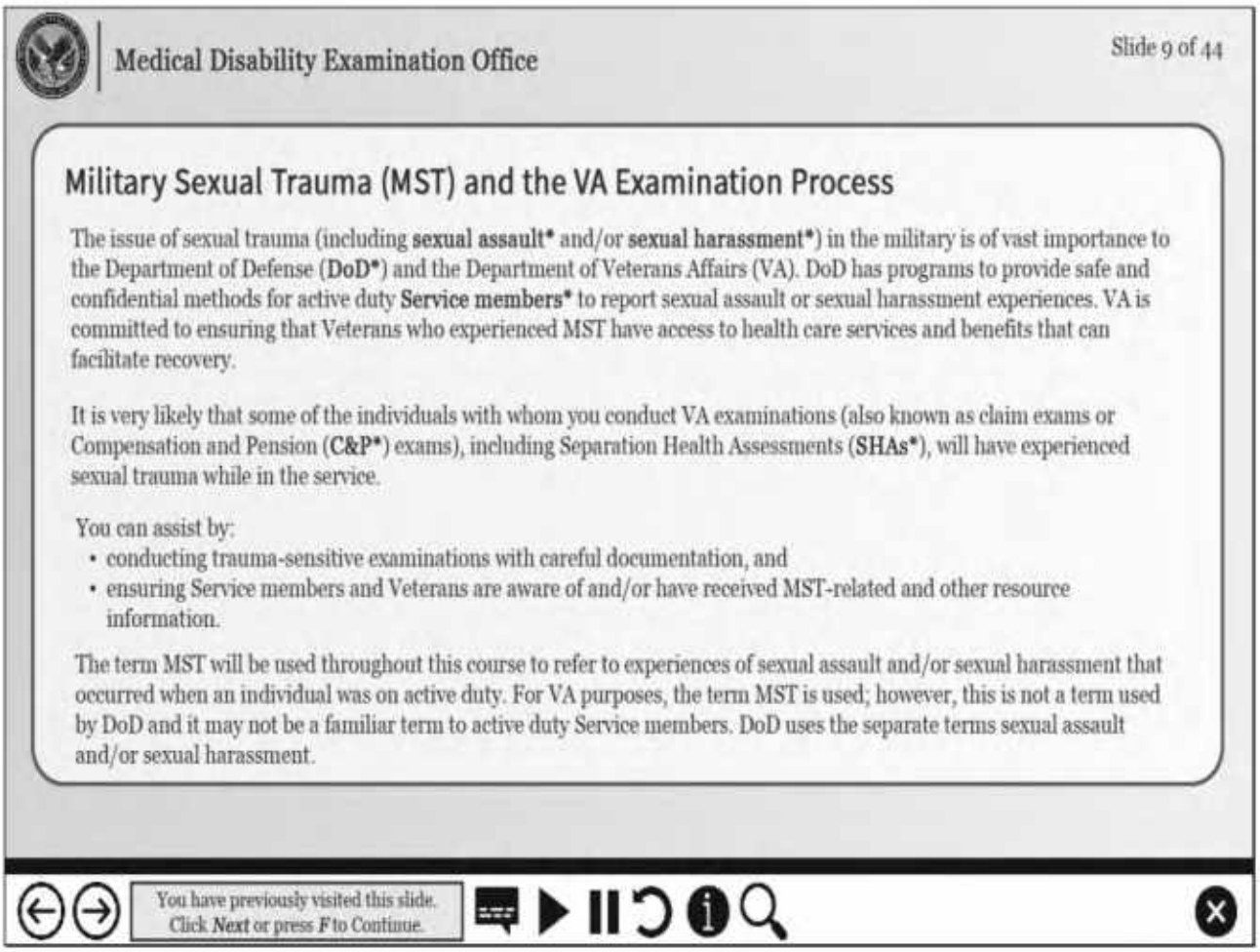
Slide 8 - About this Course



Transcript

It is important to note that the Service members and Veterans portrayed in audio, video, and other presentations in this course are fictitious and are not intended to resemble any Service member or Veteran, living or deceased. You may select ***Next Slide*** or press the right-facing arrow key to continue.

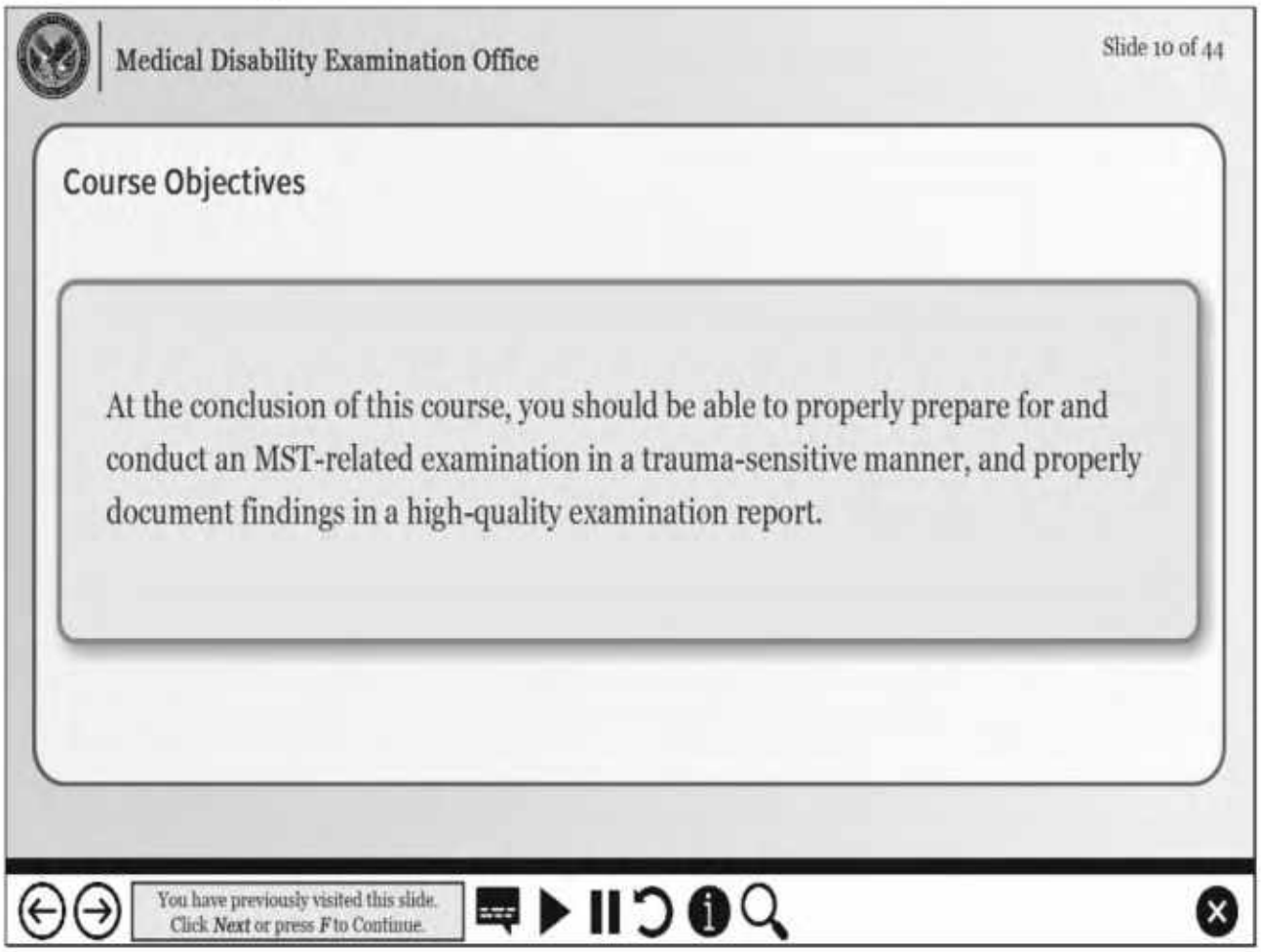
Slide 9 - Course Introduction



Transcript

Welcome to the Medical Disability Examination Office (MDEO) Military Sexual Trauma (MST) and the VA Examination Process course. The issue of sexual trauma (including sexual assault and/or sexual harassment) in the military is of vast importance to the Department of Defense (DoD) and the Department of Veterans Affairs (VA). DoD has programs to provide safe and confidential methods for active duty Service members to report sexual assault or sexual harassment experiences. VA is committed to ensuring that Veterans who experienced MST have access to health care services and benefits that can facilitate recovery. Individuals who experience sexual trauma while in the military can be affected by their experiences in a variety of ways. While many Service members or Veterans who experience sexual trauma are quite resilient, others may experience long-lasting physical and mental health conditions. It is very likely that some of the individuals with whom you conduct VA examinations, including Separation Health Assessments (SHAs), will have experienced sexual trauma while in the service. You can assist Service members and Veterans who may have experienced MST by conducting trauma-sensitive examinations with careful documentation, and by ensuring they are aware of and/or have received MST-related and other resource information, if applicable, at the close of each examination or SHA. The focus of this training is on the roles and responsibilities of MDE contract examiners when interacting with Service members and Veterans who have experienced MST. Some information in this course may not apply directly to your specific duties, but it will give you helpful background information to support your role as a VA examiner. As you enter into this course, it is important to note that the term MST will be used to refer to experiences of sexual assault and/or sexual harassment that occurred when an individual was on active duty. For VA purposes, the term MST is used; however, this is not a term used by DoD and it may not be a familiar term to active duty Service members. DoD uses the separate terms sexual assault and/or sexual harassment. This will be discussed in greater detail in the course.

Slide 10 - Course Objectives



Transcript

At the conclusion of this course, you should be able to properly prepare for and conduct an MST-related examination in a trauma-sensitive manner, and properly document findings in a high-quality examination report.

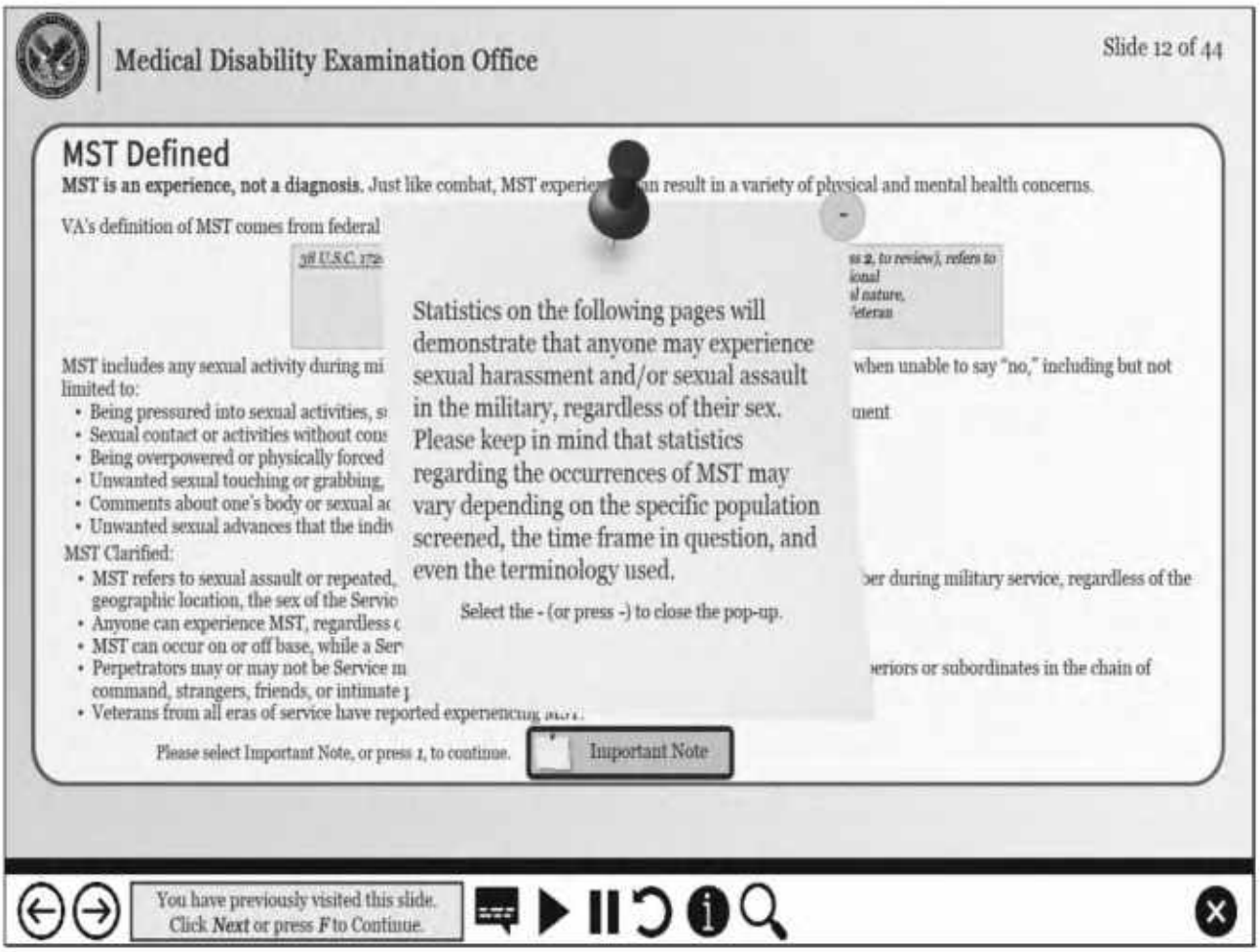
Slide 11 - Lesson Objective



Transcript

Some of the Service members or Veterans that you'll examine experienced sexual trauma in the military. This lesson begins by defining MST. You'll then be given information showing the prevalence of MST in the armed forces and how MST affects Service members and Veterans. When you finish this lesson, you should be able to recognize the potential effects and impact of experiencing MST on a Service member's or Veteran's physical and mental health.

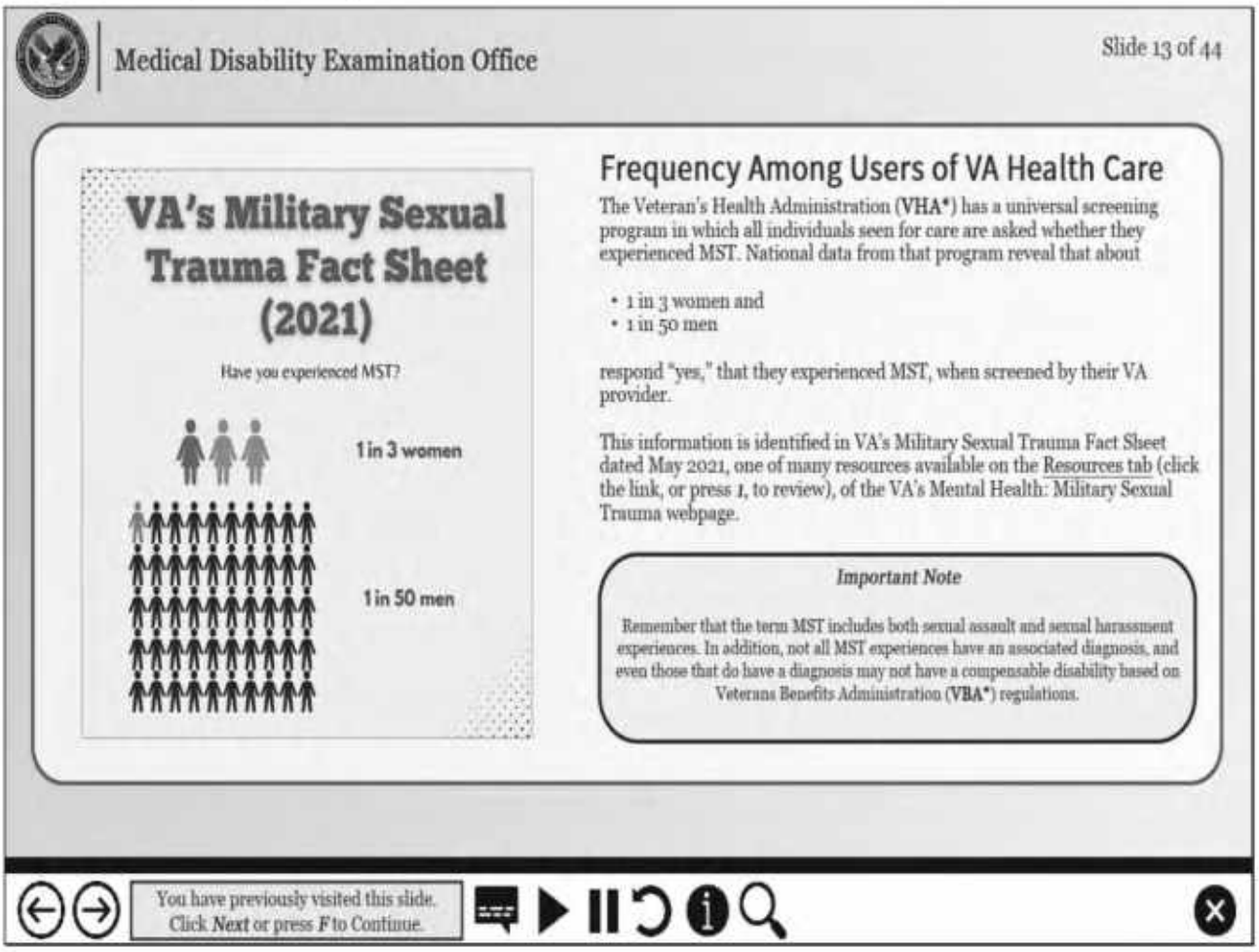
Slide 12 - MST Defined



Transcript

Right from the start, it is imperative for you, as a disability examiner, to know that MST is an experience, not a diagnosis. Just like combat, MST experiences can result in a variety of physical and mental health concerns. VA's definition of MST comes from federal law, based on 38 United States Code, Section 1720D, shown here on the screen. That section of the federal law refers to psychological trauma, which in the judgment of a mental health professional employed by the VA (to include vendor examiners), resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training. MST includes any sexual activity during military service in which a person is involved against their will or when unable to say "no." That includes but is not limited to being pressured into sexual activities, such as with threats of consequences or promises of better treatment; sexual contact or activities without consent, like while asleep or intoxicated; being overpowered or physically forced to have sex; unwanted sexual touching or grabbing; or interactions which the individual perceives as threatening, such as comments about one's body or sexual activities, or unwanted sexual advances. Continuing further into VA's definition, MST refers to sexual assault or repeated, threatening sexual harassment experienced by a Service member during military service, regardless of the geographic location, the sex of the service member, or the relationship to the perpetrator. Anyone can experience MST, regardless of sex. MST can happen at any time or place during military service. This can include while a Service member is on or off base, while on or off duty, and during war or peacetime. Perpetrators may or may not be Service members. Perpetrators can also be any sex, military personnel or civilians, superiors or subordinates in the chain of command, strangers, friends, or intimate partners. Lastly, it is important to note that Veterans from all eras of service have reported experiencing MST. Please select the ***Important Note*** to continue.

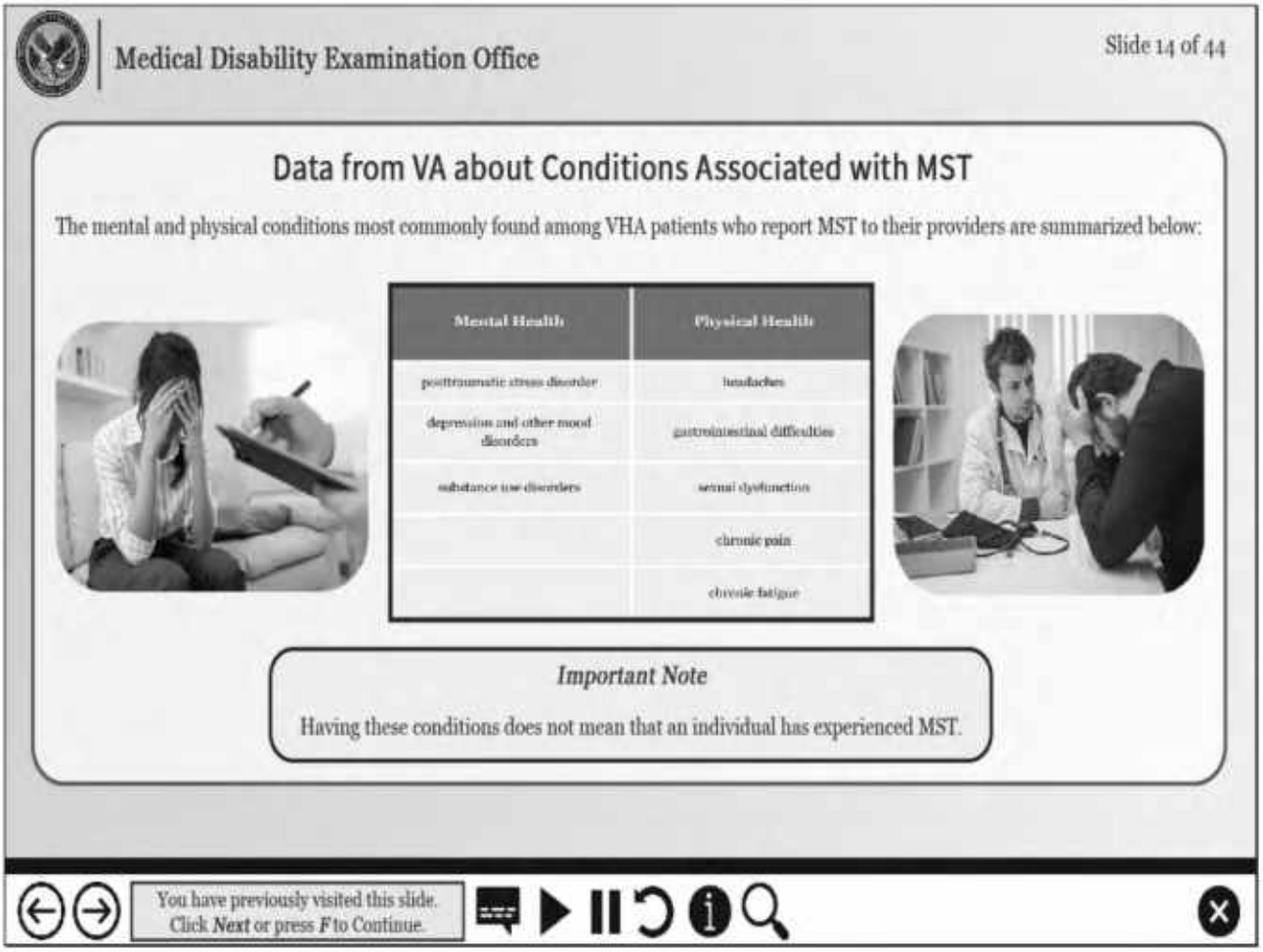
Slide 13 - Frequency Among Users of VA Health Care



Transcript

Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, the Veterans Health Administration has a universal screening program in which all individuals seen for care are asked whether they experienced MST. Data from that VHA screening program indicate that when screened by their VA provider, about 1 in 3 women and 1 in 50 men respond "yes," that they experienced MST. This information is found in the Military Sexual Trauma Fact Sheet, one of many resources available on the Resources tab of the VA's Mental Health: Military Sexual Trauma webpage. This webpage is accessible to the public.

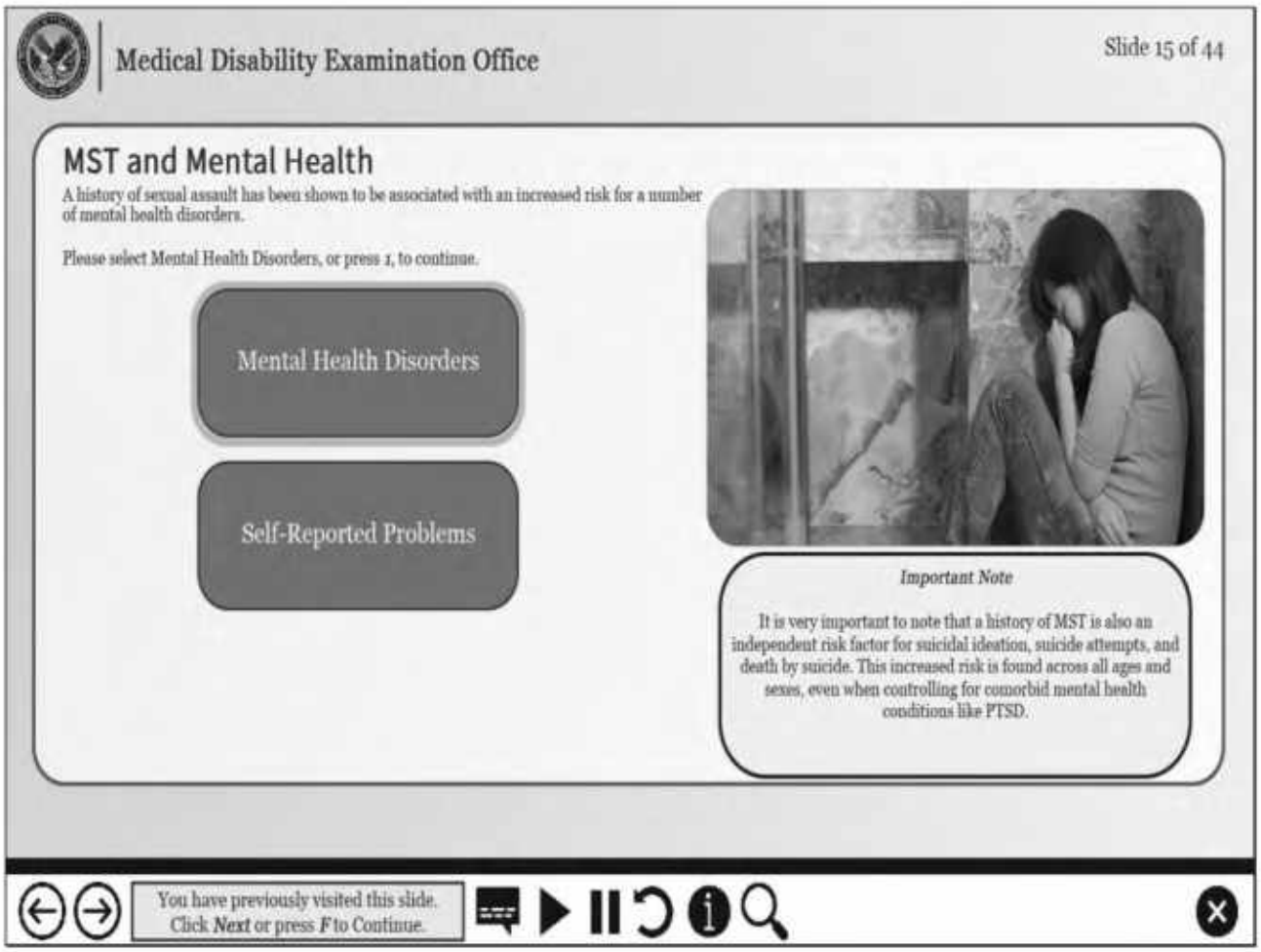
Slide 14 - Conditions Associated with MST



Transcript

Military sexual trauma affects both mental and physical health. The most commonly found mental health conditions among VHA patients who report MST to their providers include posttraumatic stress disorder, depression and other mood disorders, and substance use disorders. Military sexual trauma can also have a strong impact on physical health and is associated with higher rates of headaches, gastrointestinal difficulties, sexual dysfunction, chronic pain, and chronic fatigue. More information about the mental and physical health conditions that may be associated with sexual trauma is detailed on the next slides.

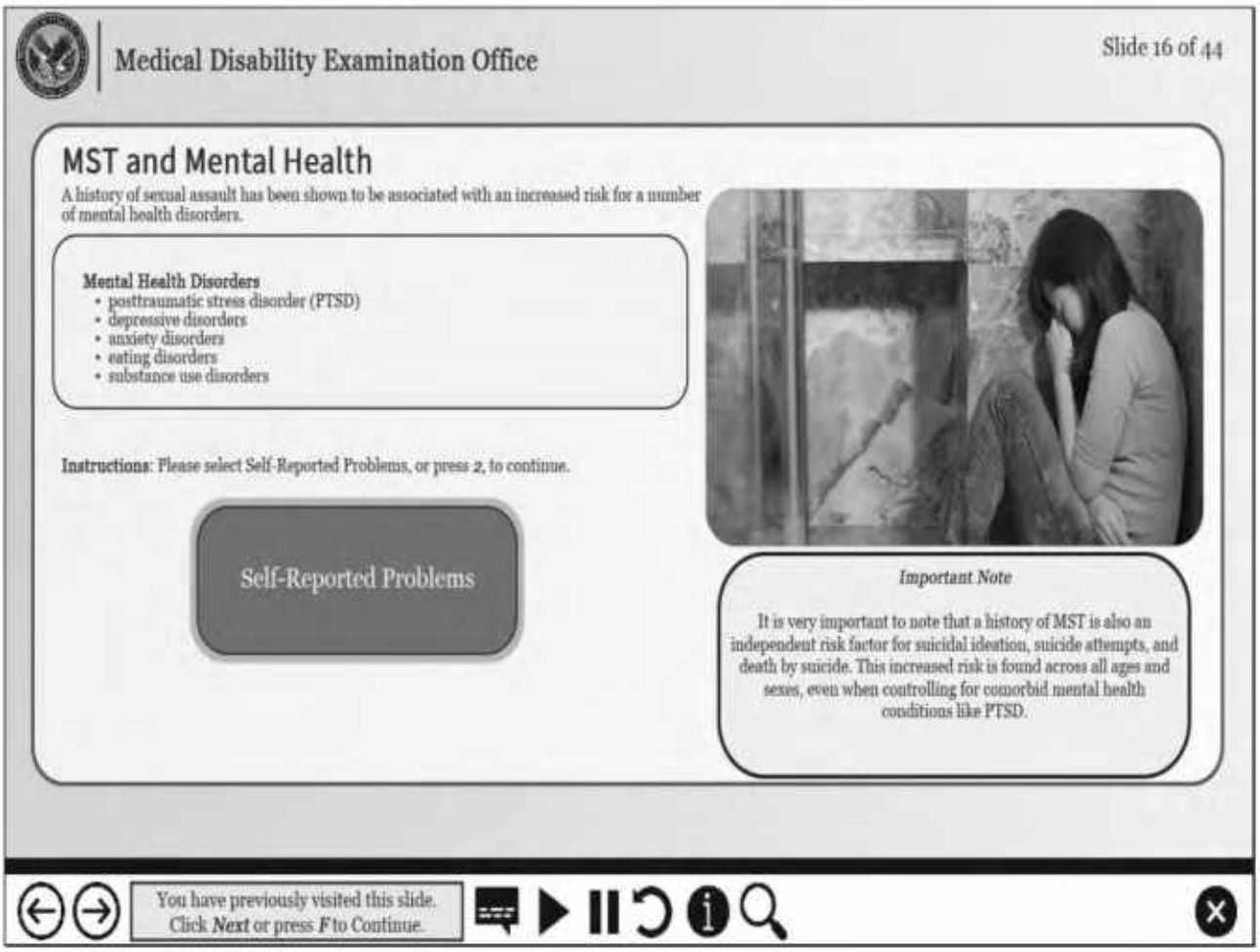
Slide 15 - MST and Mental Health



Transcript

A history of sexual assault has been shown to be associated with an increased risk for a number of mental health disorders. Please select Mental Health Disorders (or press *1*) to continue.

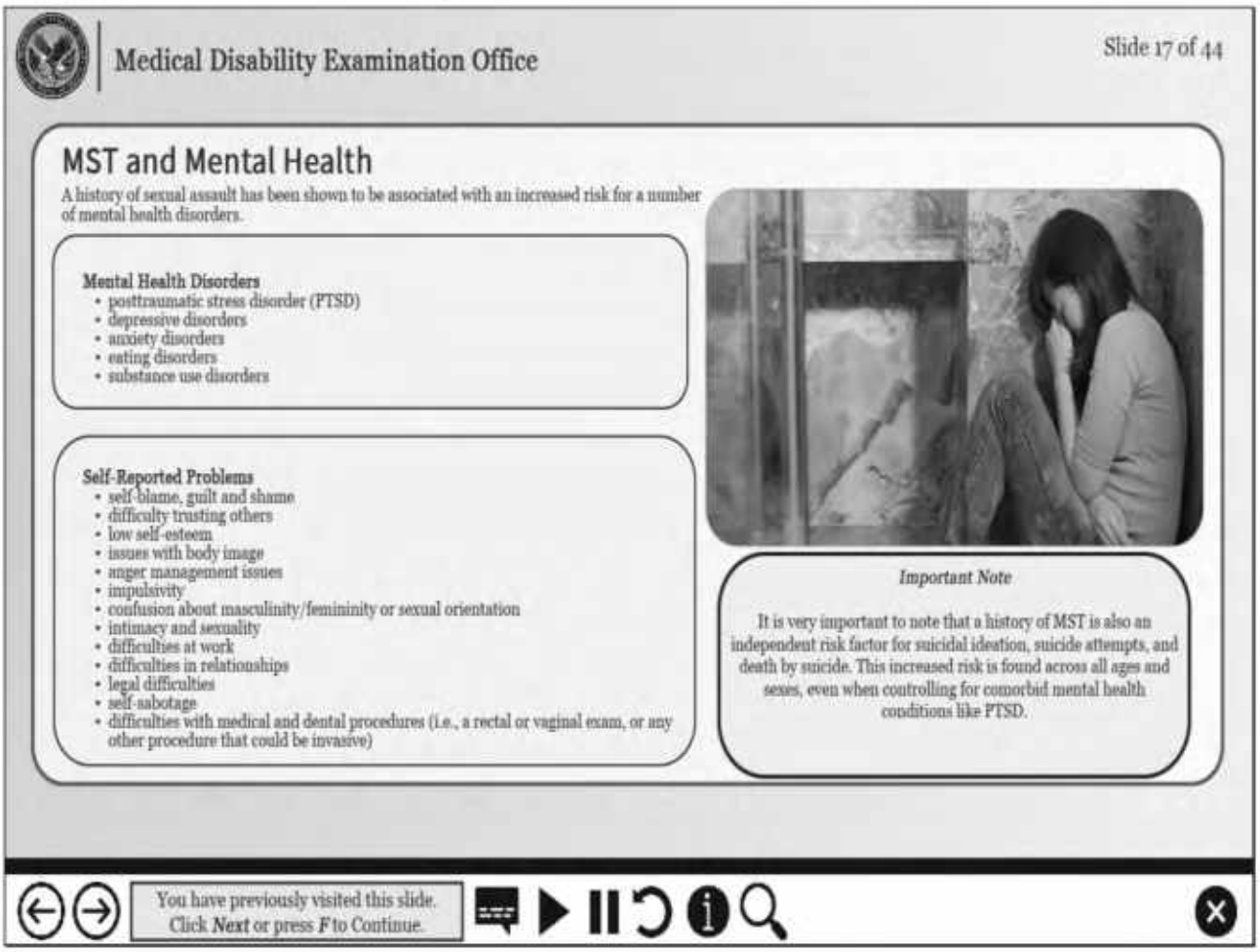
Slide 16 - MST and Mental Health_2



Transcript

In addition to posttraumatic stress disorder, military sexual trauma has also been shown to be associated with an increased risk for depressive disorders, anxiety disorders, eating disorders, and substance use disorders. Research studies have compared the impact of MST and combat on Veterans. Please select Self-Reported Problems (or press *2*) to continue.

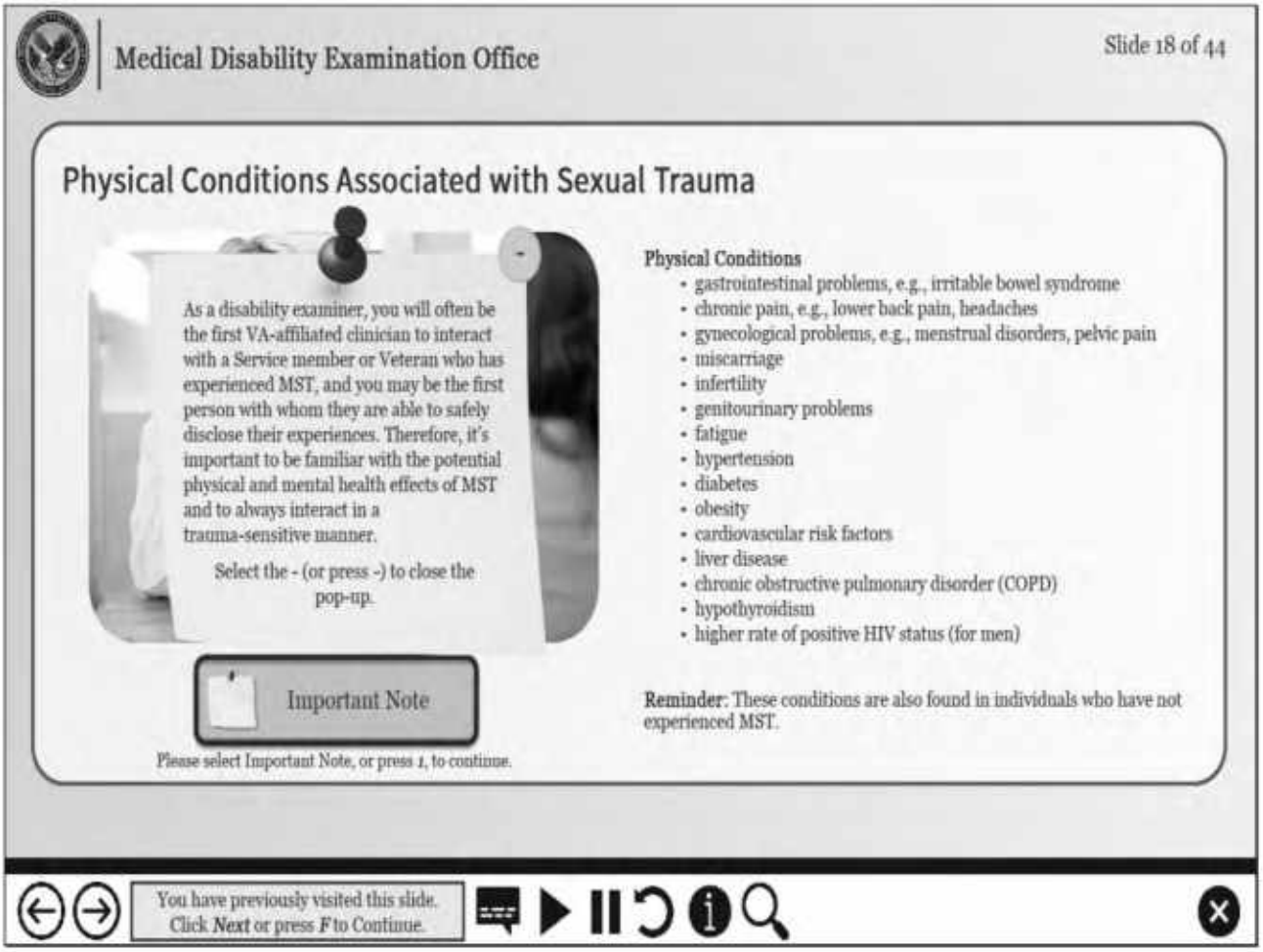
Slide 17 - MST and Mental Health_3



Transcript

Sexual trauma survivors frequently report problems including self-blame and shame, difficulty trusting others, low self-esteem, and a number of other problems shown here.

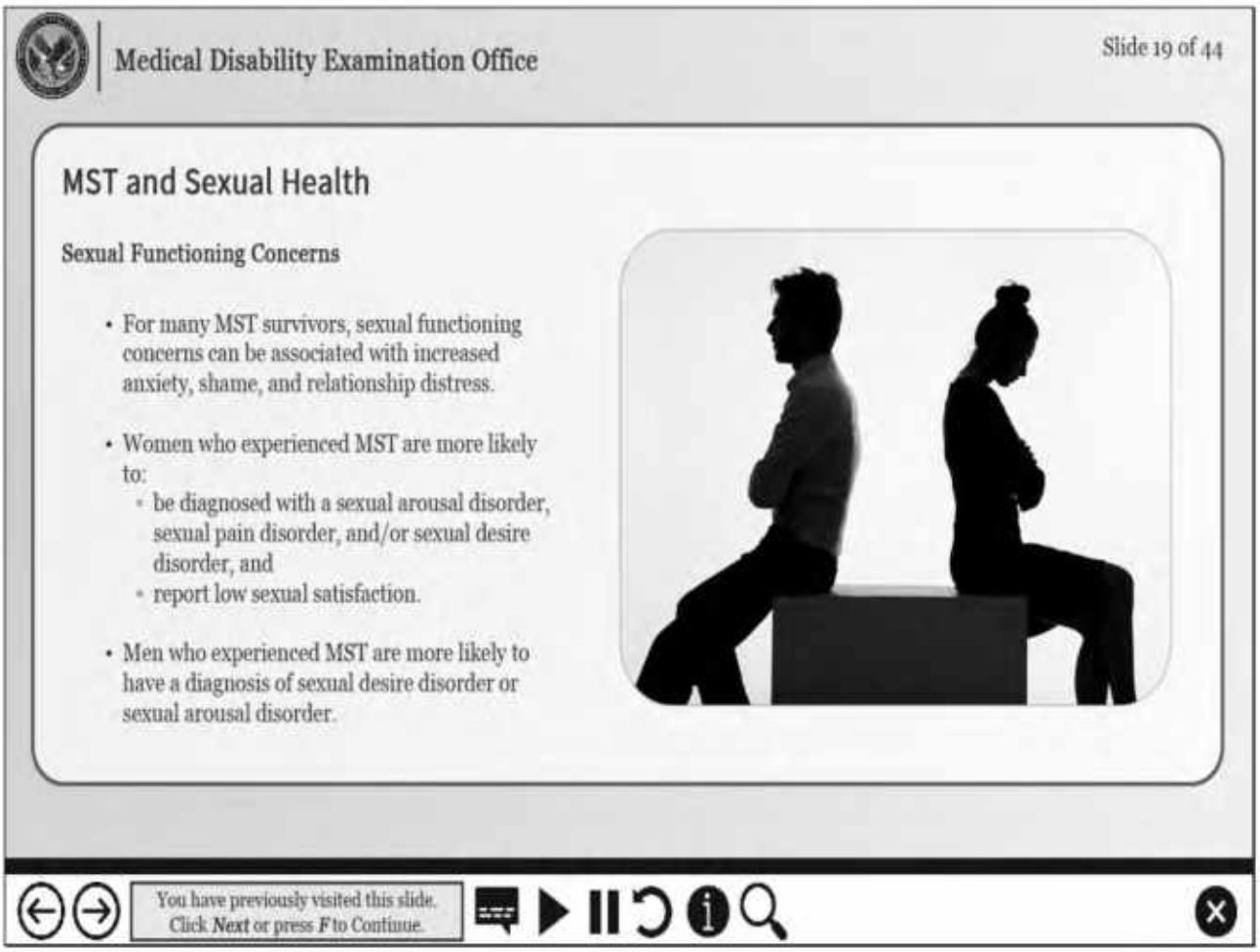
Slide 18 - Physical Conditions Associated with Sexual Trauma



Transcript

More information about the physical health conditions that may be associated with sexual trauma is detailed here. Given the associations of these conditions with MST, it is critical for you to carefully assess and document them when conducting examinations. A variety of research studies have been conducted which identified a number of medical conditions that are more likely to be diagnosed in Veterans who experienced MST. Those medical conditions are listed here. It's important to remember that these conditions are also found in individuals who have not experienced MST. After reviewing this list, please select the ***Important Note*** to continue.

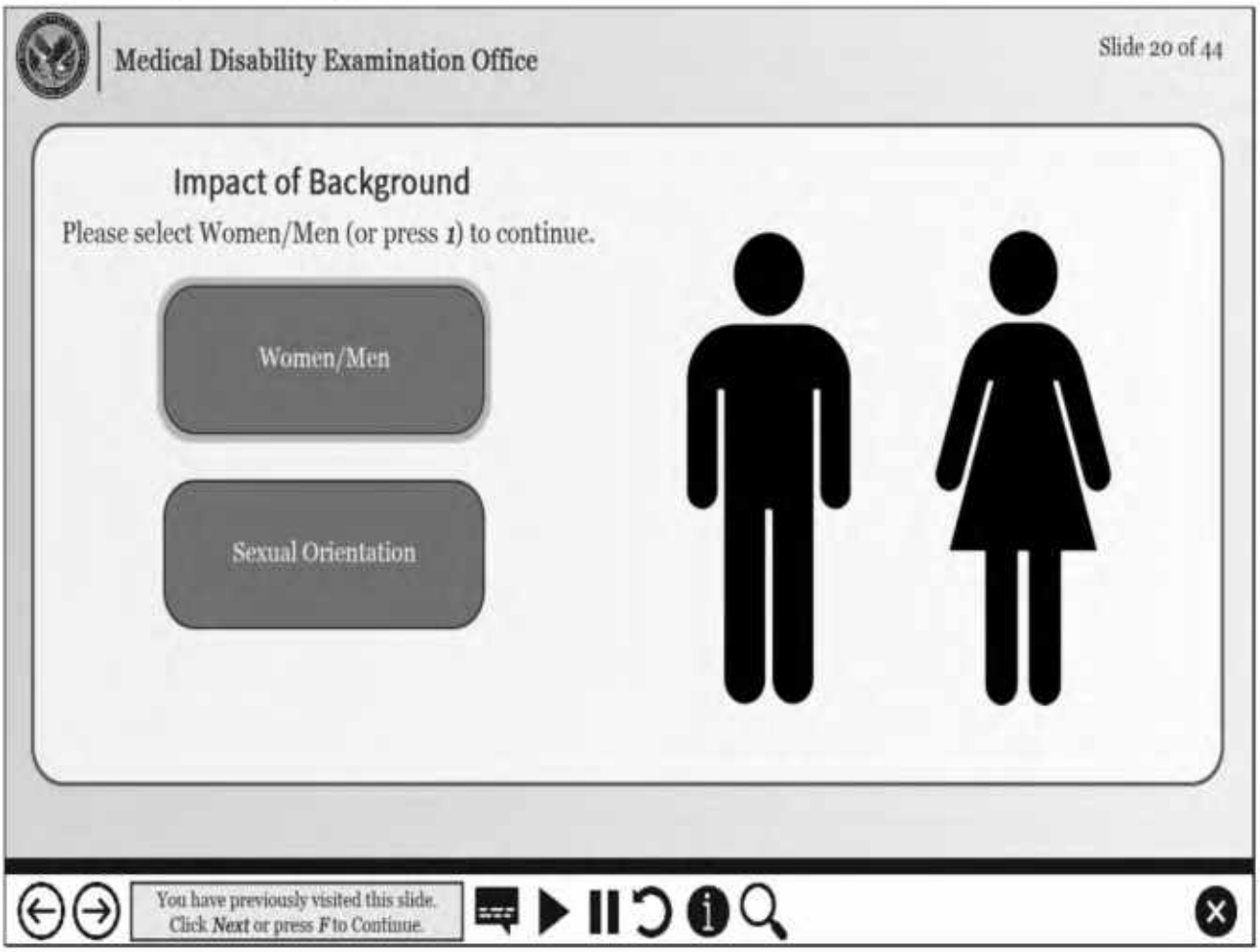
Slide 19 - Conditions Associated with MST



Transcript

Sexual functioning concerns are experienced by many MST survivors and can be associated with increased anxiety, shame, and relationship distress. Multiple studies have found that women who experienced MST are more likely to be diagnosed with a sexual arousal disorder, sexual pain disorder, and/or sexual desire disorder and to report low sexual satisfaction compared to women who did not experience MST. Limited research also suggests that men who experienced MST are also more likely to have a diagnosis of sexual desire disorder or sexual arousal disorder compared to men without a history of MST.

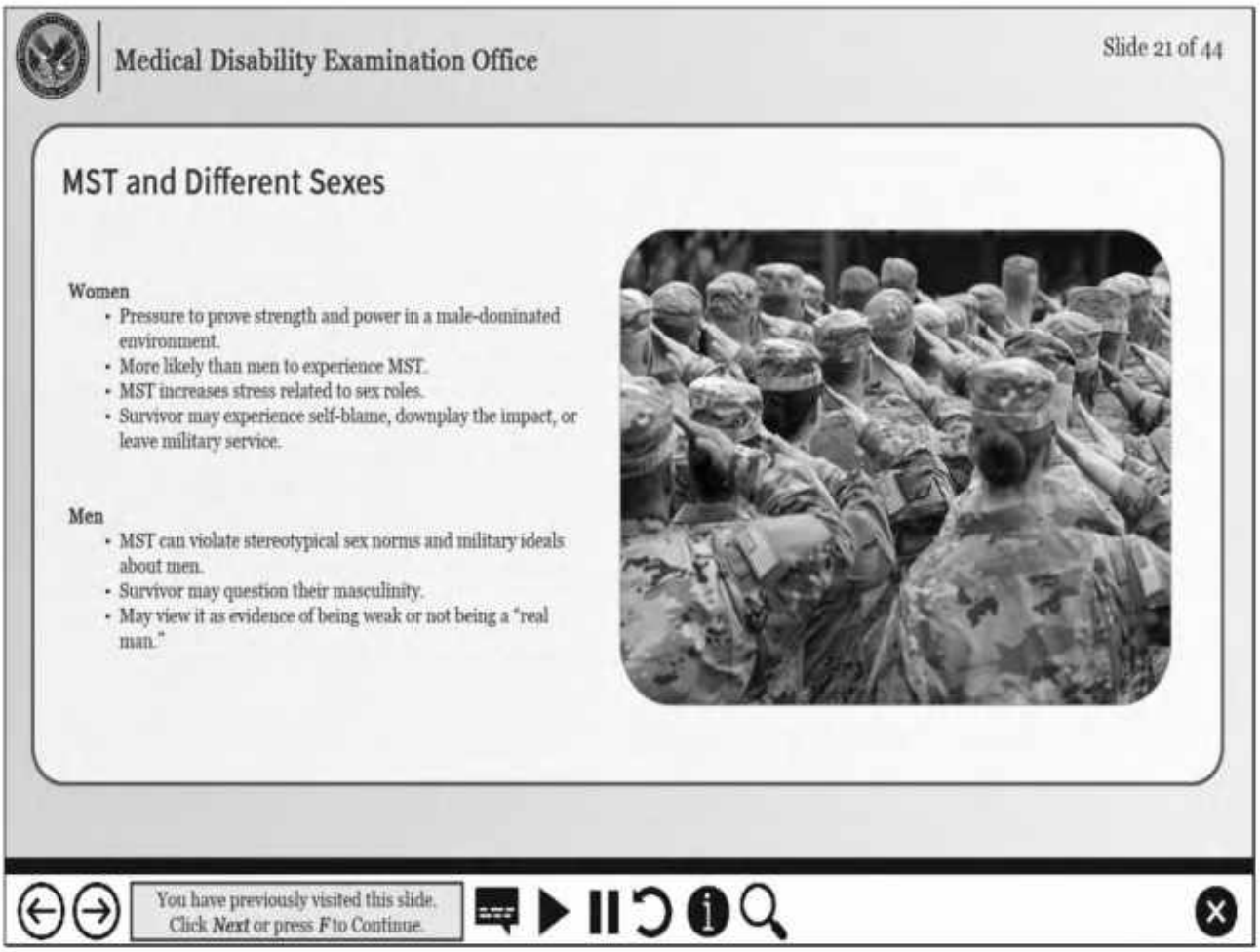
Slide 20 - Impact of Background



Transcript

Every person you see for an examination is a unique individual. However, keep in mind that personal and cultural variables also can affect someone's experience of MST. Understanding this can help you better understand their responses as well. The next two slides describe the potential impact of women and men and sexual orientation. For individuals from the groups described on these slides, and for individuals who identify as racial and ethnic minority members, experiences of MST also occur within a larger context of other difficult experiences they may have had as members of a minority or devalued group in the military and in society. Bystanders, potential sources of support, and even caring professionals are also influenced by societal beliefs about these variables, which in turn can impact how they perceive and respond to survivors. Please select Women/Men (or press *1*) to learn more.

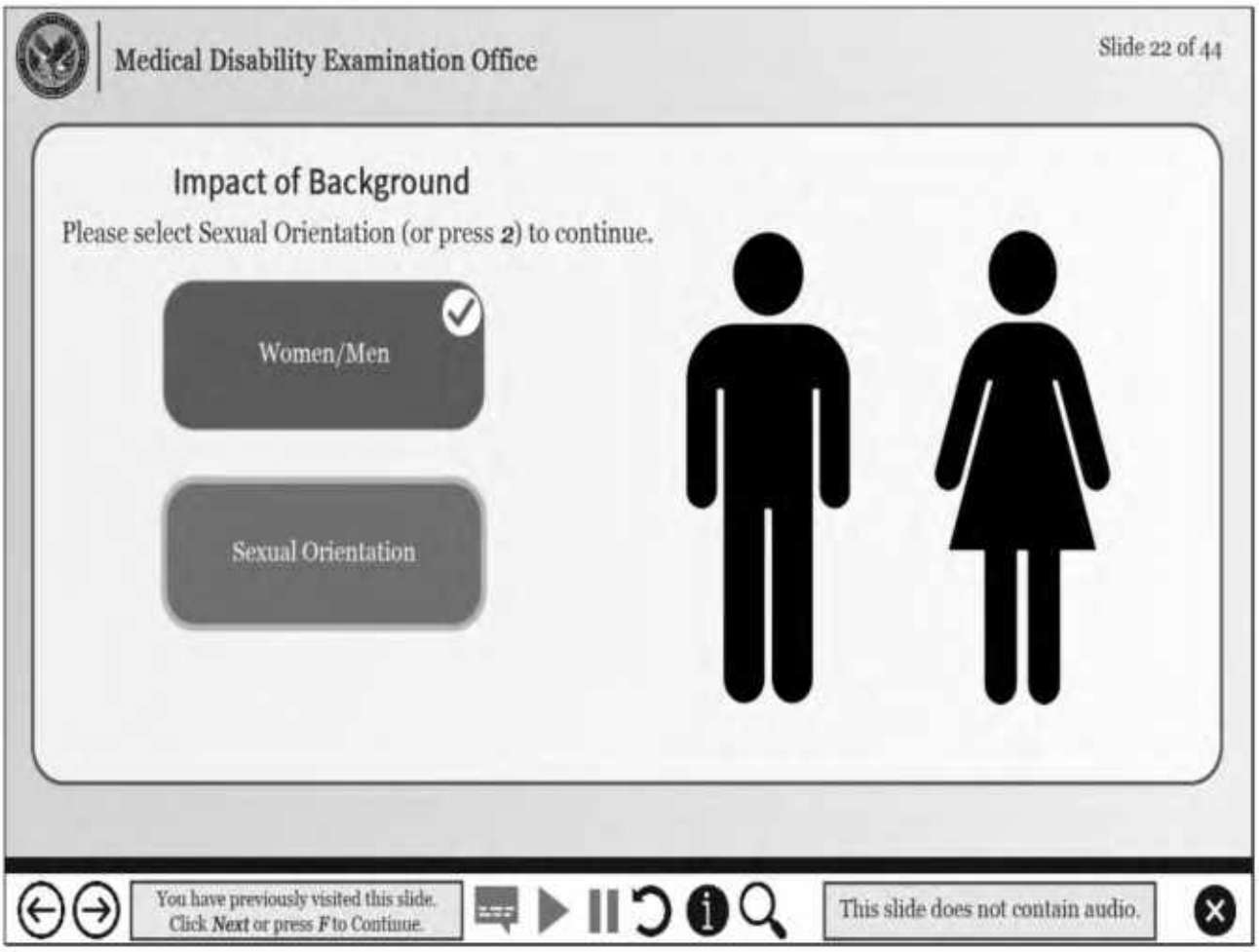
Slide 21 - MST and Different Sexes



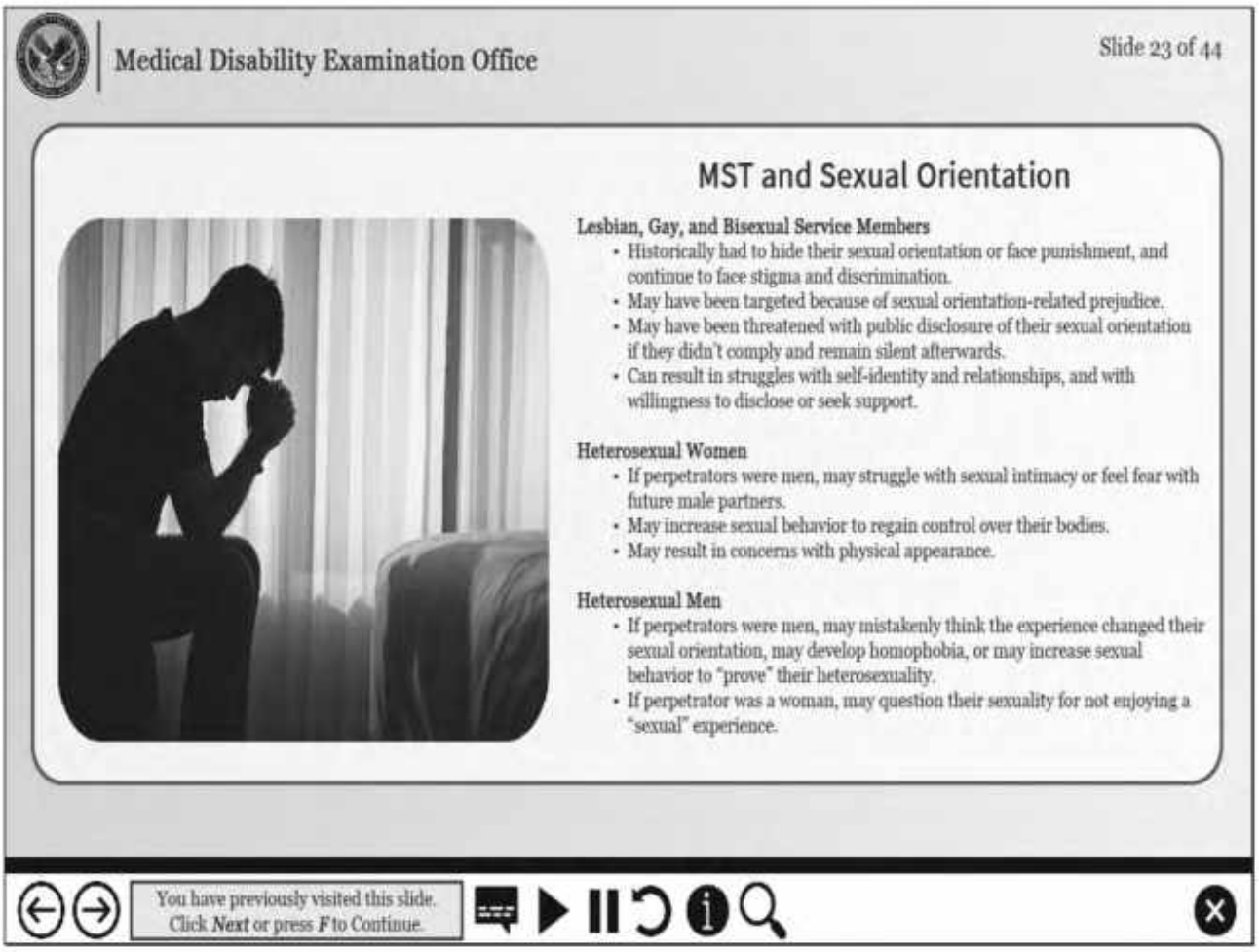
Transcript

Women in the military often face significant pressure to prove their strength and power in a traditionally male-dominated environment. Women are also more likely than men to experience MST. MST may further increase stress related to sex roles in the military and lead a survivor to blame herself or attempt to downplay the impact of the MST, or to choose to leave military service early. For men, the experience of MST can violate stereotypical sex norms and military ideals that men should always be strong and win every battle. Men who experience MST may question their masculinity and view it as evidence of being weak or not "warriors" or "real men."

Slide 22 - Impact of Background



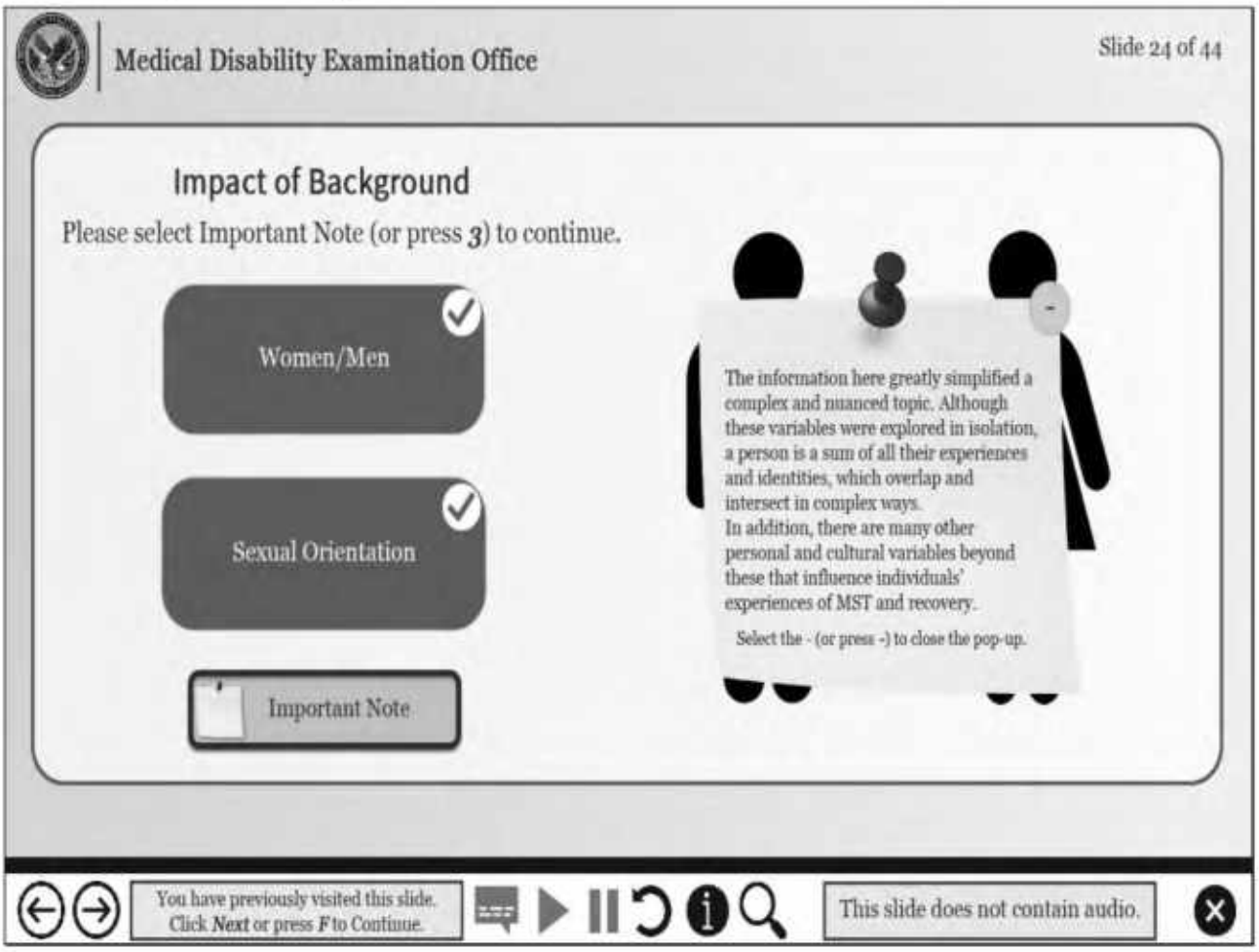
Slide 23 - MST and Sexual Orientation



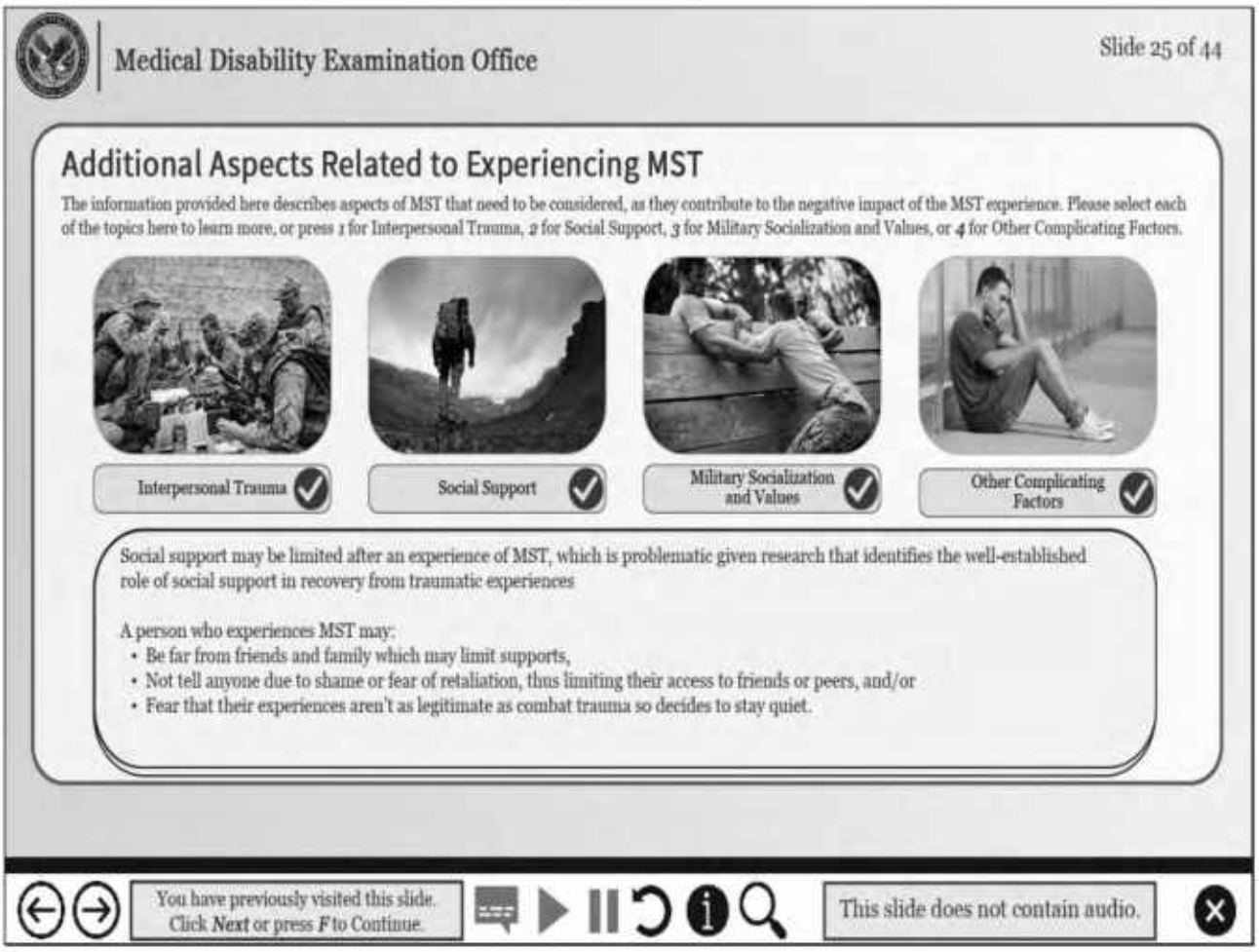
Transcript

Sexual orientation-related themes and concerns also impact many MST survivors. Lesbian, gay, and bisexual Service members historically had to hide their sexual orientation or face punishment including discharge and potential loss of career and benefits, and they continue to face stigma and discrimination. Perpetrators may have targeted them because of sexual orientation-related prejudice and may have threatened to publicly disclose their sexual orientation unless they complied with unwanted sexual demands and remained silent afterward. This can result in struggles for survivors with self-identity, comfort in relationships or willingness to disclose or seek support. For heterosexual survivors, women whose perpetrators were men may struggle with sexual intimacy with future male partners. Some may feel fear or attempt to avoid sexual intimacy with male partners, and others may increase sexual behavior as a way to regain control over their sexuality or bodies. Some may also experience conflicts or concerns about their physical appearance. Heterosexual men whose perpetrators were men may mistakenly think the experience changed their sexual orientation or means they must be gay. They may also develop homophobia or increase sexual behavior to "prove" their heterosexuality. If their perpetrator was a woman, they may question their sexuality for not enjoying a "sexual" experience, even though it was an unwanted one.

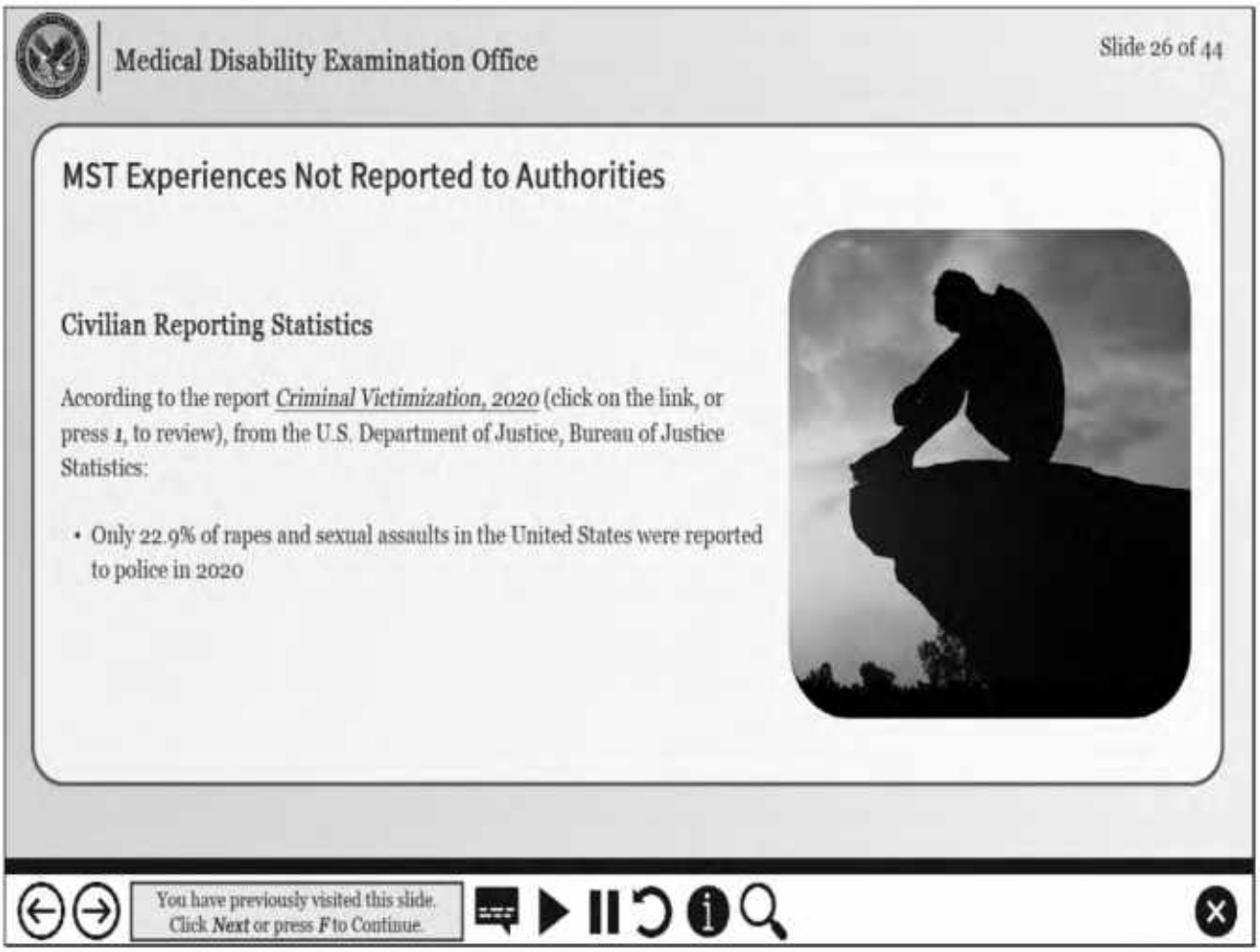
Slide 24 - Impact of Background



Slide 25 - Additional Aspects Related to Experiencing MST



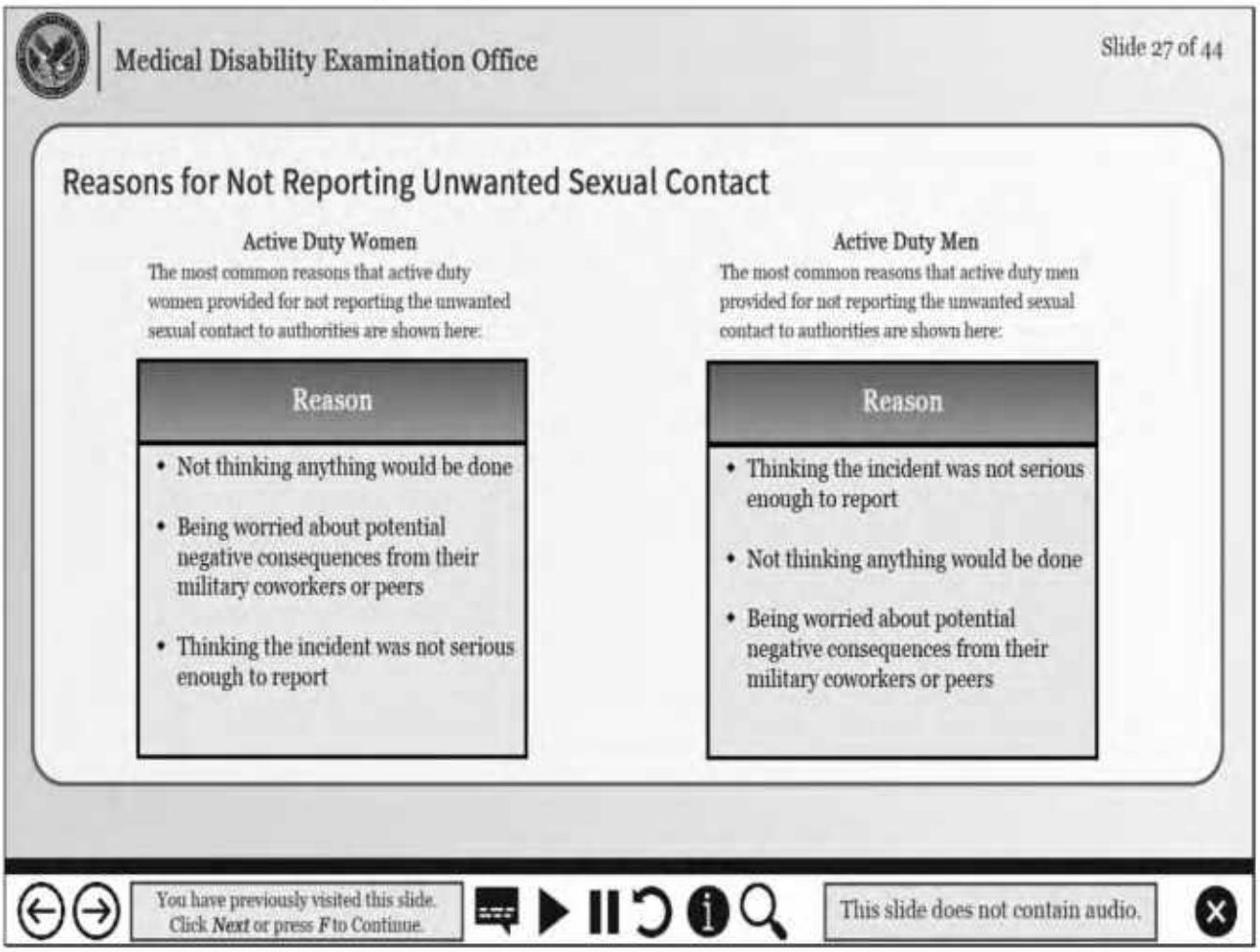
Slide 26 - MST Experiences Not Reported to Authorities



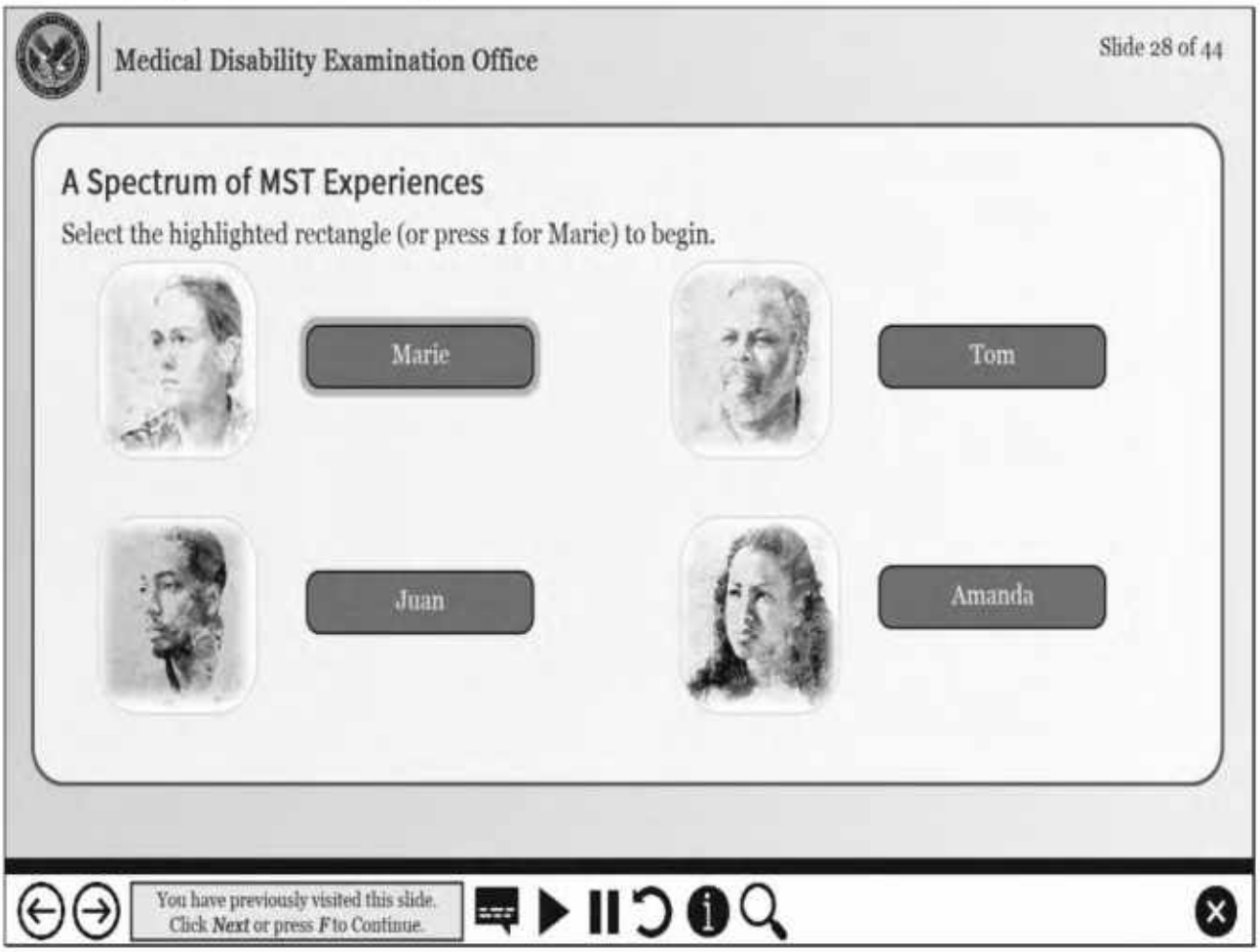
Transcript

A significant percentage of sexual assaults and unwanted sexual contact go unreported to the authorities, both among civilian and military populations. According to the report from the U.S. Department of Justice titled, "*Criminal Victimization, 2020*," only 22.9 percent of rapes and sexual assaults in the United States in 2020 were reported to the police. On the next slide we'll discuss the most common reasons identified by individuals on active duty for not reporting the unwanted sexual contact they experienced during the preceding 12 months to authorities. You may select ***Next Slide*** or press the right-facing arrow key to continue.

Slide 27 - Reasons for Not Reporting Unwanted Sexual Contact



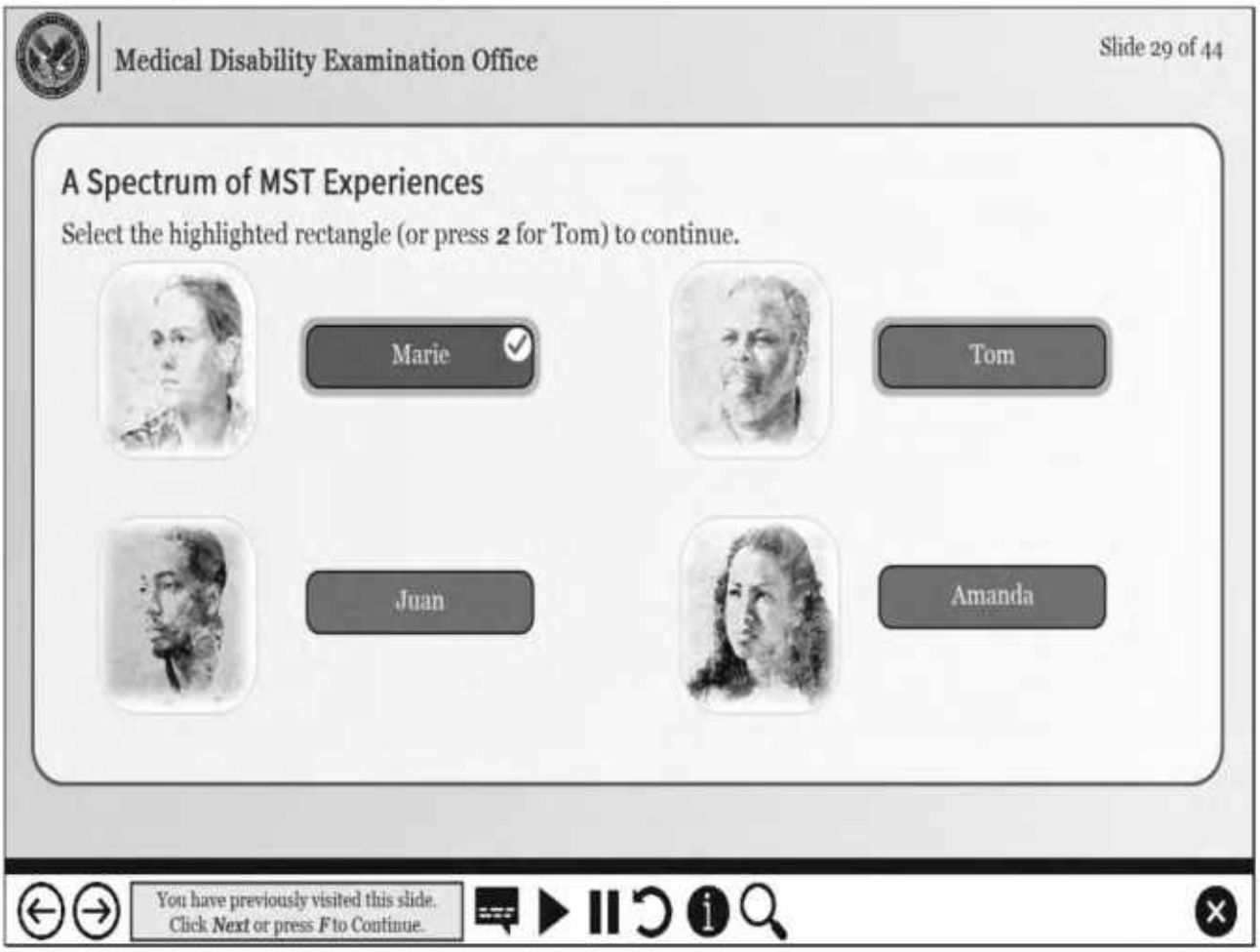
Slide 28 - A Spectrum of MST Experiences



Transcript

The four scenarios that follow will give you an idea of the spectrum of MST experiences, including how repeated experiences of MST can impact an individual. Before you proceed, please note that these scenarios include graphic information. Select the first Service member, Marie (or press *1*) to begin.

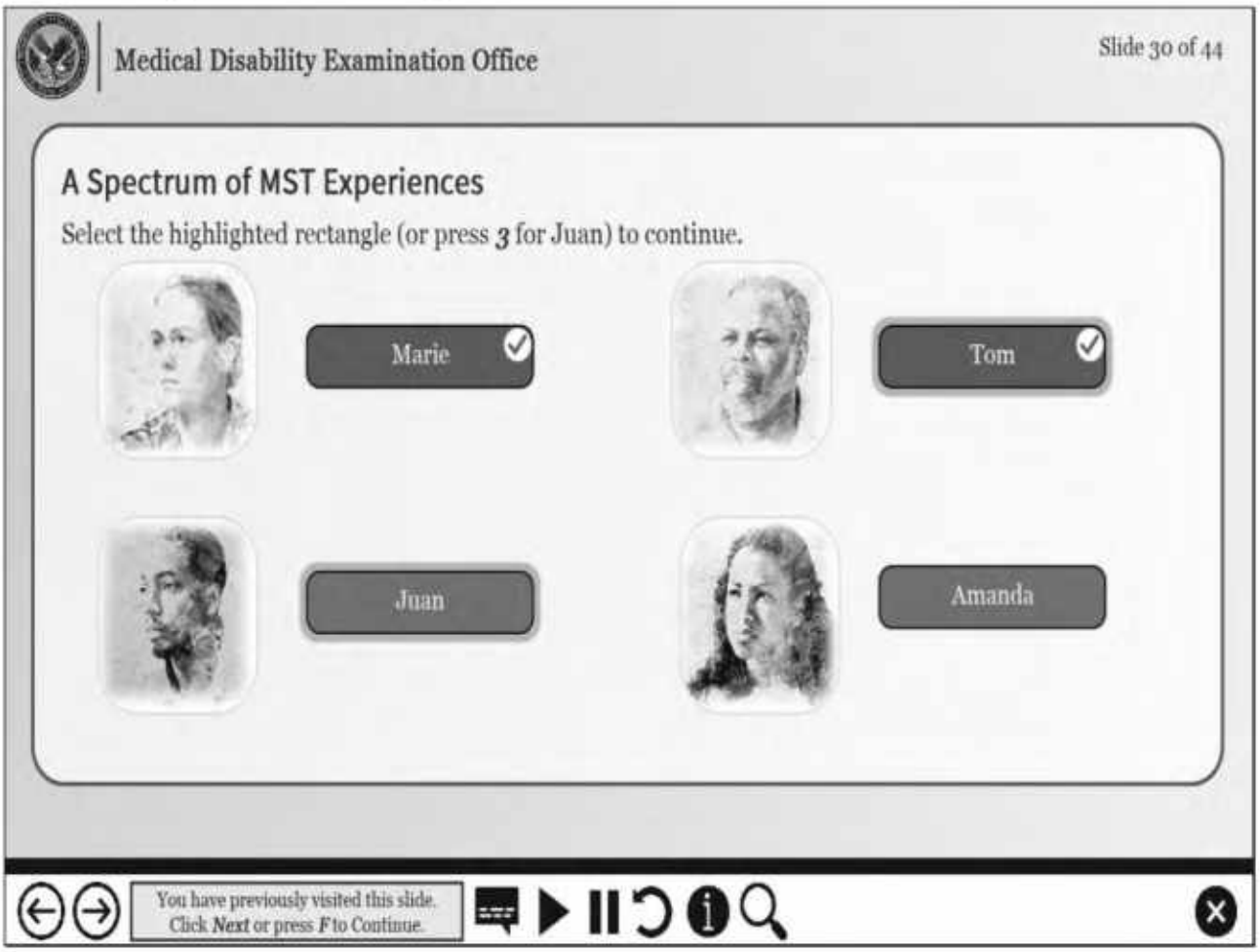
Slide 29 - A Spectrum of MST Experiences



Transcript

Marie entered the service while in her early twenties. Marie was sexually harassed by a group of male Service members on an ongoing basis. They made sexual comments, grabbed her buttocks on several occasions, and asked Marie if she'd "ever been with a real man." Feeling uncomfortable and unsafe, Marie made efforts to avoid walking alone. However, on one occasion she was cornered by one of the men. He stated that his friends were nearby, and he forced her to perform oral sex on him to "avoid something even worse." Afterwards, Marie became increasingly distressed and isolated from others and lived in constant fear of being assaulted again. She kept to herself at work, but for the most part her job performance was fine. Later in her service, while on leave, Marie attended the wedding of a friend in her hometown. At the reception, a man she had known since high school isolated her in the bathroom and groped and digitally penetrated her. The next day, this man interacted with Marie "like nothing had happened." Marie never talked to him again. After being subjected to this additional MST experience, she felt numb most of the time and avoided social contact as much as possible.
Please select the next Service member, Tom, or press ***2*** to continue.

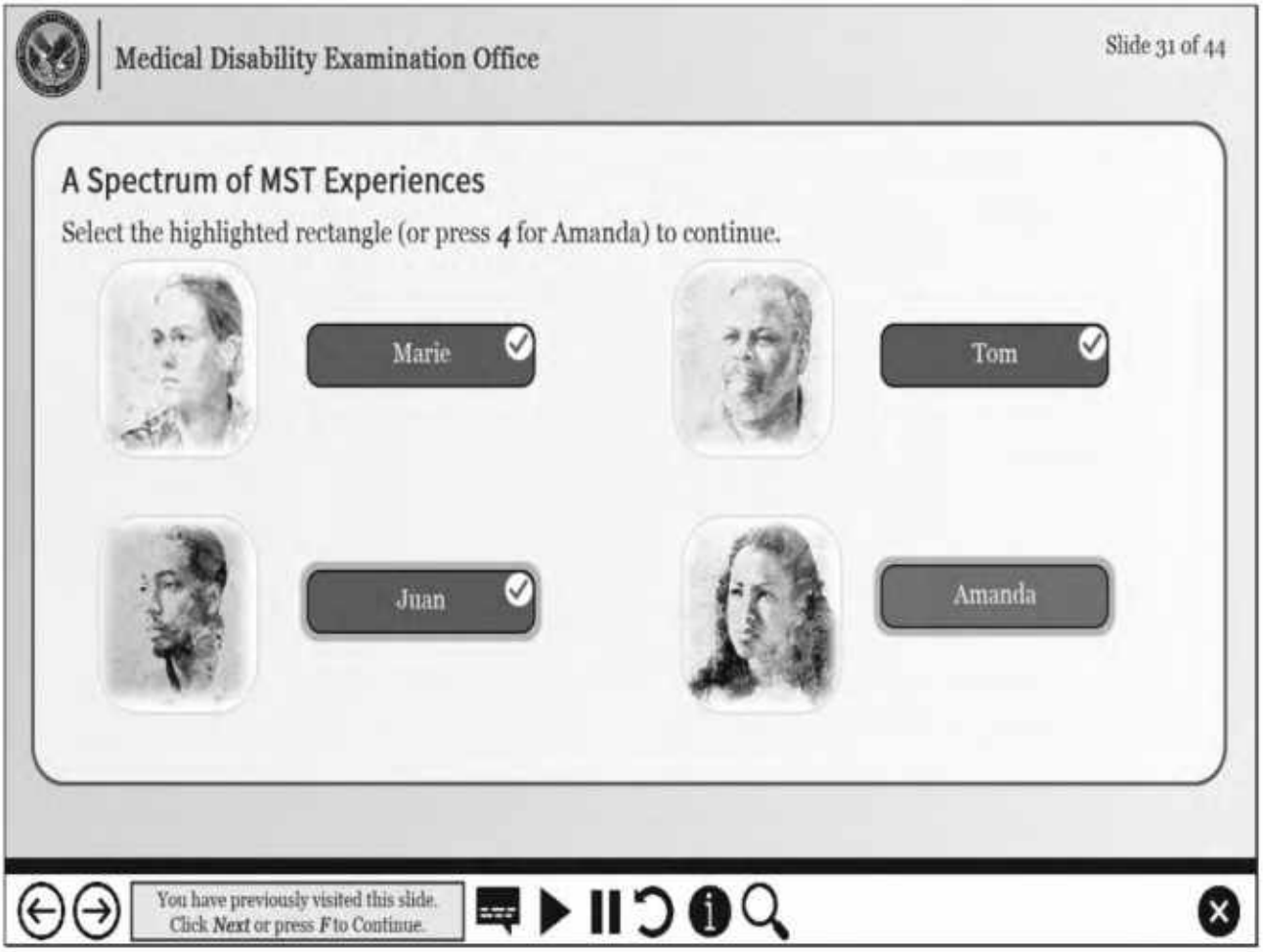
Slide 30 - A Spectrum of MST Experiences



Transcript

Tom is a Black man who served from 1970 to 1972, when he was in his late twenties. From the beginning of his service, Tom was repeatedly exposed to Service members expressing racist views about him and other Black Service members, which left him feeling generally isolated from others and unwelcome. One night, Tom went out to a bar with a friend from his barracks. Eventually, his friend met a woman and left the bar with her. Another male Service member began chatting with Tom and appeared friendly, and offered to buy Tom a drink, which he accepted. Tom cannot remember anything after that, until he woke up the next morning in a motel room nearby to find that he had been anally penetrated and was bleeding. Tom attempted to hide his injuries and returned to duty. When asked why he appeared tired and in pain, Tom stated that he had been in a fight at the bar. As a result of this attack, Tom developed painful hemorrhoids. He never discussed the incident with anyone. Please select the next Service member, Juan, or press *3* to continue.

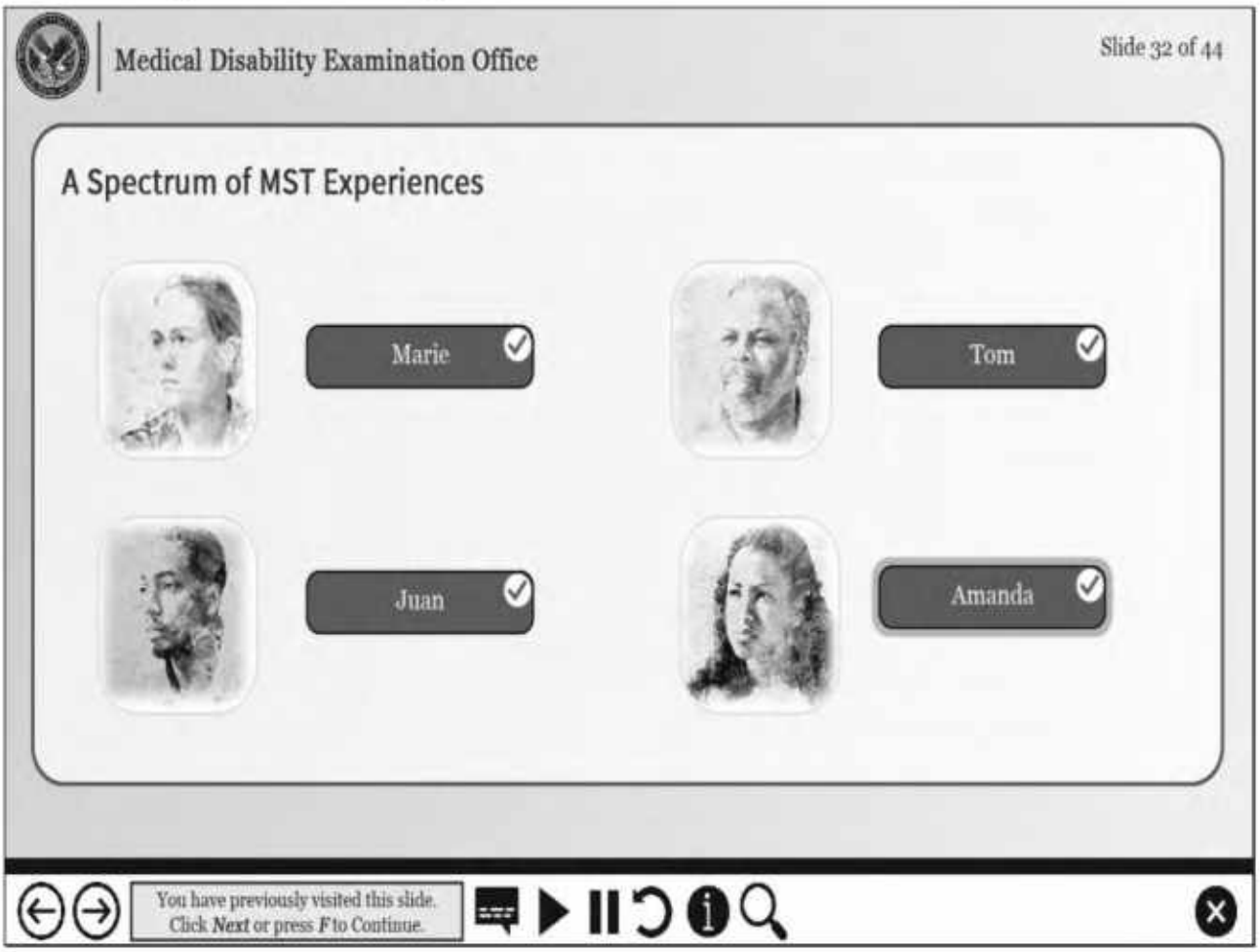
Slide 31 - A Spectrum of MST Experiences



Transcript

Juan, a 25-year-old Latino man, was involved in heavy combat in Afghanistan. In one firefight, Juan became disoriented. As a result, he was slow to keep up with other members of his unit as they moved into some of the most dangerous fighting. Afterwards, some unit members made comments about being unsure that they could trust him anymore. The next night, Juan was grabbed by someone as he went to the latrine and held down as another man penetrated him anally. During the assault, his assailants said, "This should teach you to pull your weight around here." As a result of this assault, Juan contracted a sexually transmitted infection, and daily life and subsequent combat missions became even more stressful and frightening for him. Even today, Juan feels that others do not, in his own words, "have his back." He fears that even the slightest misstep on his part could be dangerous. Please select the next Service member, Amanda, or press *4* to continue.

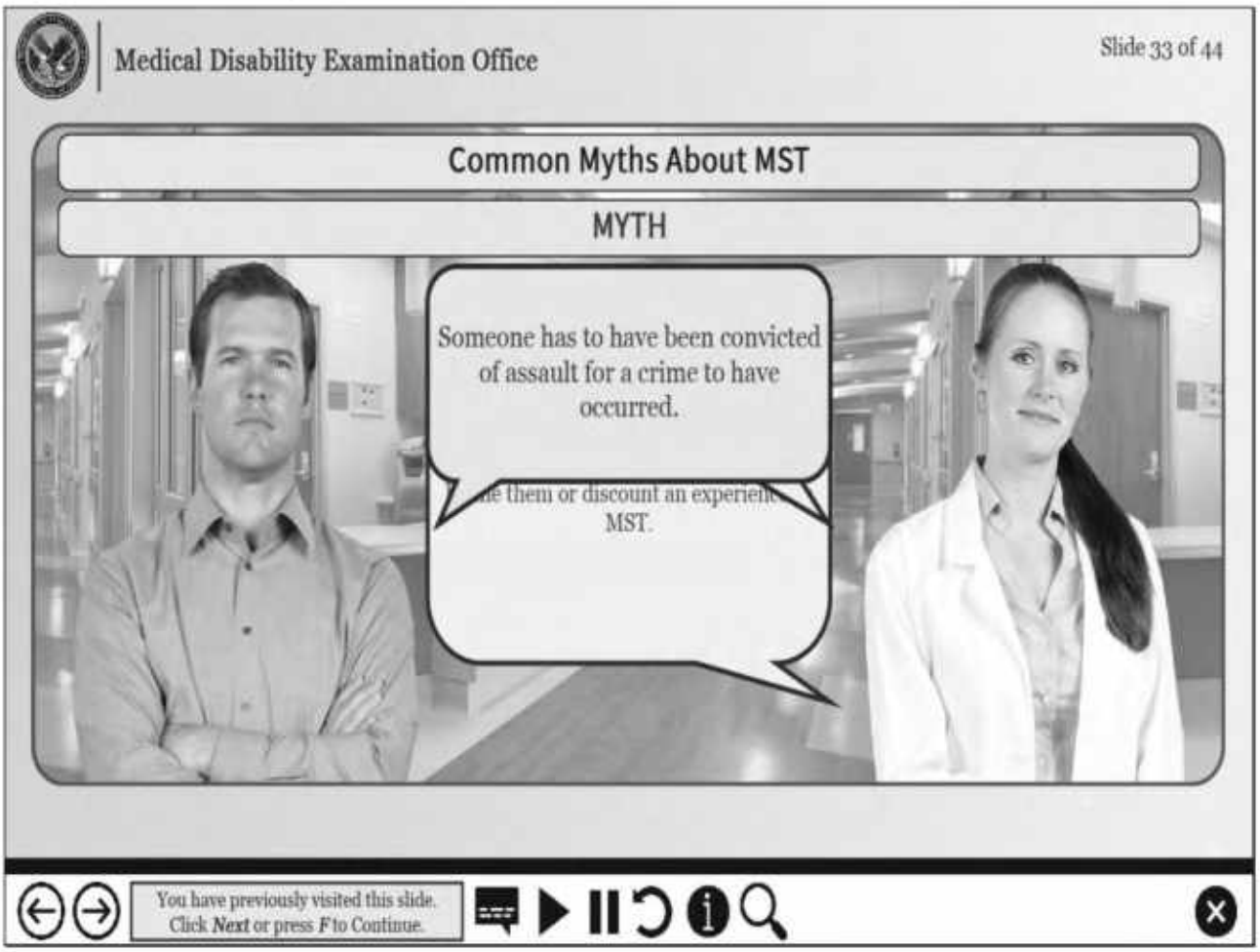
Slide 32 - A Spectrum of MST Experiences



Transcript

Amanda, now twenty-eight years old, is African American and the single mother of a nine-year-old daughter. Amanda was a truck driver in Iraq, where she was trained that she must not stop the truck even if a civilian is in the road. Amanda was terrified at the thought that she might someday have to run over a child and talked to her colleagues about her fears. While on active duty, Amanda was approached by a higher-ranking Service member, who was responsible for job assignments. He stated that he would change her assignment to staffing the truck depot on the condition that Amanda would have sex with him. Although Amanda had no romantic or sexual interest in him, she feared career consequences from refusing; and this concern, in combination with her great fear of having to run over a child, made her feel pressured to have sex with him on several occasions. Amanda felt numb throughout the encounters. When she became pregnant from one of the encounters, other Service members found out and made comments about her being, in their words, "easy." Amanda was ostracized by her peers after that. We will revisit each of these Service member scenarios throughout this course.

Slide 33 - Common Myths About MST



Transcript

We will now review some common myths about MST.

Myth: Someone has to have been convicted of assault for a crime to have occurred.

Fact: Someone does not have to be convicted for a crime to have occurred. In fact, the majority of perpetrators are never reported or convicted.

Myth: MST doesn't happen to men.

Fact: MST can be experienced by men and women, and individuals of all ages, races, sexual orientations, and physical sizes.

Myth: Officers cannot experience MST.

Fact: Sexual assault and chronic sexual harassment occur across all ranks.

Myth: If a person does not fight or refuse their perpetrator, they must have consented.

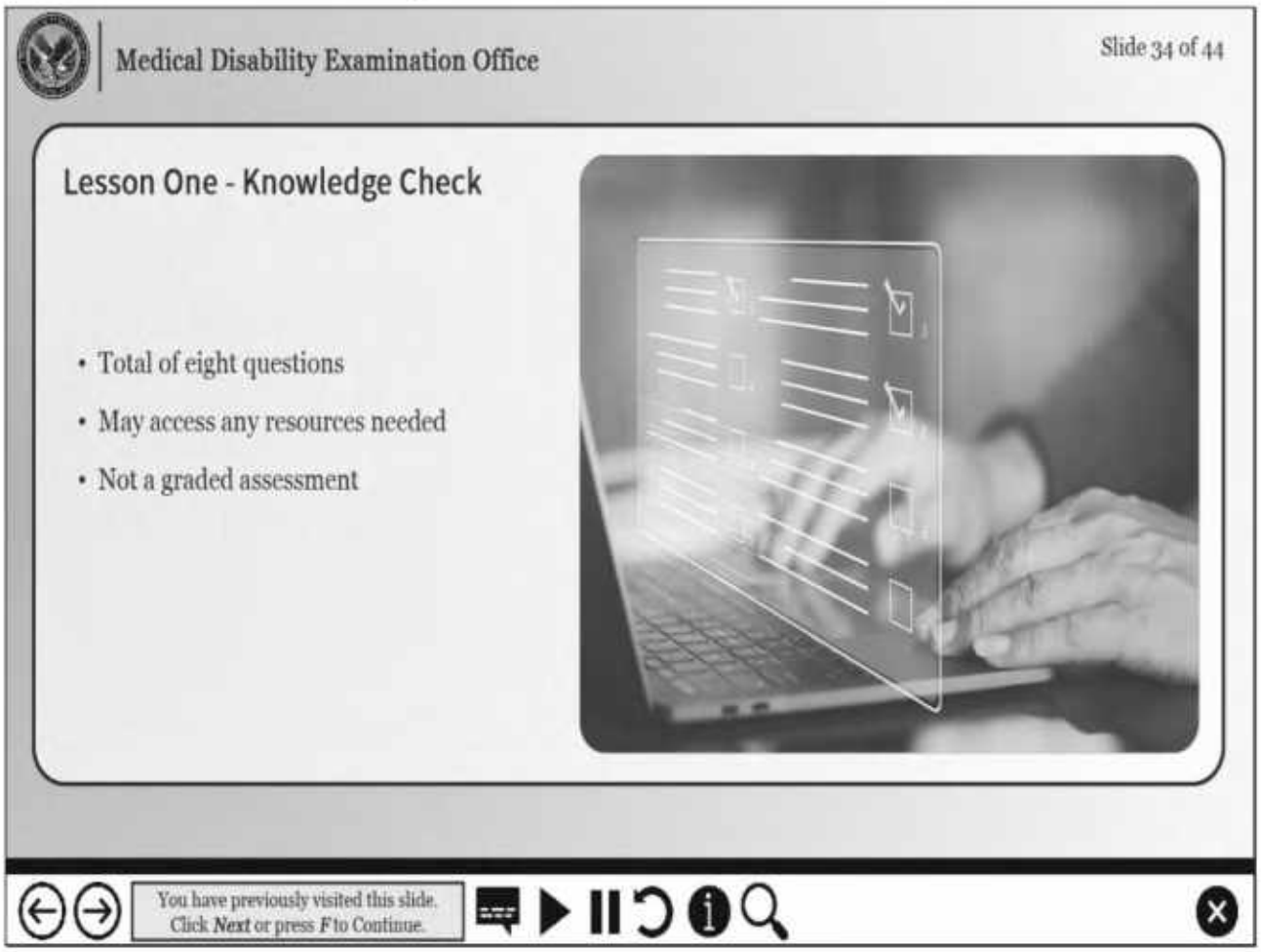
Fact: Coercion to engage in sexual activity against a person's will comes in many forms, not just physical. Compliance (or being unable to refuse, such as when intoxicated or asleep) does not equal consent.

Myth: A person cannot have experienced MST if they were sexually active.

Fact: An individual's prior behavior and relationships, including their relationship with the perpetrator, cannot be used to blame them or discount an experience as MST.

A Service member may have been sexually active or may even have had a friendly relationship with a perpetrator prior to being assaulted or harassed, but that doesn't mean that they wanted the MST to happen. Think instead about *why* the perpetrator made a choice to assault or harass a Service member.

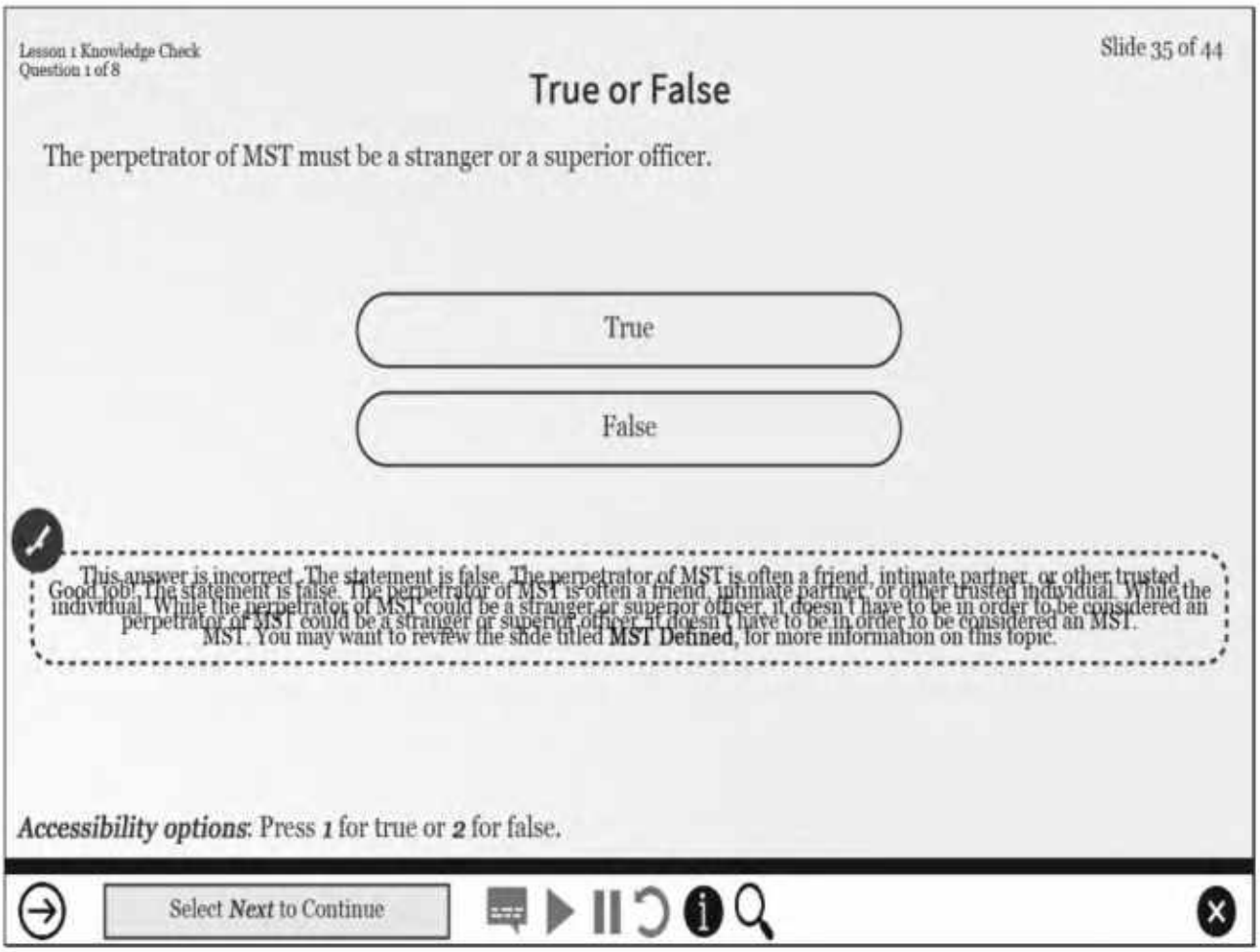
Slide 34 - Lesson One Knowledge Check Transition



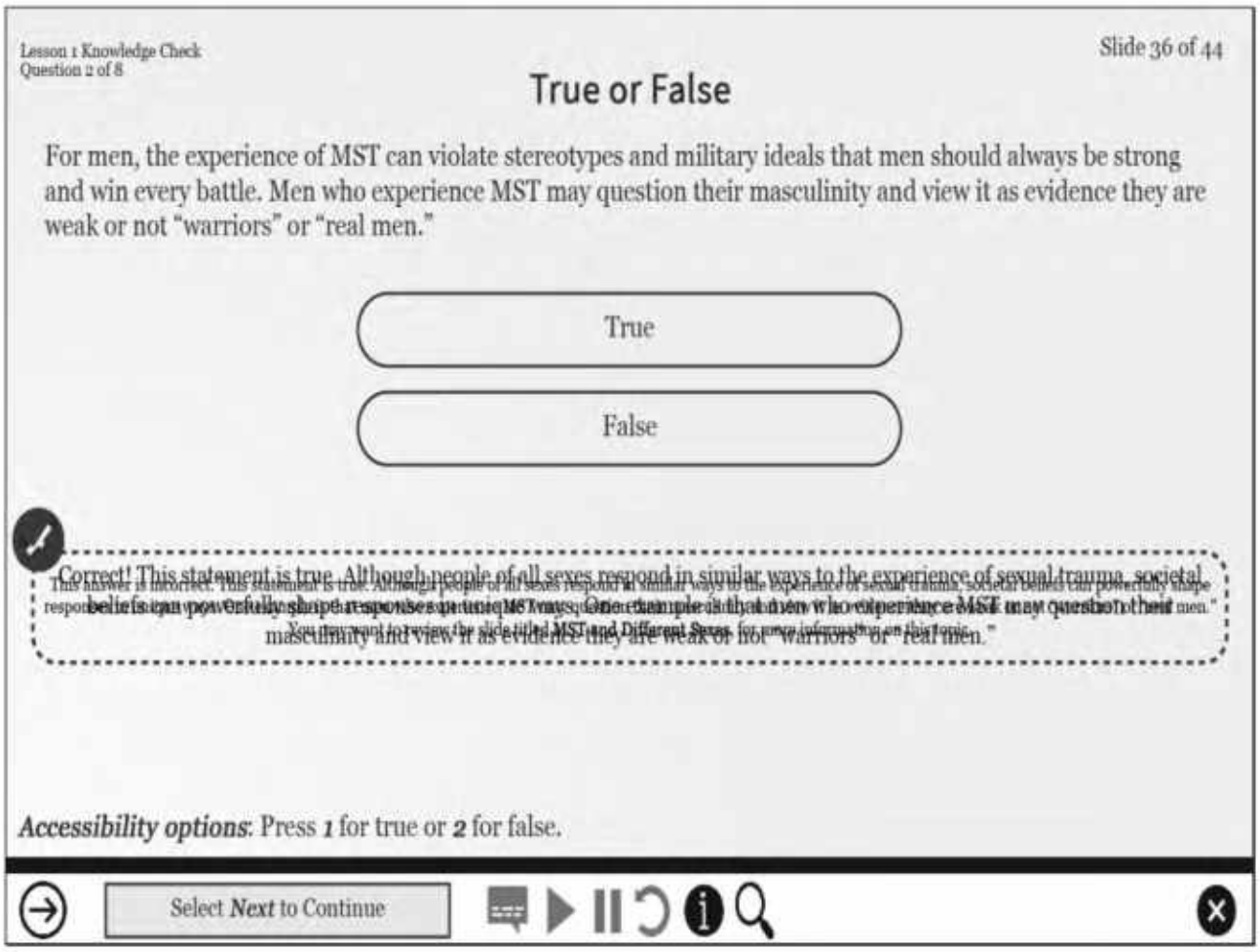
Transcript

Great job, you have completed the information within Lesson One! You will now be presented with a knowledge check consisting of a total of eight questions. This knowledge check is not a graded assessment, so there is no minimum score required to advance into the next lesson. Rather, it is a tool to help reinforce the information presented in the lesson. Similar questions may be asked on the final assessment. Please select ***Next Slide***, or press the right-facing arrow key, to proceed to the knowledge check.

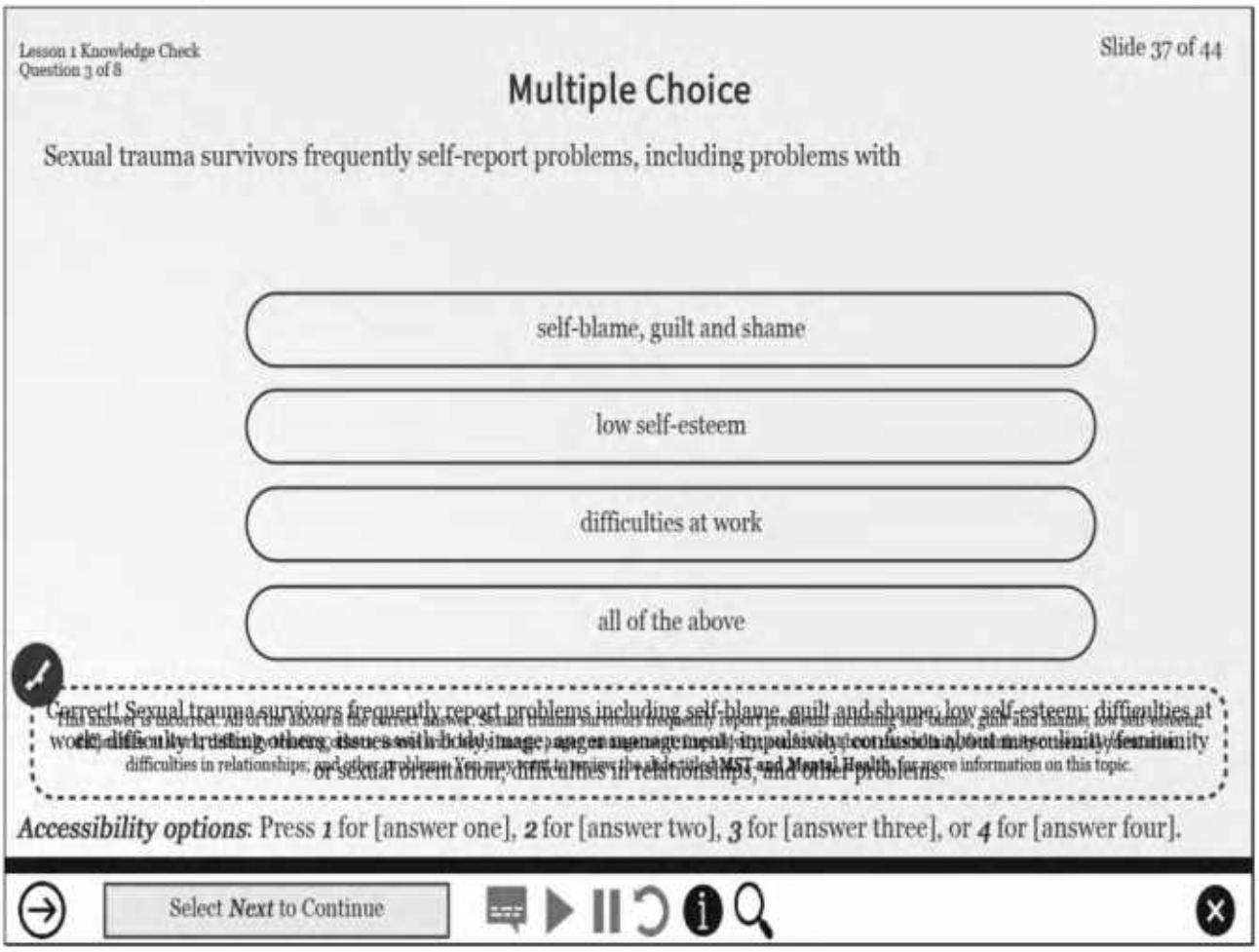
Slide 35 - True or False Slide



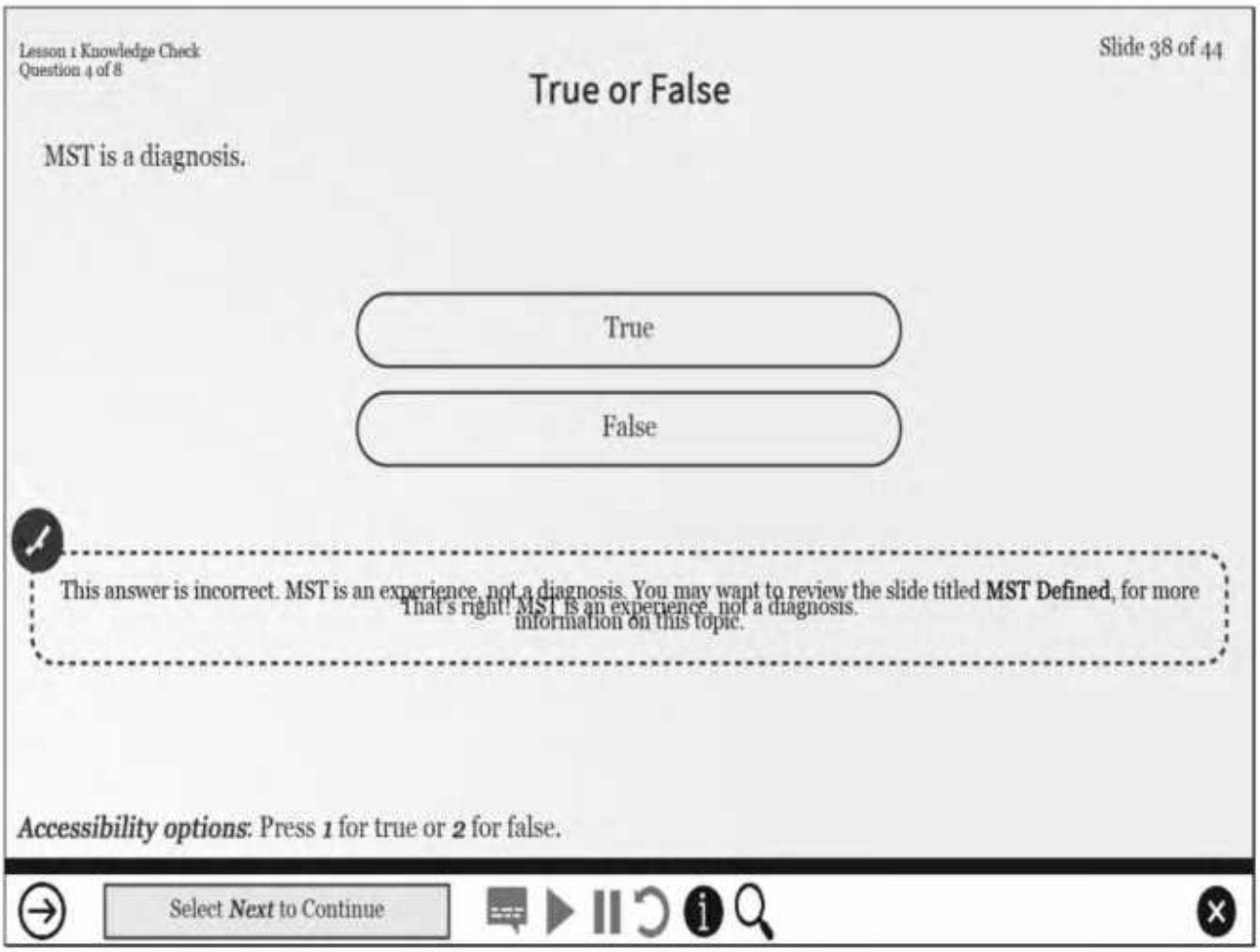
Slide 36 - True or False Slide



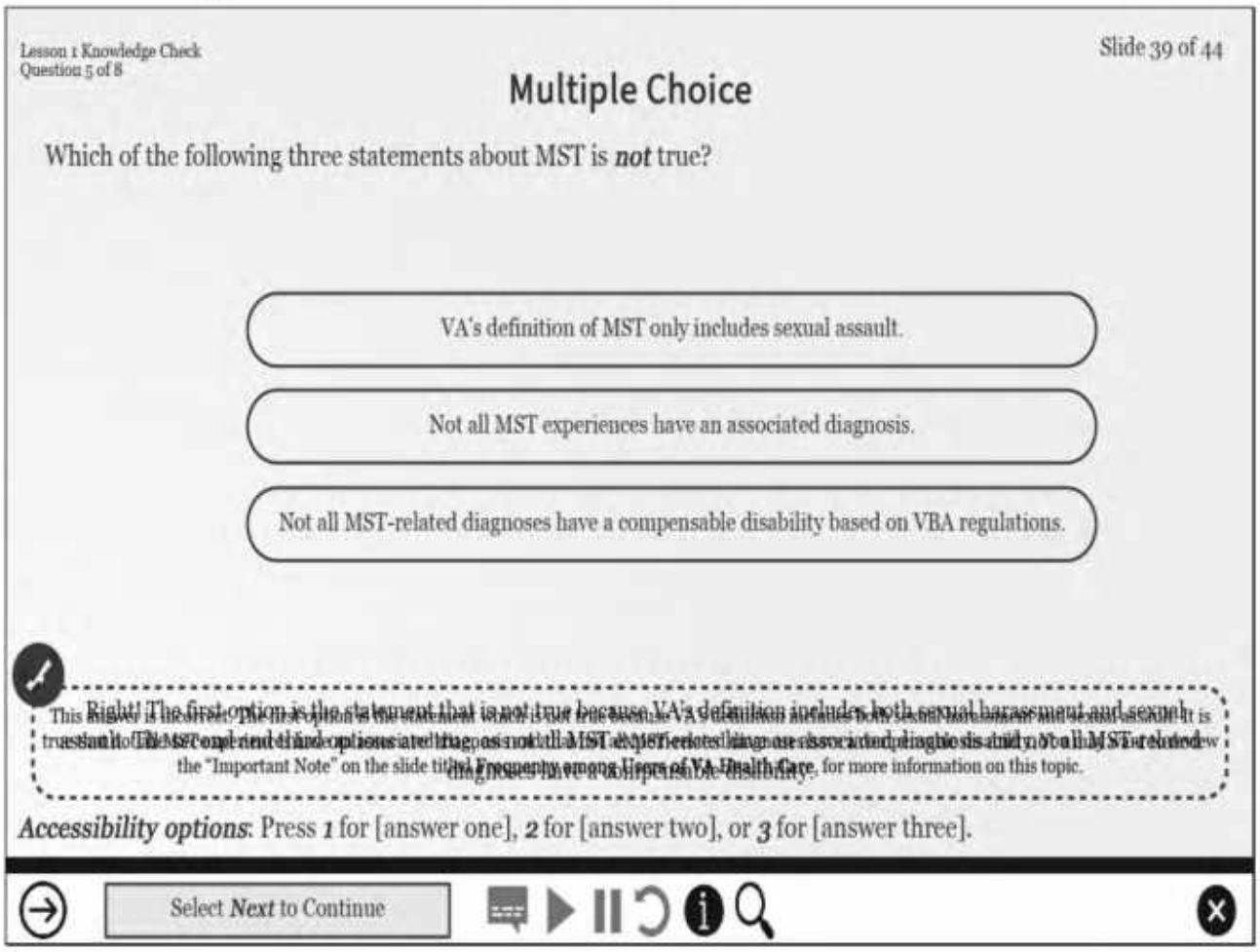
Slide 37 - Multiple Choice



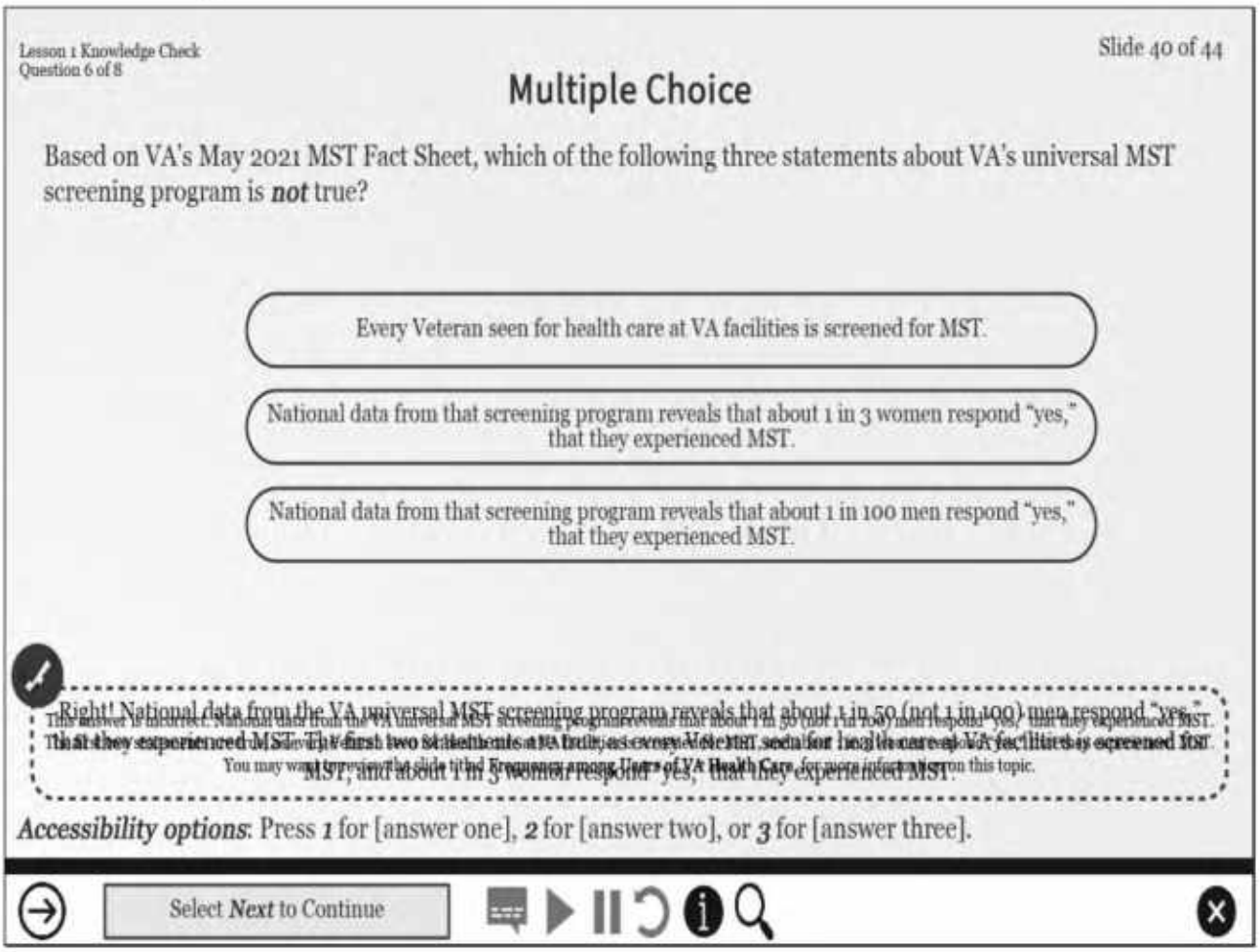
Slide 38 - True or False Slide



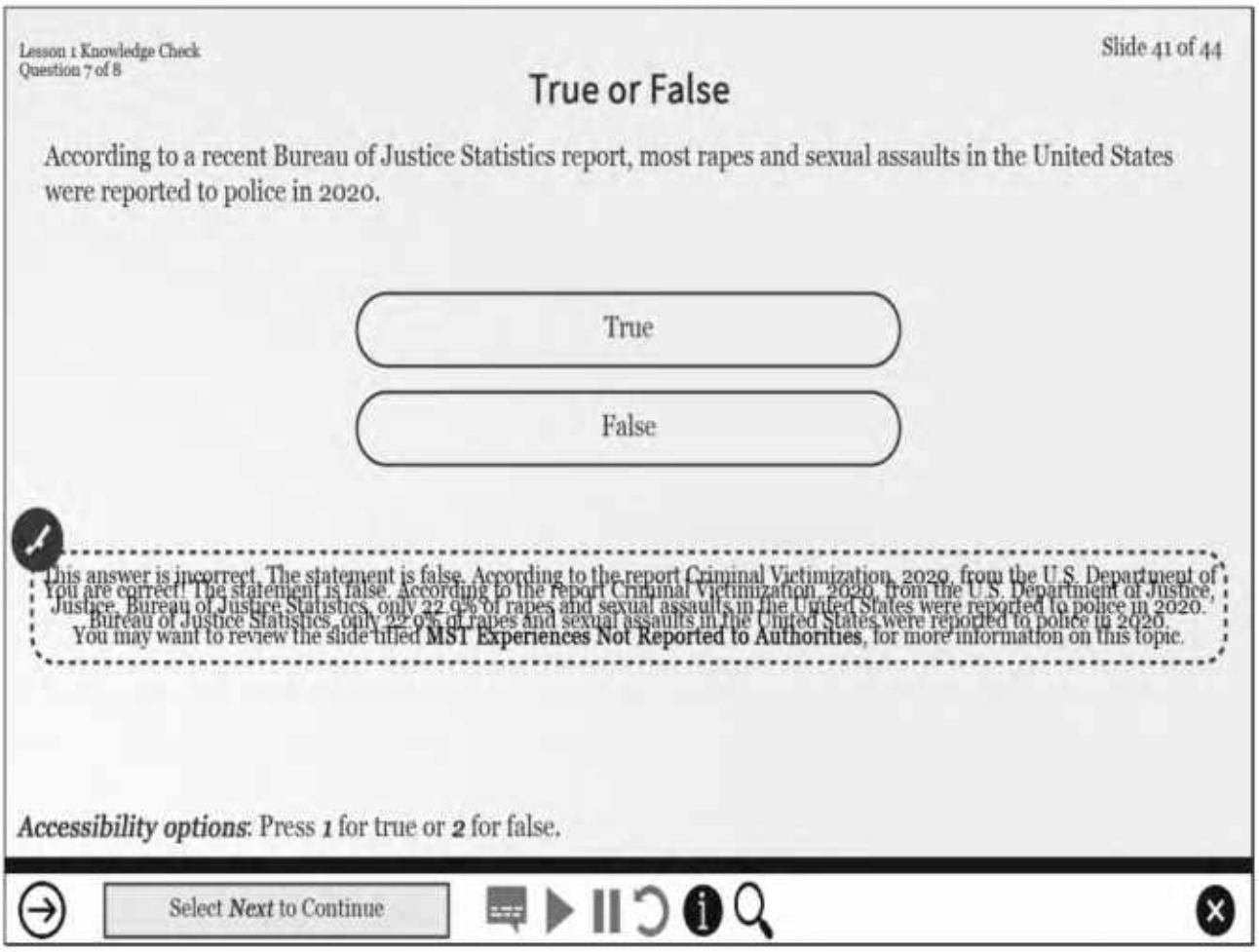
Slide 39 - Multiple Choice



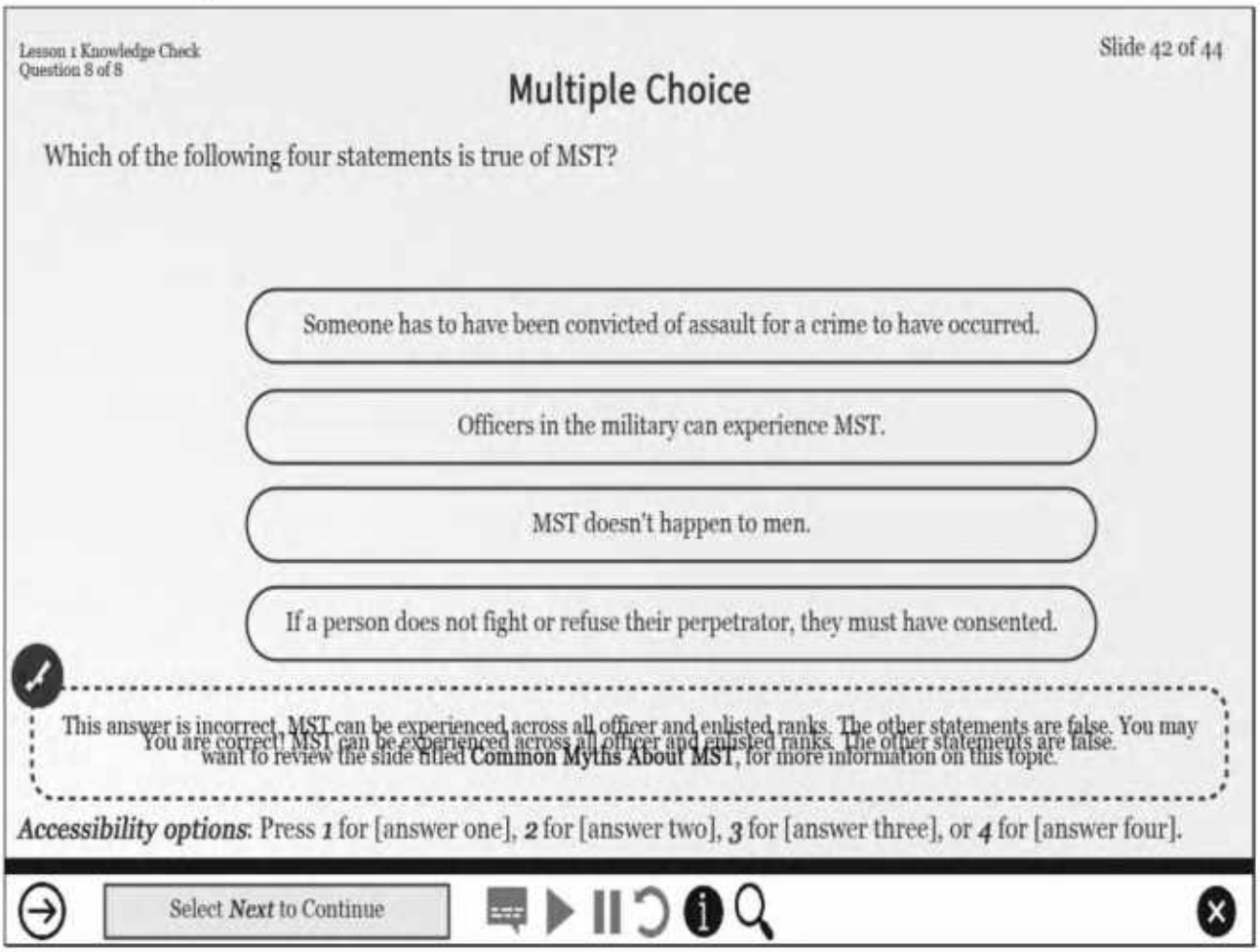
Slide 40 - Multiple Choice



Slide 41 - True or False Slide



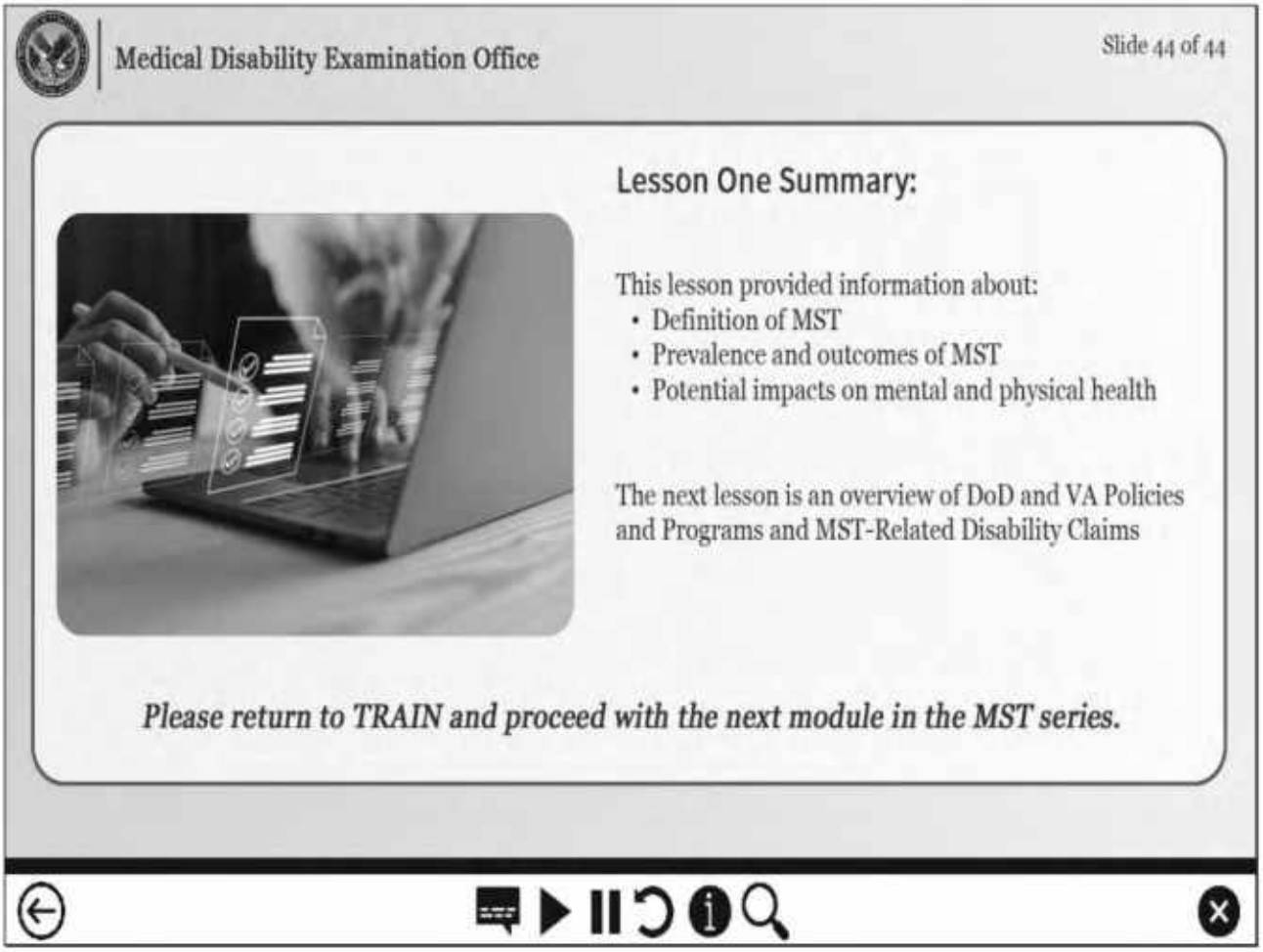
Slide 42 - Multiple Choice



Slide 43 - References



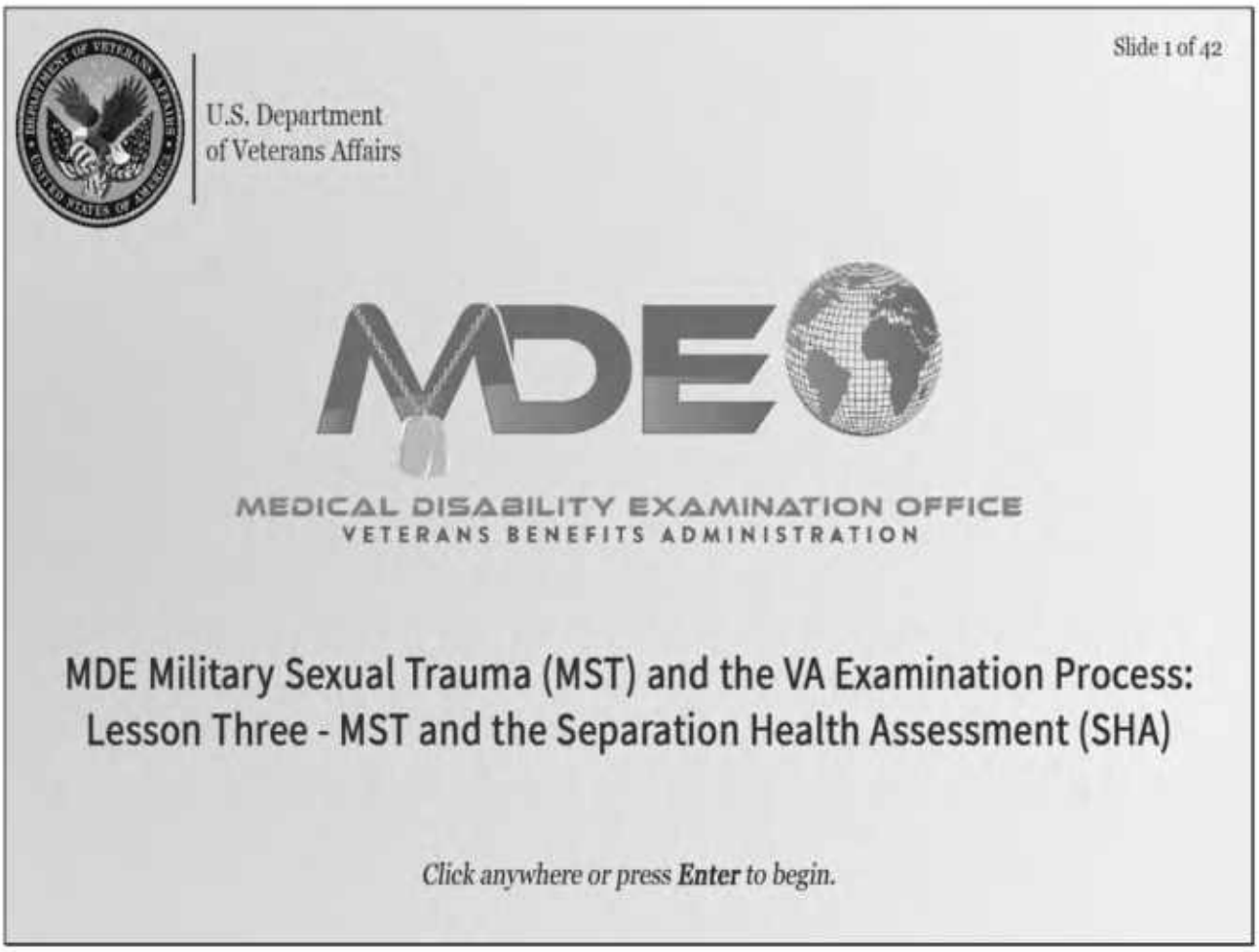
Slide 44 - Lesson One Summary



Transcript

Congratulations, you've completed Lesson One! The content in this lesson was designed to help you gain a basic understanding of MST, its prevalence, and possible outcomes for Service members and Veterans. Now that you've completed this lesson, you should be able to recognize the potential impacts that experiencing sexual trauma or sexual harassment in the military may have on a Service member's or Veteran's physical and mental health. The next lesson is an overview of DoD and VA policies and programs related to MST. It is intended to give all VA examiners a general understanding of interagency collaboration between DoD and VA, and what they do to assist and support individuals who have experienced MST.

Slide 1 - Intro



Lesson Time

30 minutes

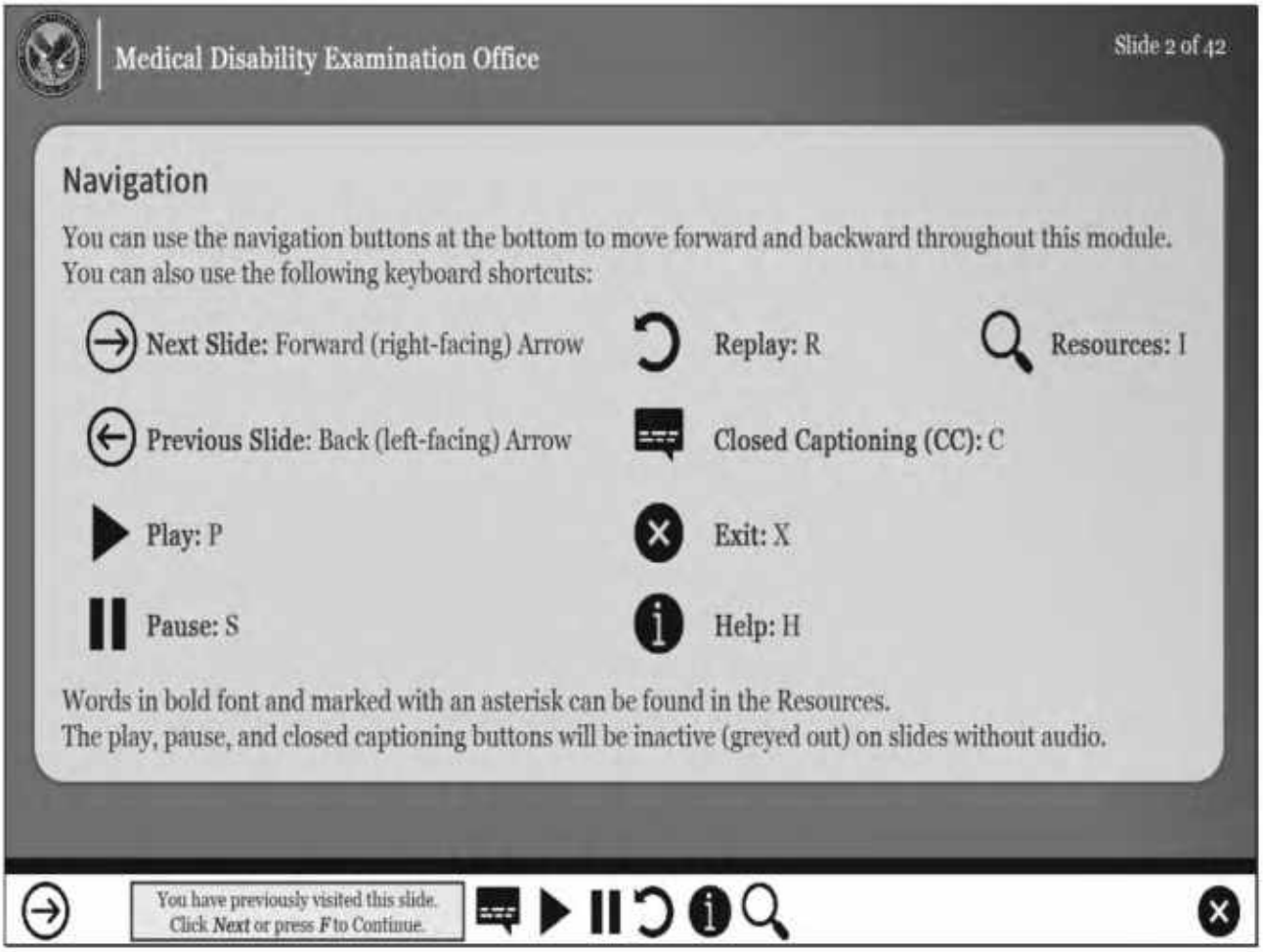
Core Content

Course Material

Evaluation

Course Assessment

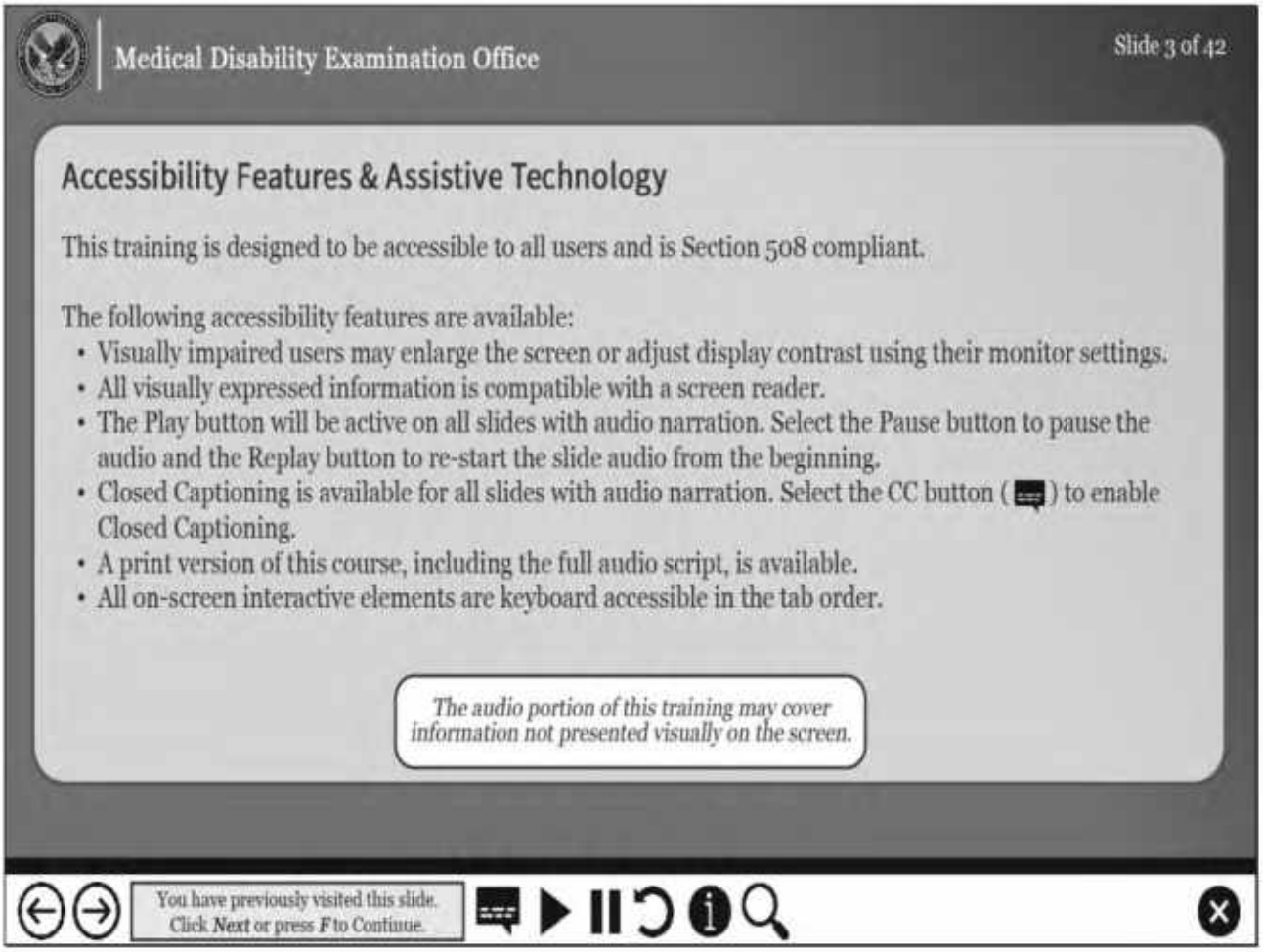
Slide 2 - Navigation



Transcript

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

Slide 3 - Accessibility



Transcript

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. All on-screen interactive elements are keyboard accessible in the tab order. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

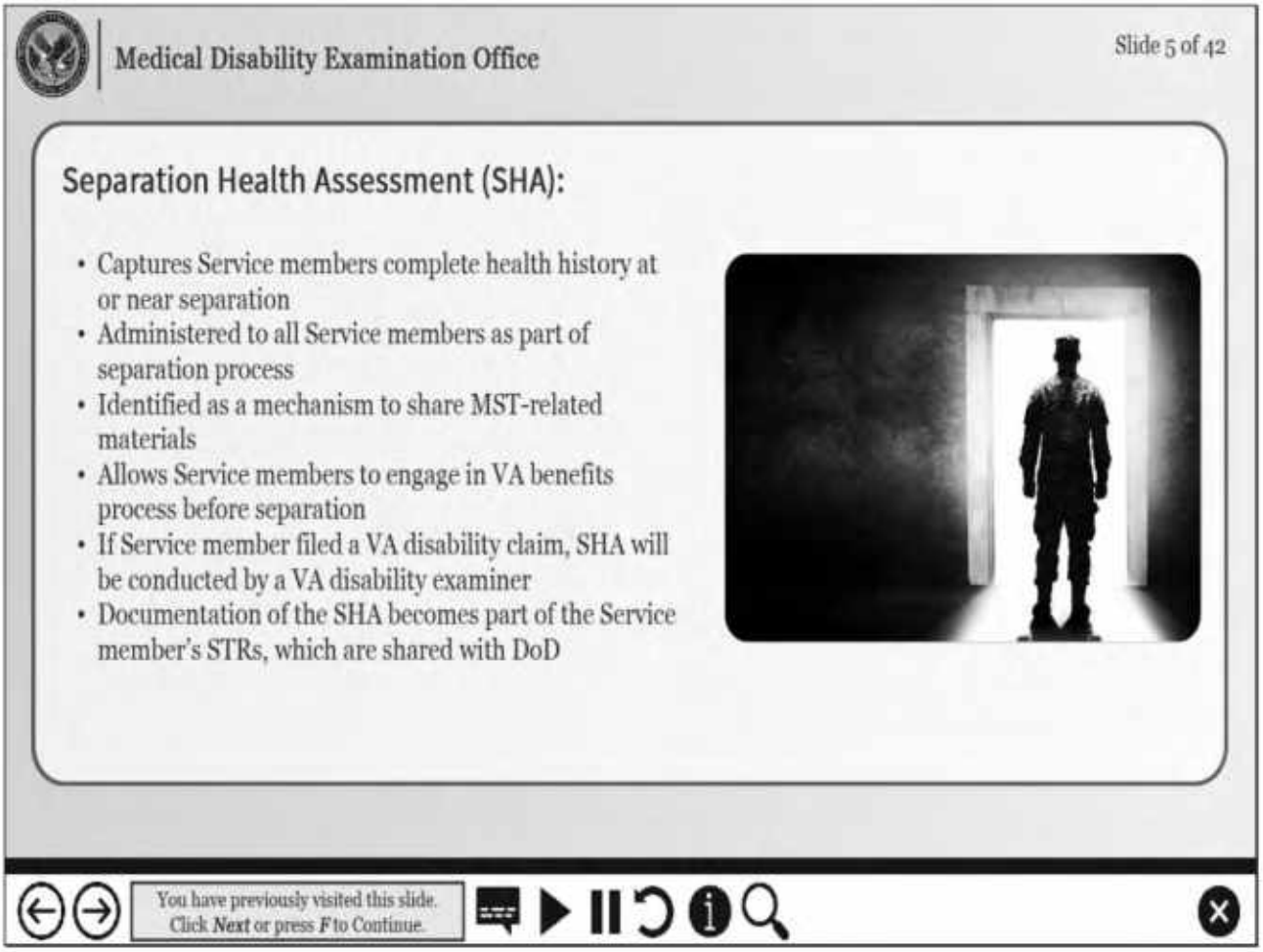
Slide 4 - Lesson Three Objective



Transcript

Many VA examiners conduct Separation Health Assessments, or SHAs, on Service members separating from service. When a Service member has filed a VA disability claim, a VA examiner will conduct the SHA while the Service member is still on active duty. This lesson will explain how DoD and VA collaborate to streamline this process, including sharing examination findings from the SHA. Due to that sharing, there are privacy concerns and implications for a Service member who discloses MST during a SHA. This lesson will discuss those implications and how they will affect the way you document MST-related information for a SHA. In addition, you will learn about the MST-related handout that Service members receive as part of the SHA process. Once you have finished this lesson, you should be able to identify the implications for Service members disclosing MST during a SHA, be familiar with the contents of the MST handout, and be able to identify the requirements and best practices for sharing these VA-designated MST-related materials during the SHA examination process.

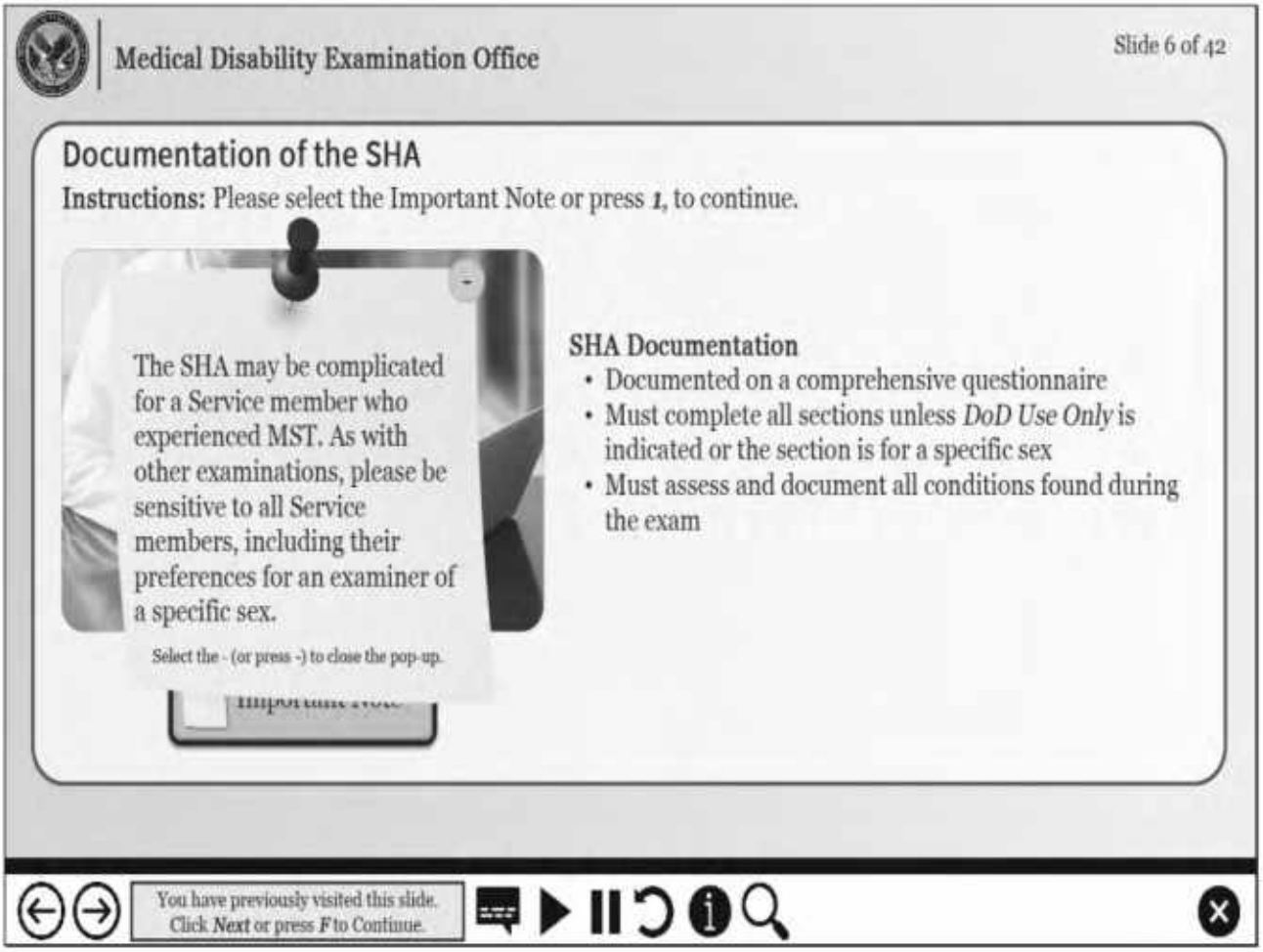
Slide 5 - The Separation Health Assessment



Transcript

The SHA program was designed by VA and DoD to capture a Service member's complete health history at or near separation. It is administered to all Service members as part of the process of separating from active duty. The SHA has also been identified as a mechanism to share MST-related materials with Service members as they transition out of the military. The SHA program allows Service members to engage in the VA benefits process before separation from active military service. If the Service member has not filed a VA disability claim, the SHA will be conducted by a DoD examiner. If the Service member has filed a VA disability claim, the SHA will be conducted by a VA disability examiner. Since the Service member is still on active duty, the documentation of the SHA will be part of the Service member's service treatment records, which will be shared with DoD. This sharing of information will be an important factor as we discuss documentation and confidentiality in the next slides.

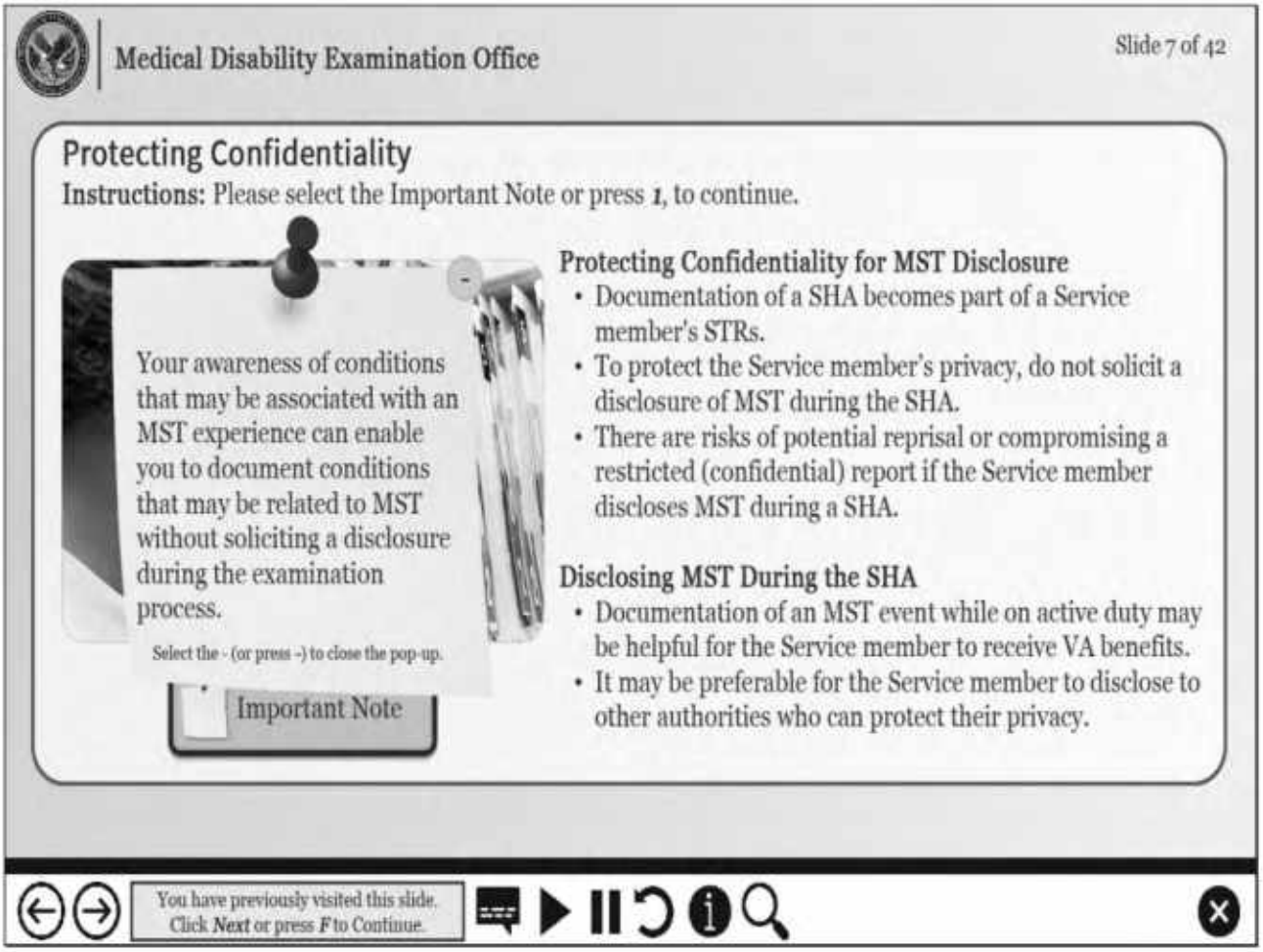
Slide 6 - Documentation of the SHA



Transcript

The results of the SHA exam are documented on a comprehensive questionnaire and you must complete all sections unless *DoD Use Only* is indicated or the section is for a specific sex (for example, the Women's Health section would only need to be completed for females). When you conduct a SHA exam, you are required to assess and document all conditions found during the examination. Please select and review the ***Important Note*** (or press *1*) before continuing to the next slide.

Slide 7 - Protecting Confidentiality



Transcript

The SHA is a special case where MST is concerned because documentation of a SHA becomes part of a Service member's STRs. For reasons described in this lesson, and ultimately to protect Service members' privacy, you should not attempt to solicit disclosures of MST during the SHA. As you will learn, there are special considerations to attend to during a SHA given the risks of potential reprisal or compromising a restricted report if a Service member were to disclose MST during the VA examination. If a Service member chooses to disclose MST while currently serving, the documentation of an MST event may be helpful for the Service member to receive VA benefits. However, as we will discuss later in this lesson, it may be preferable for the Service member to disclose to other authorities who can protect their privacy. Please select the ***Important Note*** (or press *1*) to review this important information before continuing to the next slide.

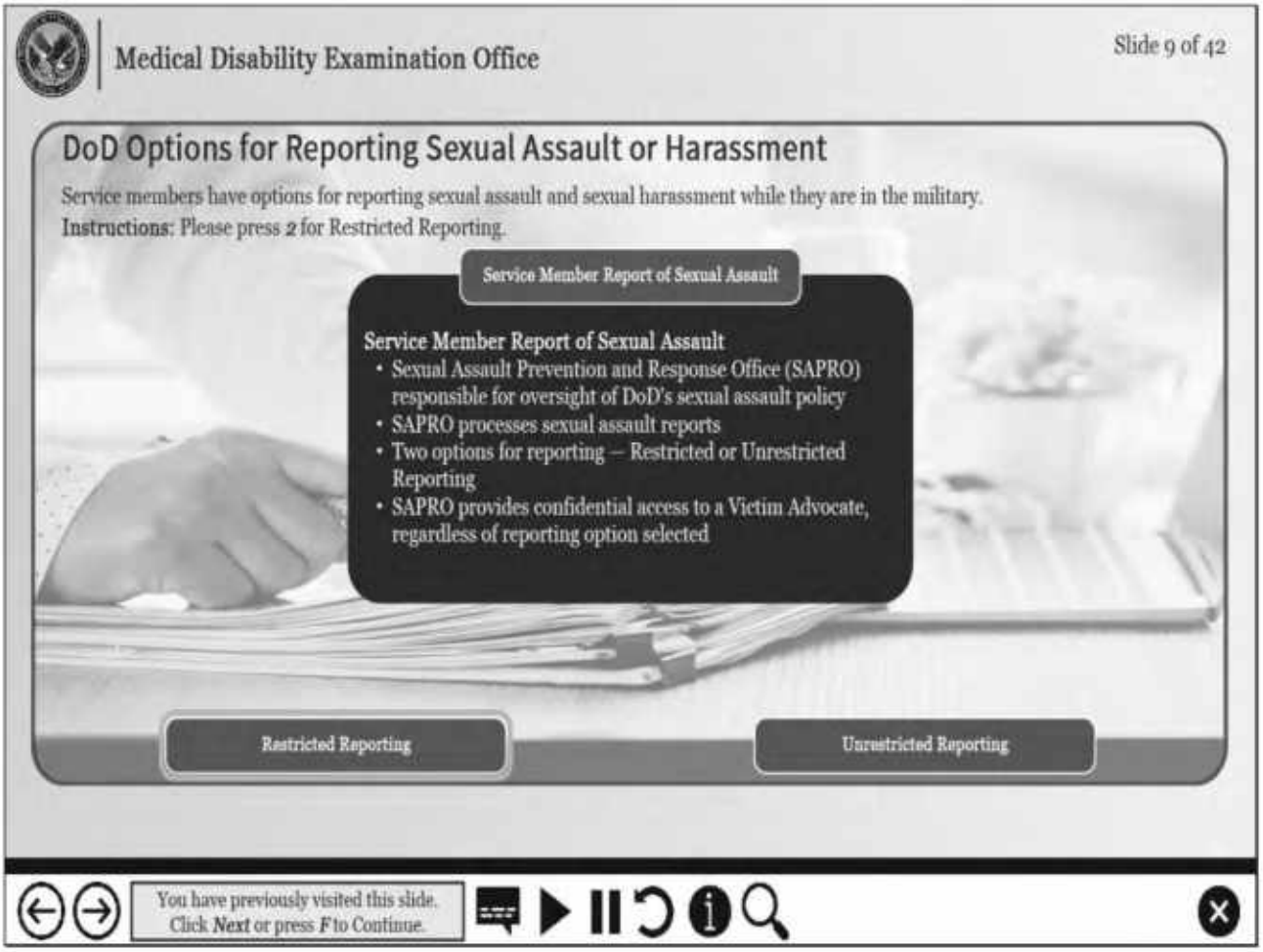
Slide 8 - DoD Options for Reporting Sexual Assault or Harassment



Transcript

As previously noted, Service members have options for reporting sexual assault and sexual harassment while they are in the military. Because of the DoD options for reporting, it is quite possible that you will not know whether a Service member has reported sexual assault to DoD, even after your thorough review of a Service member's records provided to you for the SHA. However, a basic knowledge of DoD reporting processes may be important should the Service member indicate they want to disclose their MST experience to you. As previously discussed in Lesson Two, DoD addresses sexual assault and sexual harassment with separate reporting channels and programs. Please select Service Member Report of Sexual Assault (or press *1*) to learn more about the different types of reports which a Service member may choose to file regarding sexual assault.

Slide 9 - DoD Options for Reporting Sexual Assault or Harassment



Transcript

The Sexual Assault Prevention and Response Office (SAPRO) is responsible for oversight of the DoD's sexual assault policy and the processing of all sexual assault reports. While the DoD prefers that sexual assault incidents are reported to the command to activate both victims' services and law enforcement actions, it recognizes that some victims desire only health care and advocacy services and do not want command or law enforcement involvement. Therefore, Service members who have experienced sexual assault have two reporting options - Restricted Reporting or Unrestricted Reporting. Please select Restricted Reporting (or press ***2***) to learn more.

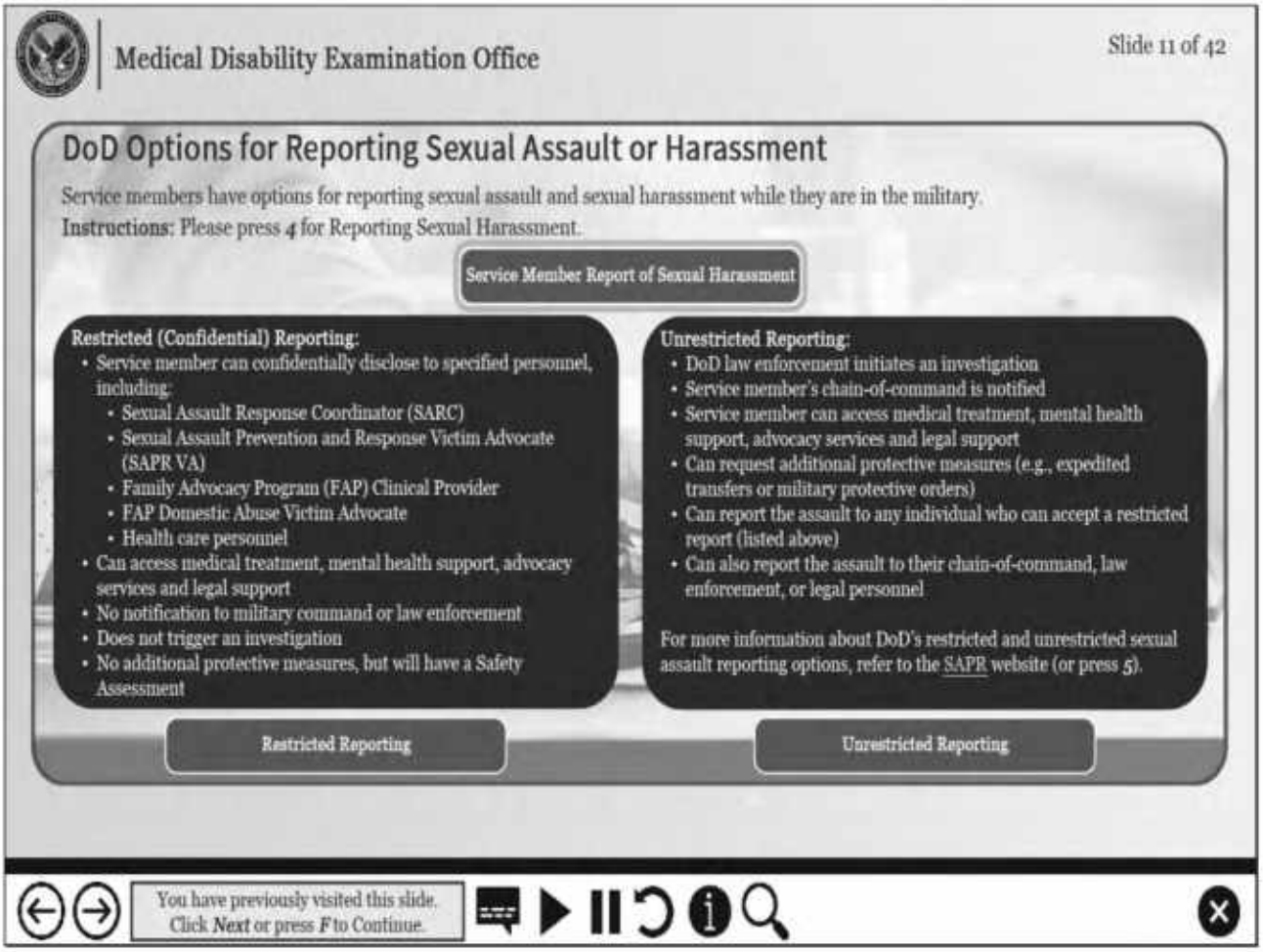
Slide 10 - DoD Options for Reporting Sexual Assault or Harassment



Transcript

Restricted reporting is an option for Service members who have experienced sexual assault but wish to confidentially report the crime to specifically identified individuals without triggering the official investigative process or notification to their military command. The Service member can confidentially disclose the assault to a Sexual Assault Response Coordinator, Sexual Assault Prevention and Response Victim Advocate, Family Advocacy Program Clinical Provider, Family Advocacy Program Domestic Abuse Victim Advocate, or health care personnel. Disclosure to any of these specified individuals will ensure the Service member has access to medical treatment, mental health support, advocacy services and legal support. If a Service member files a Restricted Report, their chain-of-command and the perpetrator will **not** be notified and there will **not** be an official investigation of the crime. They will also not be able to receive additional protective measures, like military protective orders, or request an expedited transfer. However, the Service member will have a safety assessment. The Safety Assessment Tool contains open-ended questions to assess the risk of harm to oneself or others, potential danger from the alleged perpetrator or perpetrators, or friends of the alleged perpetrator or perpetrators, and suicidal behavior and related risk factors. The Service member may also speak confidentially with a Special Victim's Counsel or Victim's Legal Counsel, legal assistance attorney, or chaplain about the sexual assault without triggering a report, command notification, or an investigation. However, none of these individuals can take an official report of sexual assault. Please select Unrestricted Reporting (or press ***3***) to learn more.

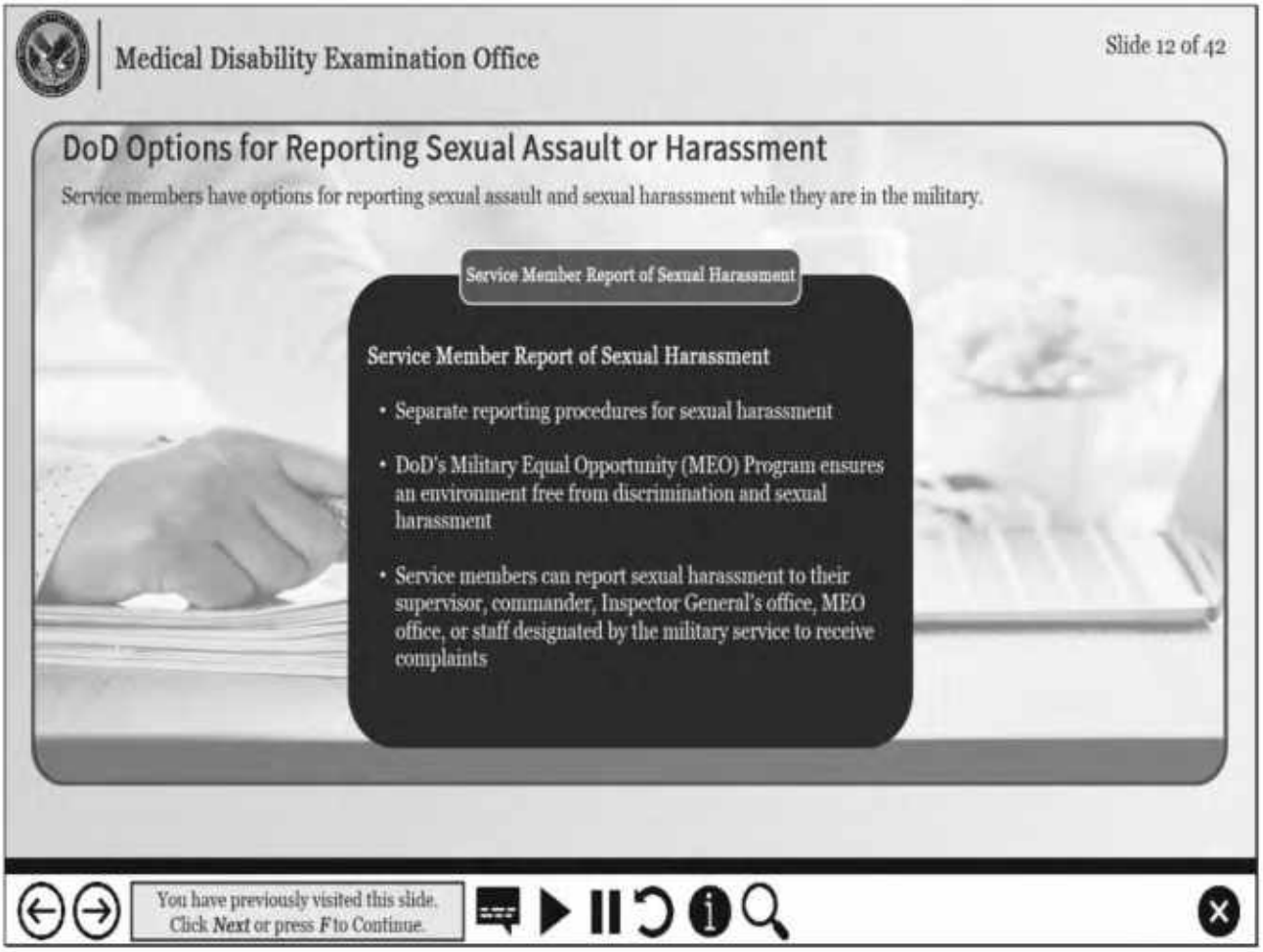
Slide 11 - DoD Options for Reporting Sexual Assault or Harassment



Slide notes

Unrestricted reporting is an option for Service members who have experienced sexual assault and desire an official investigation and military command notification in addition to health care, victim advocacy and legal services. Filing an Unrestricted Report will result in an investigation into the sexual assault and law enforcement and the chain-of-command will be notified. A Service member can also request additional protective and supportive measures, like expedited transfers or military protective orders. Individuals who are sexually assaulted and want to make an Unrestricted Report may report the assault to any of the individuals who can accept a restricted report, including a Sexual Assault Response Coordinator, Sexual Assault Prevention and Response Victim Advocate, FAP Clinical Provider or FAP Domestic Abuse Victim Advocate, or health care personnel. In addition, an unrestricted report may be made to a member of their chain-of-command, law enforcement, or legal personnel. The SARC or FAP Manager will immediately assign a victim advocate, who will fully explain the available support and services, to include an attorney for the Service member who was assaulted, clinical services and other available resources and support. Victim Witness Assistance Personnel assigned will fully explain the reporting Service member's rights throughout the entire military justice process. Additionally, Special Victims' Counsel and Victims' Legal Counsel are available to represent the reporting Service member in a confidential attorney-client relationship throughout the investigation and prosecution processes. They can provide information and legal advice as well as represent the Service member throughout the military justice process. More information about DoD's restricted and unrestricted sexual assault reporting options can be found using the link on the screen. If you recall from Lesson Two, DoD has separate reporting procedures for reporting sexual harassment. Please select Service Member Report of Sexual Harassment (or press *4*) to learn more about the reporting of sexual harassment.

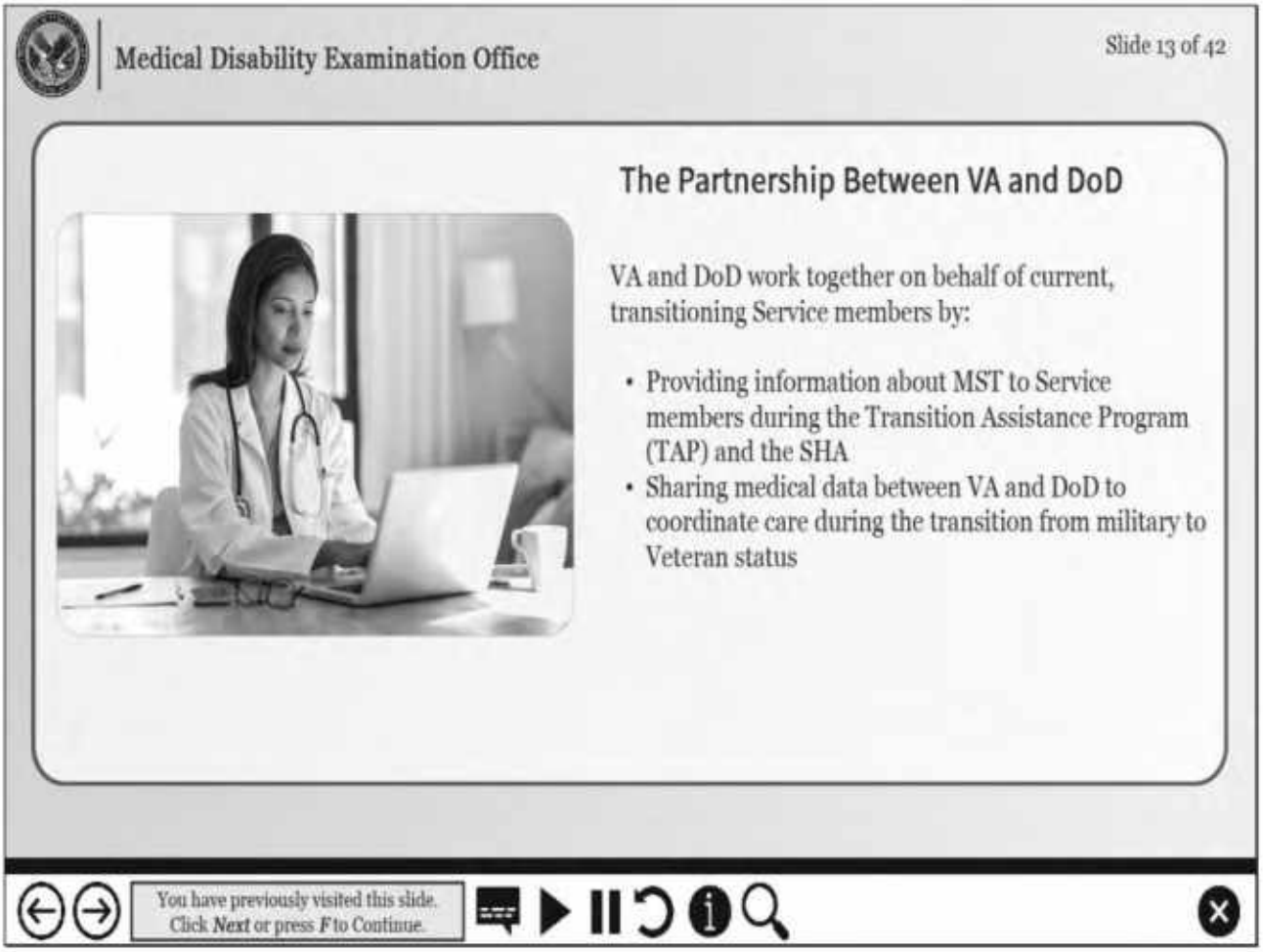
Slide 12 - DoD Options for Reporting Sexual Assault or Harassment



Transcript

There are separate procedures for reporting sexual harassment. The Department of Defense Military Equal Opportunity (MEO) program ensures Service members are treated with dignity and respect and are afforded equal opportunity in an environment free from prohibited discrimination and sexual harassment within DoD. Many military bases have an MEO office. Options available to Service members for reporting sexual harassment include reporting it to their supervisor, commander, Inspector General's office, MEO office, or staff designated by the military service to receive complaints.

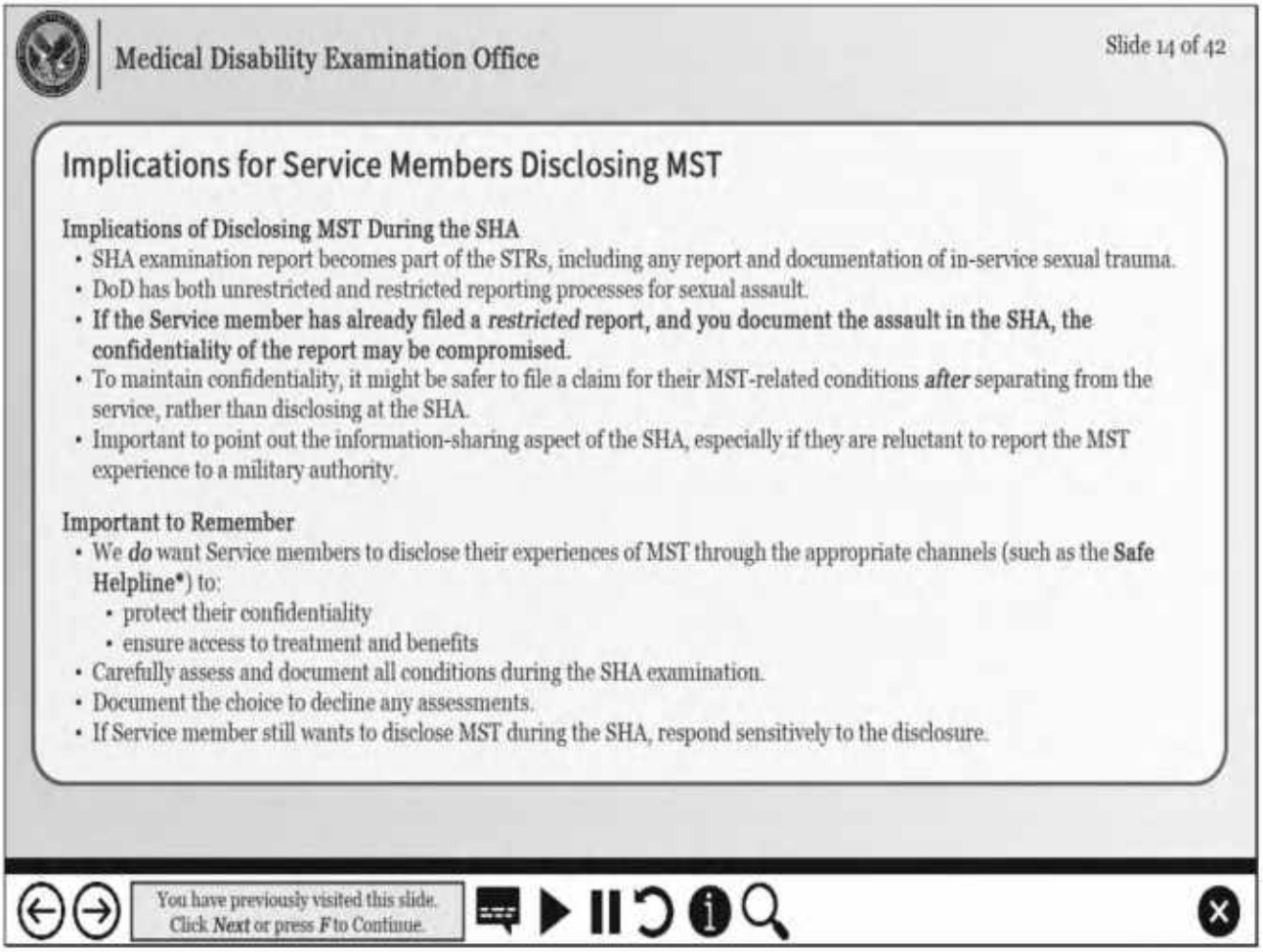
Slide 13 - The Partnership Between VA and DoD



Transcript

VA and DoD work together on behalf of current, transitioning Service members. VA and DoD leadership hope that by incorporating information about MST into the DoD Transition Assistance Program and the SHA, Service members will better understand and retain information that may help them in their recovery, including key details about filing a claim with VA for a condition secondary to MST. It is important to note that VA and DoD share medical data to better coordinate care for Service members transitioning from the military to Veteran status. Of note, Service members may or may not be fully aware of this. You may recall that the completed SHA DBQ and any related DBQs become part of the Service member's STRs. Because of this sharing agreement, there are special concerns about documenting MST on the SHA DBQ. These concerns will be discussed next.

Slide 14 - Implications for Service Members Disclosing MST



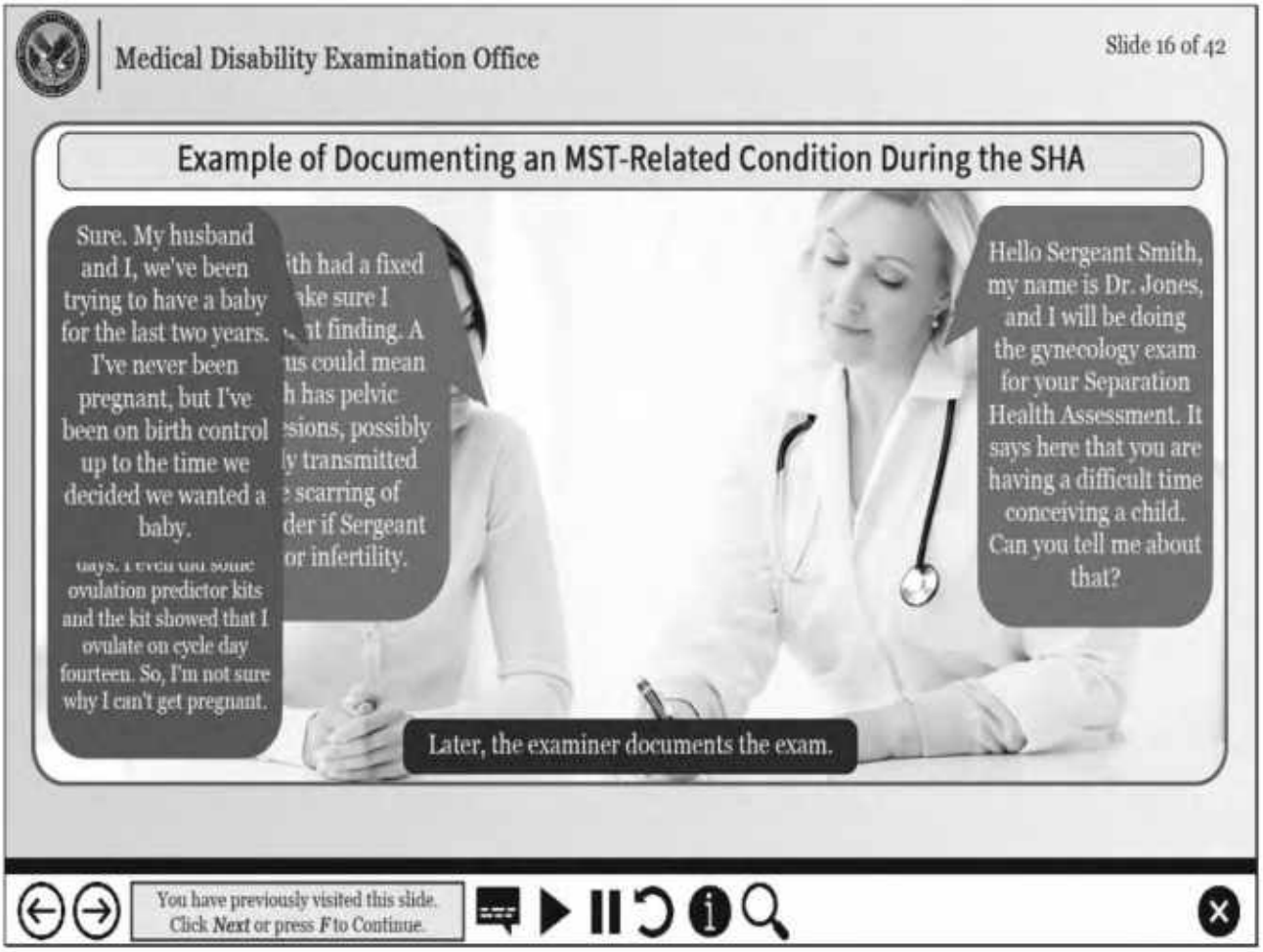
Transcript

The Service member you examine during a SHA will soon be leaving active duty service. Generally, it is more difficult to access evidence to support a disability claim for conditions related to MST experiences once an individual has been discharged. The Service member may be aware, but may not be, of the implications of disclosing MST to an examiner during the SHA (instead of disclosing the MST via the Safe Helpline). Remember, the SHA examination report will become part of the Service member's STRs, including any report and documentation of in-service sexual trauma. As just discussed, DoD has both unrestricted and restricted reporting processes for sexual assault to protect and assist Service members. It's important that both you and the Service member you're examining understand that if they have already filed a restricted report about a sexual assault and you document the assault in the SHA, the confidentiality of their report may be compromised. In order to maintain the confidentiality of the restricted report, it might be safer for the Service member to file a claim for their MST-related conditions after separating from the service, rather than disclosing at the SHA. It is in the Service member's best interest that you point out the information-sharing aspect of the SHA, especially if they are reluctant to report MST experiences to a military authority. There are several additional notes to remember. Please remember, Service members can benefit from disclosing their experiences of MST through other channels such as the Safe Helpline that can protect their confidentiality and help them access treatment and benefits. Even without an MST disclosure, you can assist all Service members by carefully assessing and documenting all conditions during this SHA examination. If a Service member declines any assessment, it is also important that you document their choice to decline. Finally, if a Service member understands that the information will be shared with DoD and would still like to disclose MST during the SHA, respond sensitively just as you would to any disclosure to ensure thatthey have a positive experience sharing this important information.

Slide 15 - Example of Documenting an MST-Related Condition During the SHA



Slide 16 - Example of Documenting an MST-Related Condition During the SHA



Transcript

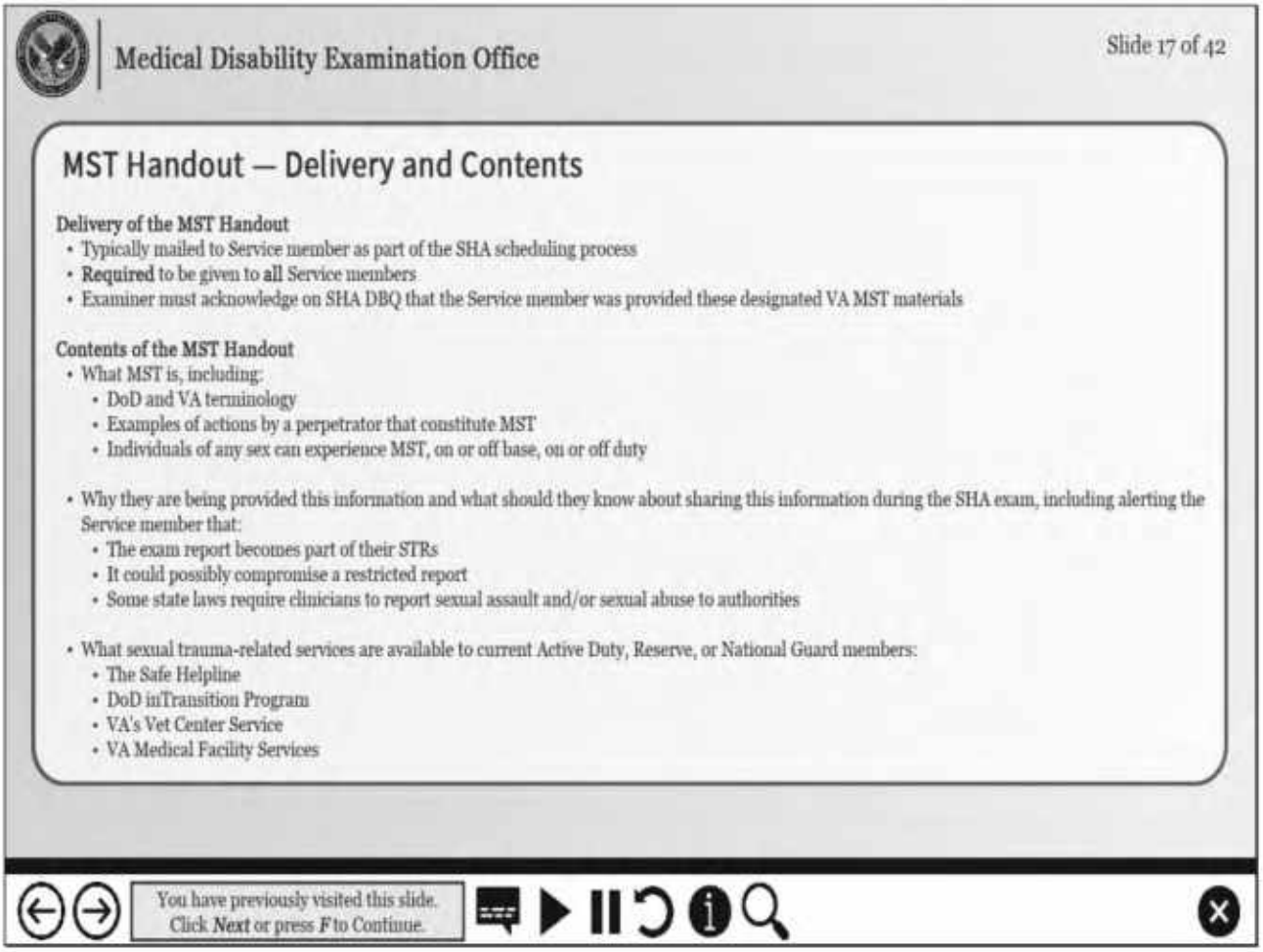
Jones: Hello Sergeant Smith, my name is Dr. Jones, and I will be doing the gynecology exam for your Separation Health Assessment. It says here that you are having a difficult time conceiving a child. Can you tell me about that?
Smith: Sure. My husband and I, we've been trying to have a baby for the last two years. I've never been pregnant, but I've been on birth control up to the time we decided we wanted a baby.
Jones: Your records show you to be a healthy 28-year-old; tell me about your menstrual cycle.
Smith: I've never had any problems with my menstrual cycle. They're always every twenty-eight days. I can set my watch by how regular they are. I don't have to take medication to control the cramps like other women I know, and they-my periods-only last five days. I even did some ovulation predictor kits and the kit showed that I ovulate on cycle day fourteen. So, I'm not sure why I can't get pregnant.
Jones: Infertility has many possible etiologies. Does your husband have any children? Are you aware of any chronic illnesses?
Smith: He's 32, and in great health. He doesn't take any medications. I had him go to his doctor to get checked out. His doctor said he's good to go and has a normal semen analysis. He has a son, Cole, with his ex-wife. Cole is a wonderful, perfectly healthy four-year-old.
Jones: You have no known issues with ovulation, and your husband has no identified history that would contribute to fertility issues. Have you had any sexually transmitted infections?
Smith: I did have chlamydia about three years ago. The circumstances are very private... I'd rather not go into that right now.
Jones: You don't have to discuss anything you don't feel comfortable discussing. In the meantime, I would like to continue on to do a GYN exam. Are you okay with that?

Smith: Yes, that'll be fine.

Narrator: Later, the examiner documents the exam.

Jones: Hmmm, Sergeant Smith had a fixed uterus. I need to make sure I document that important finding. A retroflexed, fixed uterus could mean that Sergeant Smith has pelvic adhesions. Pelvic adhesions, possibly caused by the sexually transmitted infection, can cause scarring of fallopian tubes. I wonder if Sergeant Smith has tubal factor infertility. Could Sergeant Smith have experienced a sexual trauma or other upsetting experience related to this? She said that she didn't want to disclose the circumstances of her STI. I think I should document that she didn't want to discuss the circumstances.

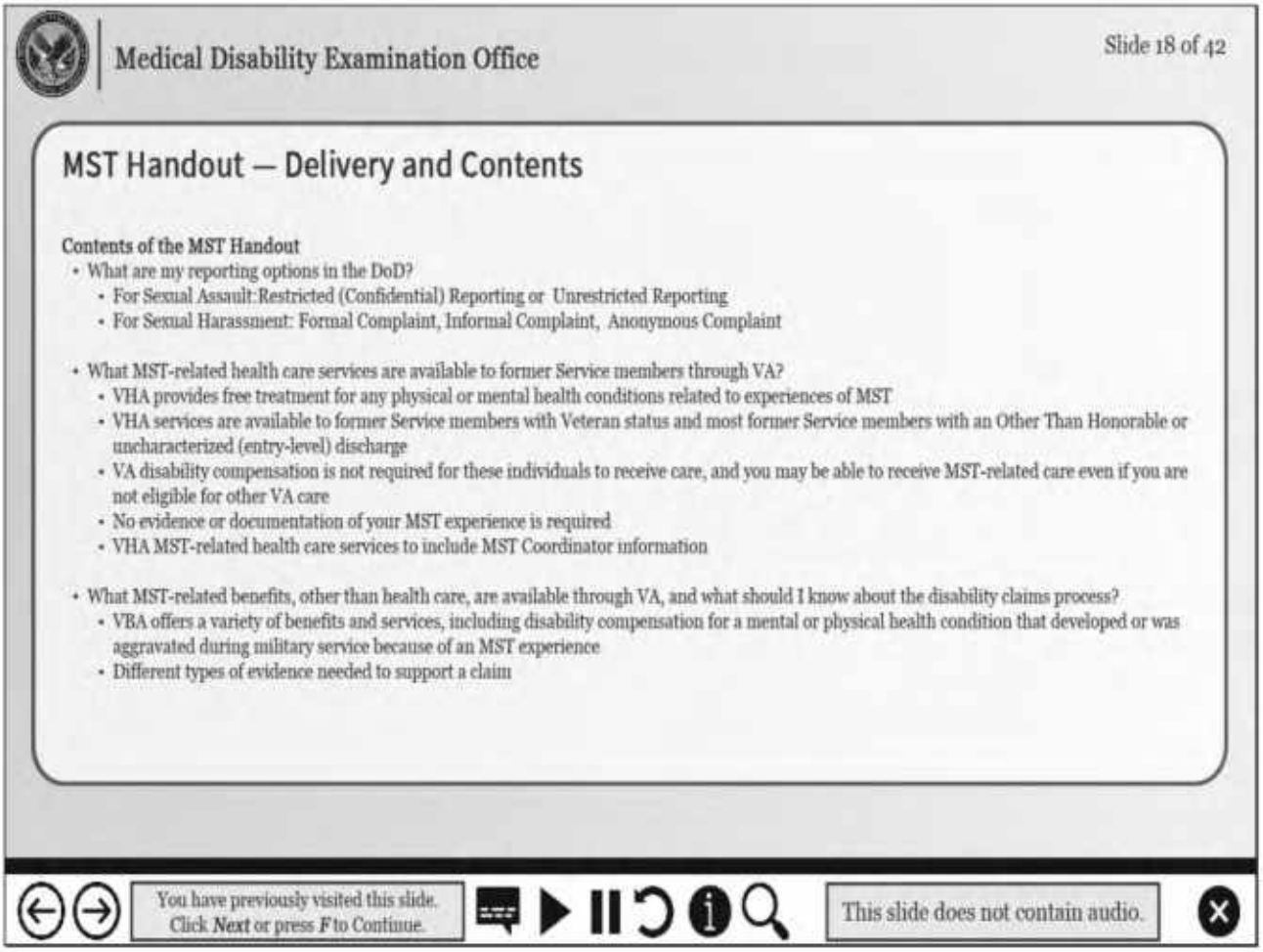
Slide 17 - MST Handout 1 — Delivery and Contents



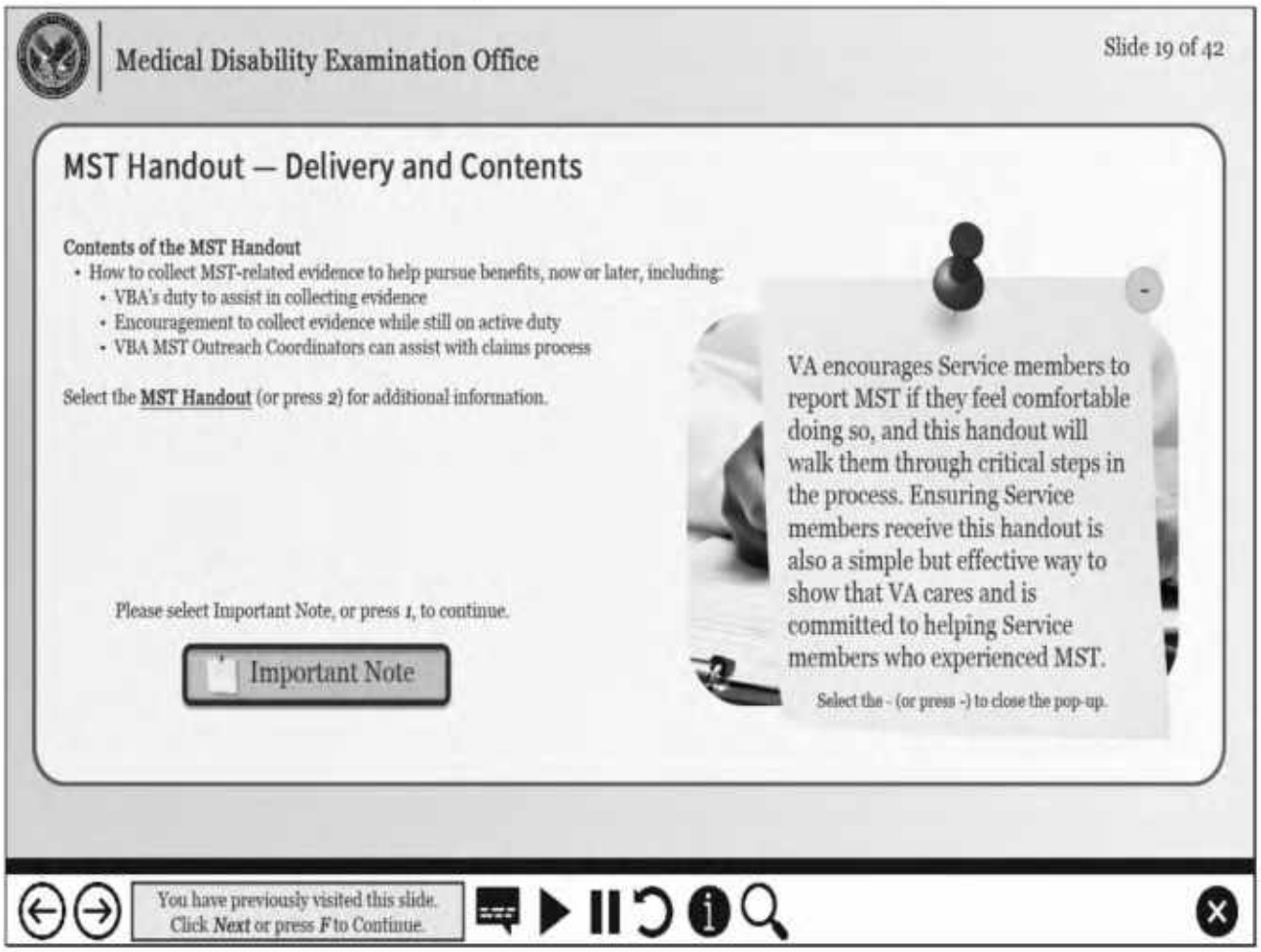
Transcript

VA requires that the MST Handout be given to **all** Service members as part of the SHA examination process. This handout, also referred to in the SHA as "designated VA materials regarding Military Sexual Trauma (MST)."is typically mailed to the Service member as part of the scheduling process for the examination. While you do not need to give specific, detailed information to the Service member about the contents of the handout, you will need to familiarize yourself with the contents to reference the MST Handout and acknowledge on the SHA DBQ that the Service member did receive it. If a Service member asks why they are getting the information, you can explain that VA wants all Service members to have this information, and that the handout offers guidance to protect their confidentiality with resources to seek trauma-related services and apply for benefits. If they tell you they want to make a formal report about MST, the handout directs them to the best resources and authorities. You should also know that the MST handout provides guidance about all the items listed on the slide. Please review this list of information provided in the MST Handout.

Slide 18 - MST Handout 2 — Delivery and Contents



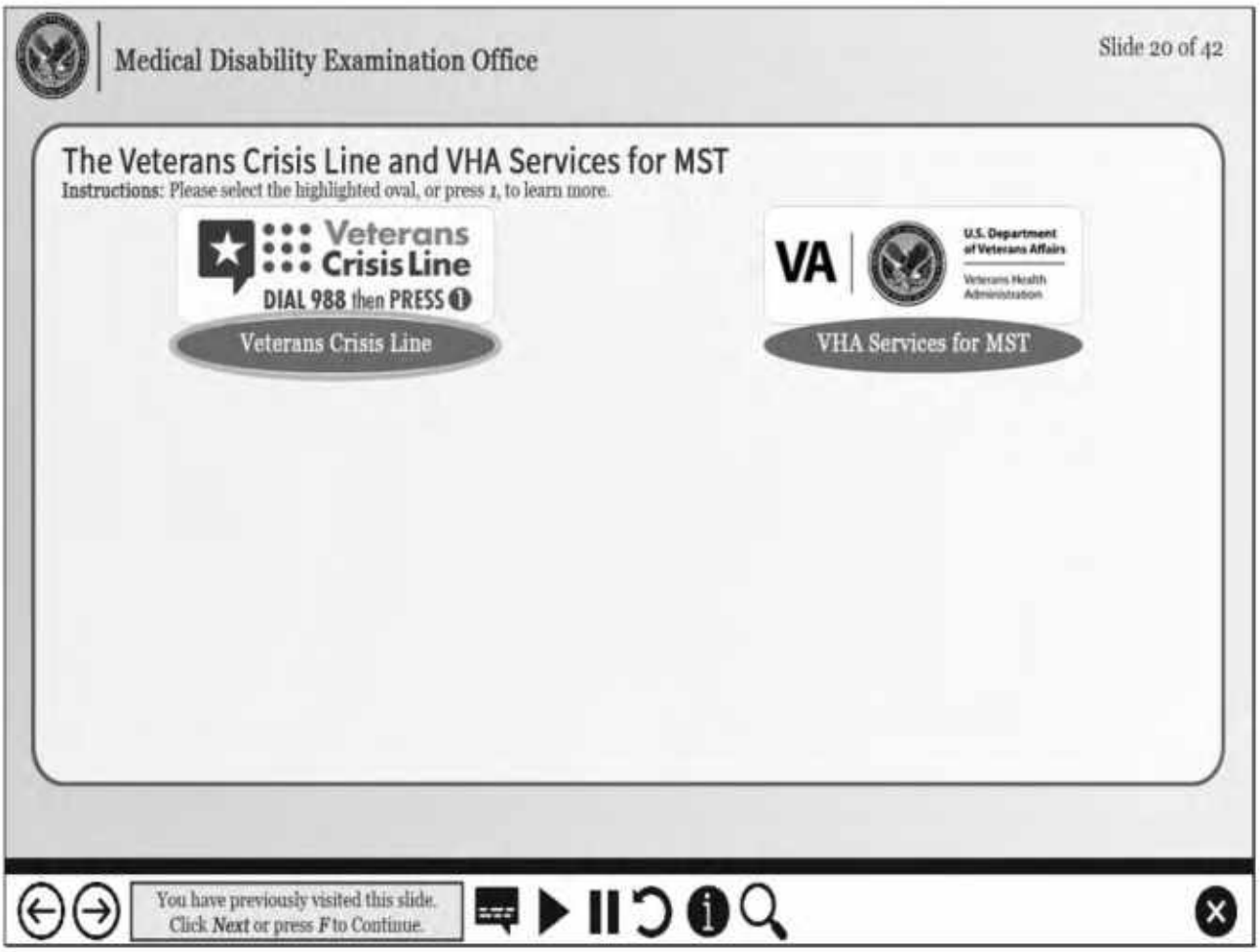
Slide 19 - MST Handout 3 — Delivery and Contents



Transcript

After reviewing the listed contents of the MST Handout, please select the ***Important Note*** (or press *1*) to continue.

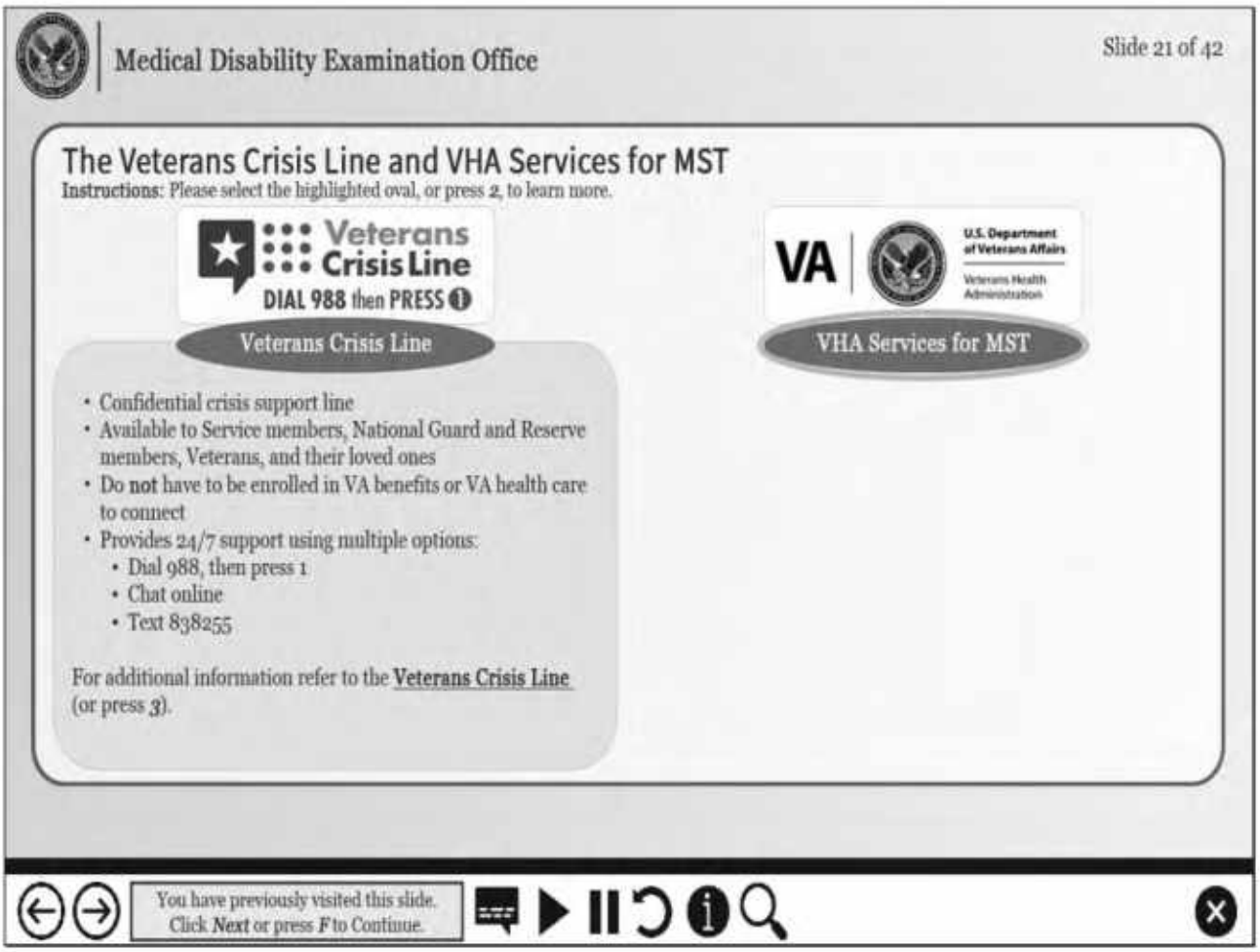
Slide 20 - The Veterans Crisis Line and VHA Services for MST



Transcript

As noted earlier, the MST Handout also includes information about the Veterans Crisis Line and VHA services for Veterans who experienced MST. In addition to the MST Handout, the Veterans Crisis Line, which also serves as the Military Crisis Line, is also an important resource to share with Veterans or Service Members who experienced MST. Please select the highlighted oval, or press *1*, to learn more.

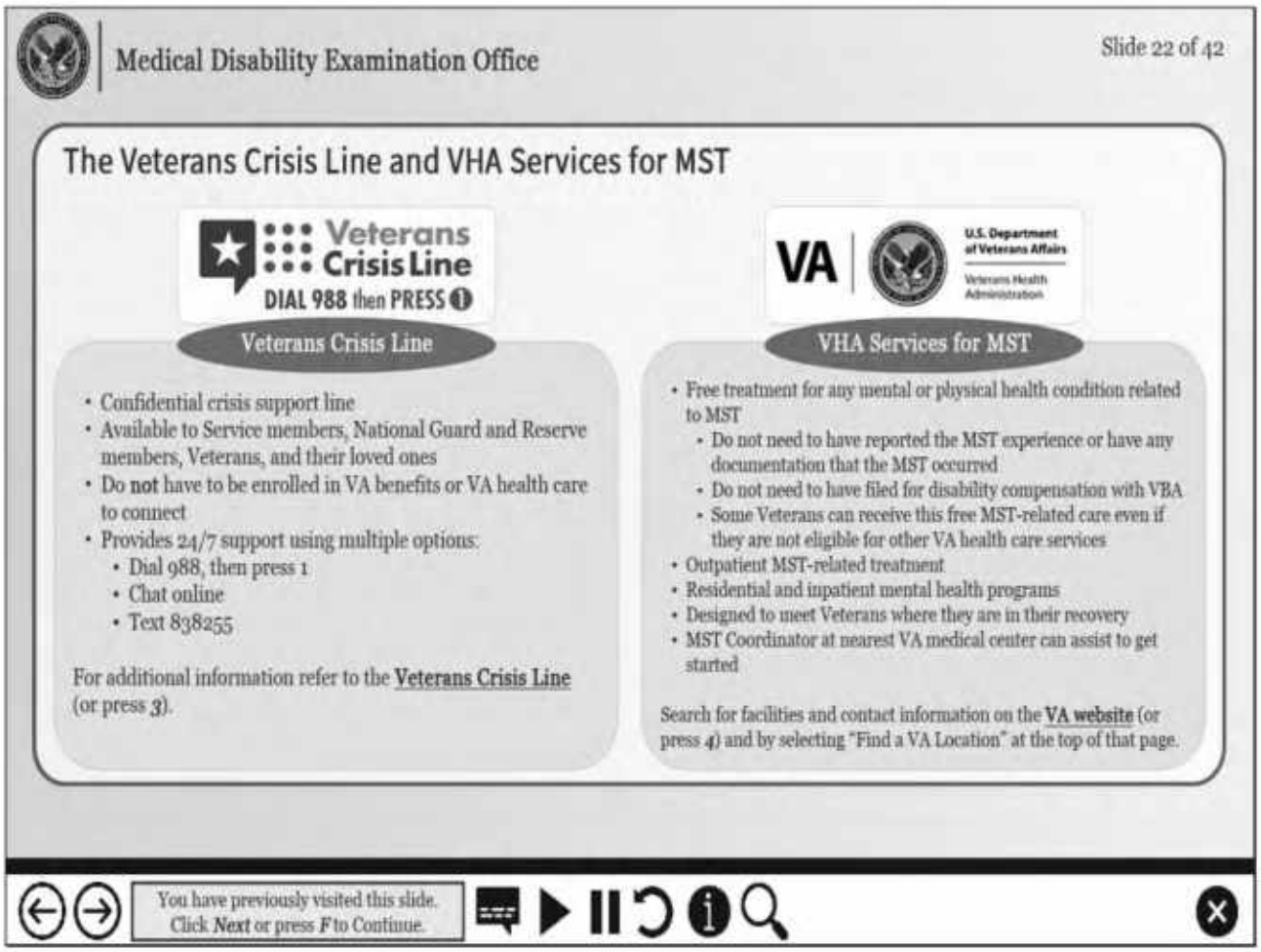
Slide 21 - The Veterans Crisis Line and VHA Services for MST



Transcript

Information available from the Centers for Disease Control and VA indicates that Veterans and Service members die by suicide at a higher rate than the general population. In addition, Veterans or Service members undergoing transitions, including the VA examination process or the transition from active duty to Veteran status, also may be at higher risk for suicide. The Veterans Crisis Line is a confidential crisis support line available to Service members, National Guard and Reserve members, Veterans, and their loved ones. Veterans don't have to be enrolled in VA benefits or VA health care to connect. The Veterans Crisis Line provides 24/7 support using multiple options, including the telephone, online chat, and texting options shown on the screen. For information about VHA Services for MST, please select the highlighted oval, or press ***2***.

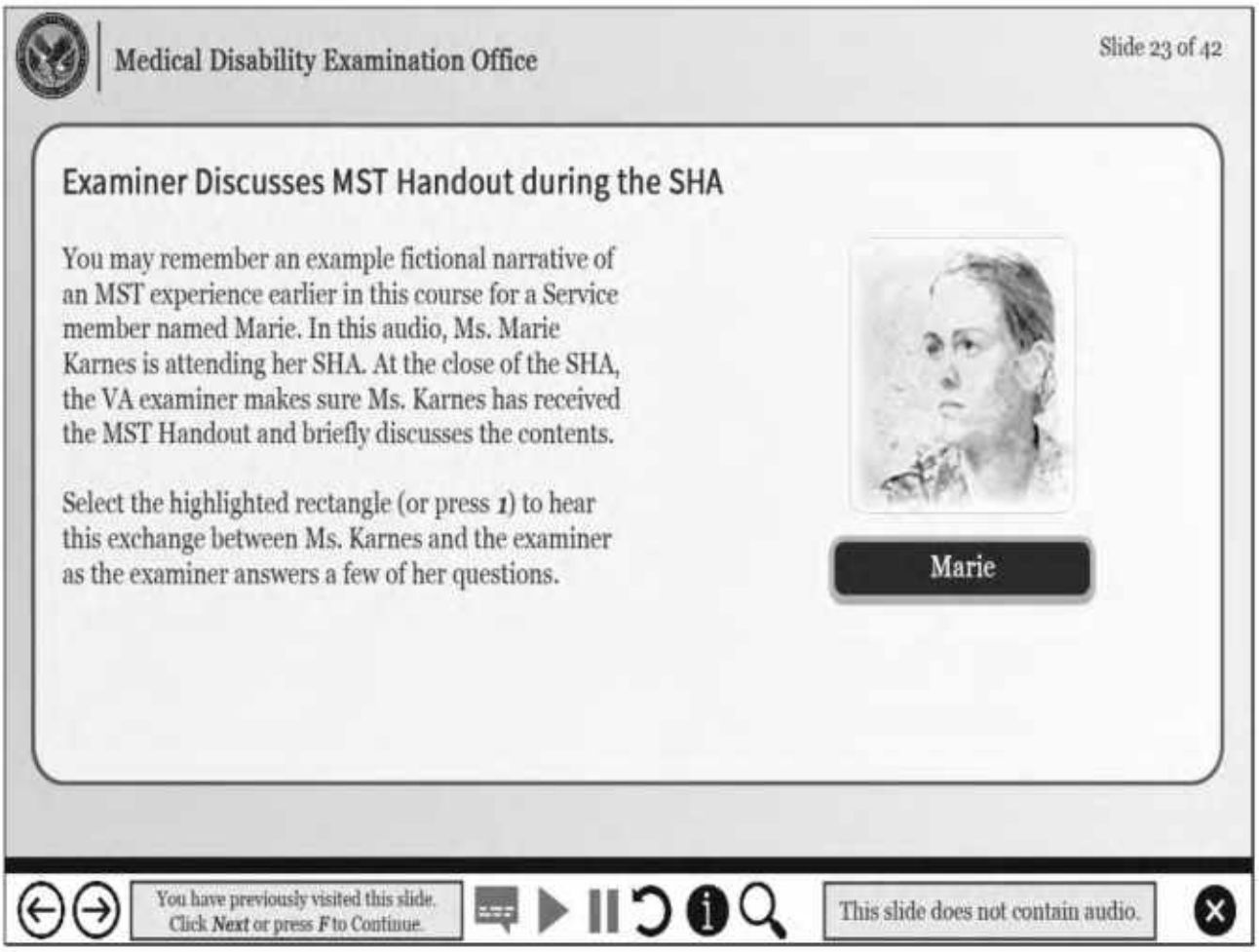
Slide 22 - The Veterans Crisis Line and VHA Services for MST



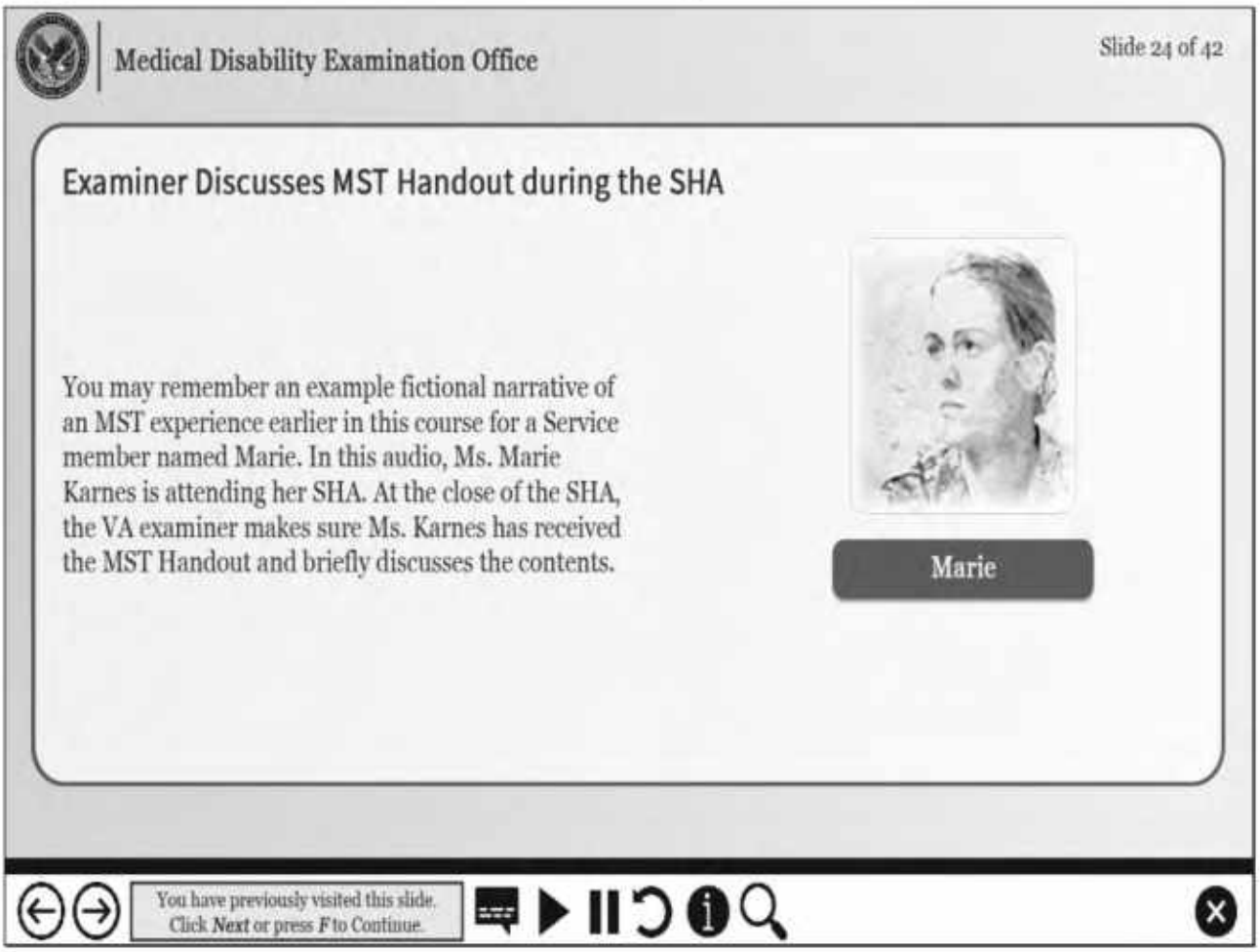
Transcript

As discussed in Lesson Two, Veterans can receive free VHA treatment for any mental or physical health condition related to MST. Veterans do not need to have reported their experiences or have any documentation that the MST occurred to receive this care. They do not need to have filed for disability compensation with VBA and some Veterans can receive this free MST-related care even if they are not eligible for other VA health care services. Free outpatient MST-related treatment is available at every VA health care facility. VHA also has residential and inpatient mental health programs for Veterans who need more intense treatment and support. VHA's treatment services are designed to meet Veterans where they are in their recovery, whether that is focusing on strategies for coping with challenging emotions and memories, or talking about their MST experiences with a counselor if they are ready. Once a Service member is fully separated, they can contact their nearest VA medical center and ask to speak to the VHA MST Coordinator who can help them access VHA services and may know of additional resources.

Slide 23 - Examiner Discusses MST Handout during the SHA



Slide 24 - Examiner Discusses MST Handout during the SHA



Transcript

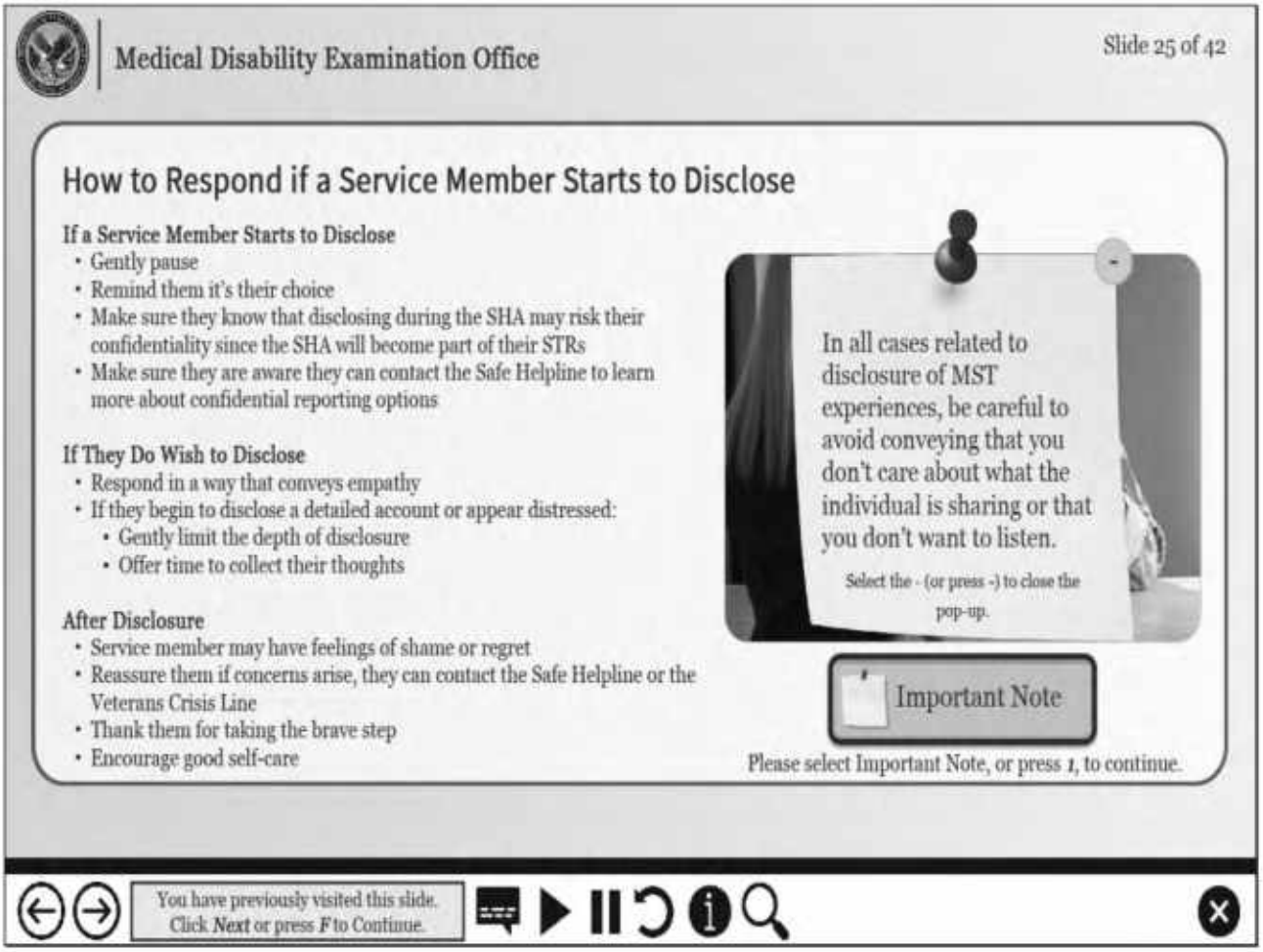
Examiner: I'd like to thank you for coming today. As I indicated earlier, I've documented all of the injuries and complaints that you mentioned during the exam. That's an important and necessary step in the claims process.
Karnes: Yes, we definitely covered a lot. You asked a lot of questions.
Examiner: I did ask a lot of questions, but I wanted to make sure we covered everything that was important during the exam today.
Karnes: I would say we did!
Examiner: Now I want to confirm, did you receive a handout with information about military sexual trauma? It should have been mailed to you when your appointment for this examination was scheduled.
Karnes: Yes, I did receive that.
Examiner: Good, I'm glad to hear that. We try to get that handout to Service members ahead of time so they can review it before their examination appointment. Would it be okay if I mention a few things about the handout and resources available to you?
Karnes: Sure.
Examiner: Okay. Now some of the information in the handout may not pertain to you directly, but I like to mention it to all Service members. Even if it doesn't pertain to you directly, it may be useful to pass it on to another Service member. In addition to the MST Handout, there is also the Veterans Crisis Line, which also serves as the Military Crisis Line. The Veterans Crisis Line is a toll-free number that Veterans or Service members in crisis, or their family members, can call to speak to a qualified professional who's there to assist them.

The crisis line number is 988, then press 1. There are also online chat and texting options. The Veterans Crisis Line is confidential and support is available 24 hours a day, 7 days a week, 365 days a year.
Karnes: Yeah. I've heard of the crisis hotline. They talked about it during the transition assistance briefing. It's good that the VA has something like this. I read in the newspaper and see all of the time about suicide and soldiers. It's sad. But, I mean I guess I'm lucky that I've never felt that way, but you're right; it's useful to have information like this.
Examiner: Right. The handout also talks about sexual trauma-related services are available to current Active Duty Reserve or National Guard Members one of which is the DoD program called inTransition. That program is there to support Service members who have psychological health needs as they move between the military health care system and the VA health care system. It's a completely free, voluntary, and confidential program.
Karnes: I did hear something about that in our transition assistance briefing too. I'll take another look at that to see if anyone I know could use that help.
Examiner: Good. Now the next part of the handout I want to mention is about military sexual trauma, or MST, and the benefits process. Unfortunately, some Service members have experienced military sexual trauma, which is defined as a sexual assault or sexual harassment that occurred during military service. I know they may have covered this information in the transition assistance briefing too, but I wanted to be sure to mention it today before we finish your VA exam.
Karnes: The benefits process? I didn't know you could file a claim for MST.
Examiner: Let me clarify. You can't file a claim for MST directly but you can file a claim for a physical or mental health condition you may have as a result of experiencing military sexual trauma. The handout does a good job of explaining that further. It also gives you information about some basic things about military sexual trauma and the benefits process, such as the kind of evidence needed for a claim.
Karnes: You mean I'd have to report if I'd experienced MST?
Examiner: Not exactly. There are different regulations that pertain to certain conditions that can occur as a result of military sexual trauma. For example, if someone is diagnosed with PTSD after experiencing a sexual assault, there could be "markers" that count as evidence.
Karnes: Markers?
Examiner: Yes, markers. You can think of a marker as indirect evidence that something likely occurred. For example, a pregnancy test or a letter from a friend describing a change in behavior could be considered a marker. There is more information about that in the handout, and I encourage you to read it so you understand it more fully. The handout also offers guidance about how to protect confidentiality, and does a really good job in giving information about how to apply for benefits. There's also direction for Service members, directing them to the appropriate resources and authorities in the event that they experience military sexual trauma and decide to file a report. VA wants all Service members to have as much information about MST and possible benefits that you might be entitled to, before you leave the military. The reason the resources are listed on the handout is that we want to make sure that any Service member that has any questions can get to a trained expert.
Karnes: That makes sense.
Examiner: The final piece of information in the handout is a reminder that the VHA provides free treatment for any physical or mental health conditions related to experiences of MST.
Karnes: Really? How does that work?
Examiner: Once someone enrolls in VHA health care and chooses to disclose that they've experienced MST, that ensures that all their health care for MST-related conditions is free of charge. Also, every VA medical center has an MST Coordinator. You can contact your local VA and ask to speak to the MST Coordinator. That coordinator can provide you with information about enrollment and treatment services available to you.
Karnes: It's good to know this. You know, I have a friend who's getting care at the VA Women's Clinic. Well, she experienced some stuff when we were deployed. She'd kill me if she knew I was saying this.
Examiner: It sounds like you're being a good friend to be concerned about her. As I mentioned earlier, this information is given to all

Service members when they're scheduled for their separation health assessment through the VA. And even if it may not be relevant to you, it could be relevant to another Service member.

Karnes: Yes, it's good to have all of this information. It gives me a lot to think about.

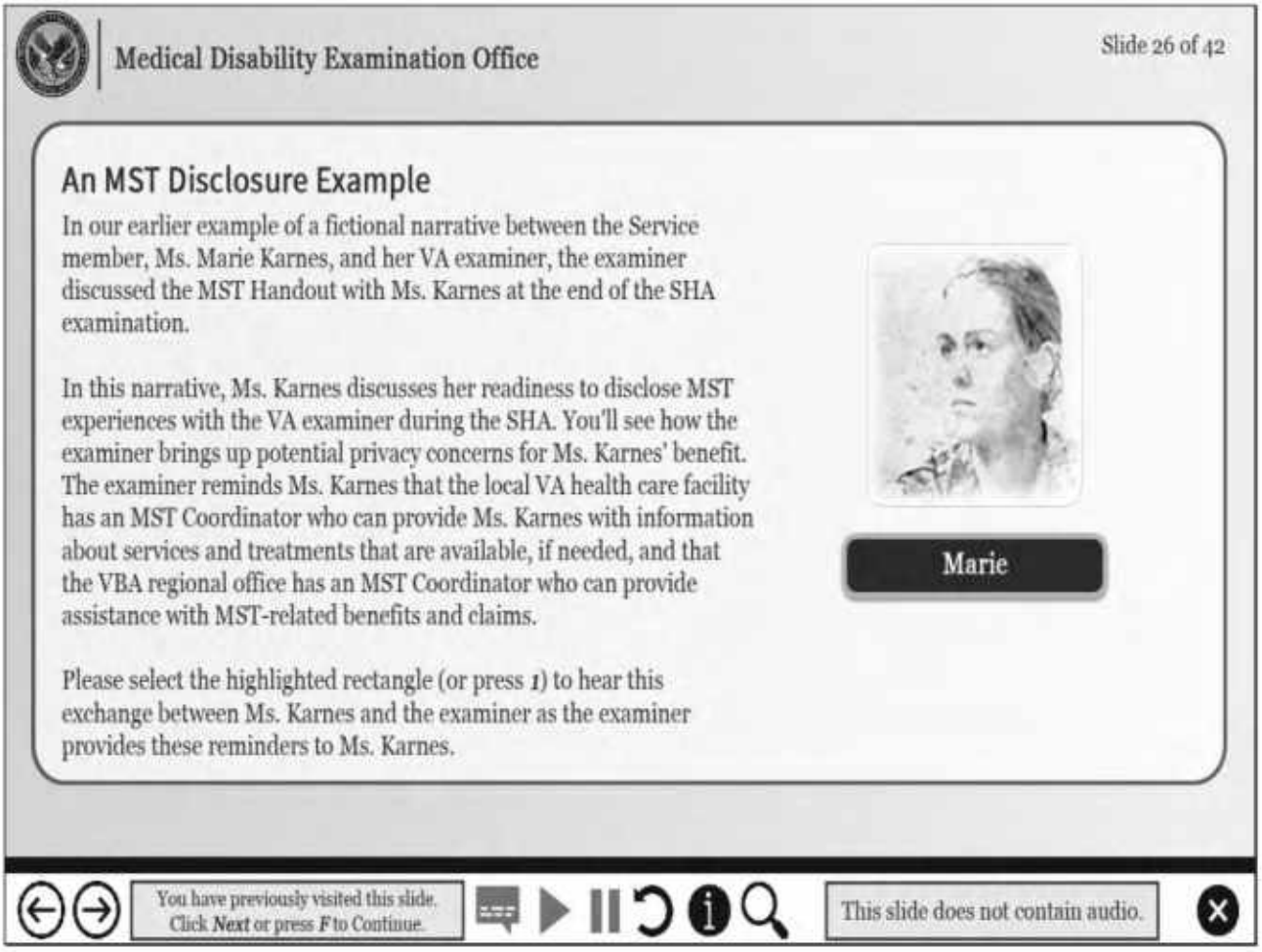
Slide 25 - How to Respond if a Service Member Starts to Disclose



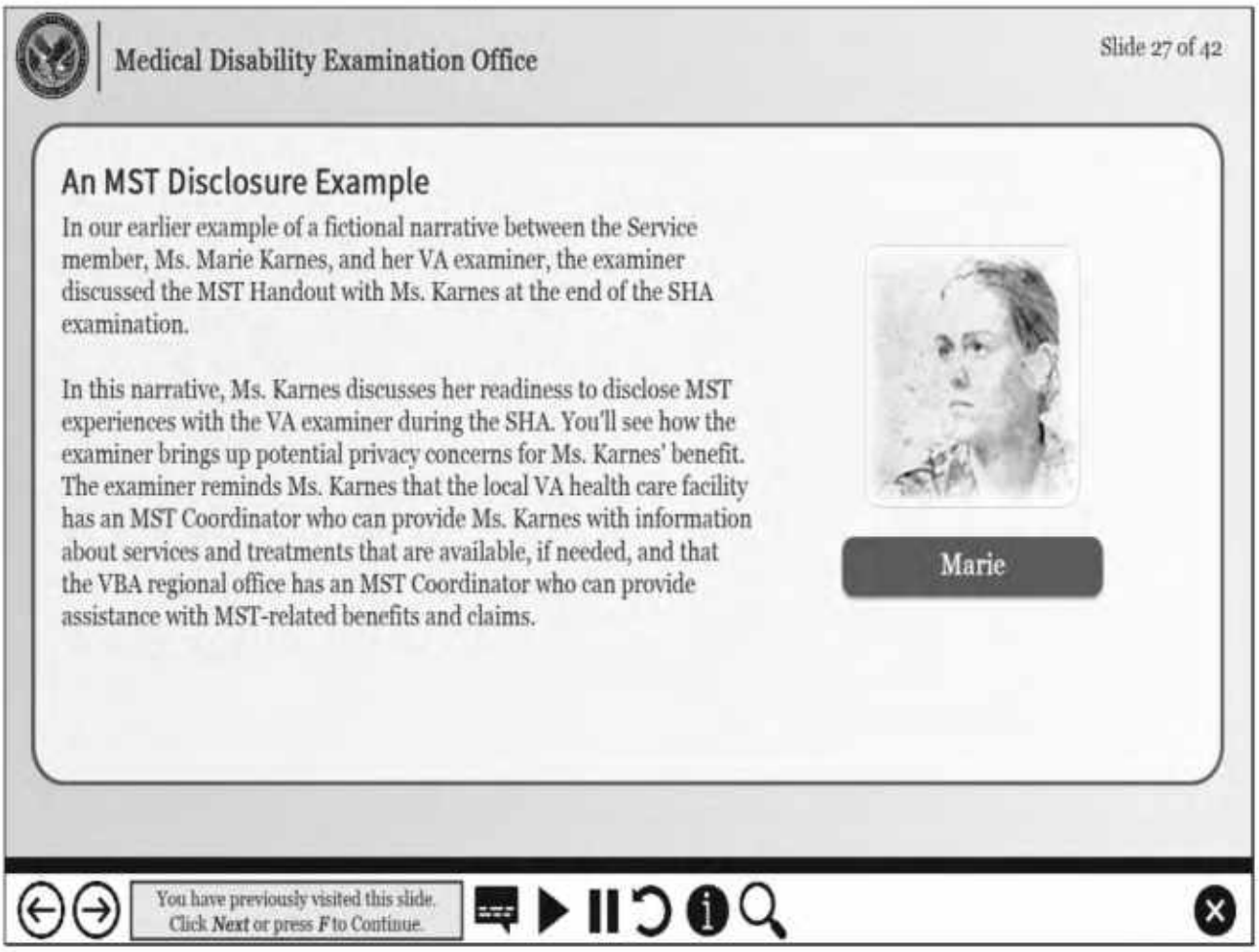
Transcript

Despite the information in the handout and the cautions you may provide verbally, some Service members may choose to disclose MST at the SHA. If appropriate, gently pause and remind the Service member that it is their choice, and make sure they know that disclosing during the SHA may risk their confidentiality. Take a few moments to make sure the Service member is aware they can contact the Safe Helpline to learn more about confidential reporting options if they do not wish the report to be visible to DoD personnel. Ensure they know you are mentioning this because you care about protecting their confidentiality first and foremost. If a Service member does wish to disclose to you and does not have concerns about confidentiality after this has been explained to them, be sure to respond in a way that conveys empathy and shows that you want to hear and honor their disclosure and provide any assistance they may need. If a Service member begins to disclose a detailed account of the MST, or if they appear distressed, it may be helpful to gently limit the disclosure process or offer them some time to collect their thoughts. After disclosing sensitive information, Service members sometimes have feelings of shame and regret about having exposed themselves. To address such reactions, it may be helpful to reassure the Service member that if any concerns arise, they can contact (anonymously if they prefer) the Safe Helpline or the Veterans Crisis Line. You can also thank them for taking the brave step of disclosing and encourage good self-care after the exam. Please select the ***Important Note*** (or press *1*) for a vital reminder.

Slide 26 - An MST Disclosure Example



Slide 27 - An MST Disclosure Example

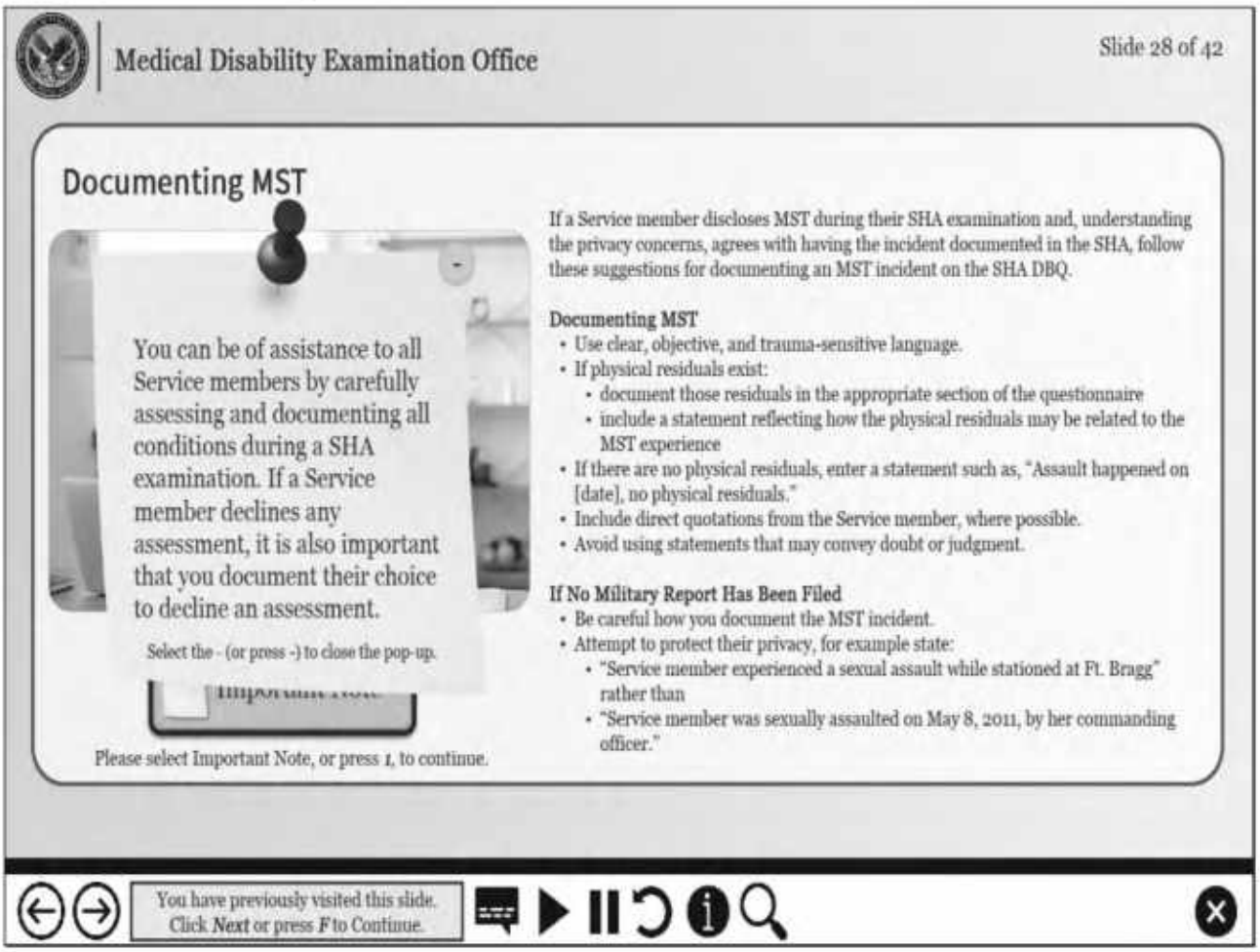


Transcript

Examiner: Well, Ms. Karnes, I want to thank you for coming in today, and speaking so candidly about your experiences.
Karnes: You know... I haven't been totally candid about all of my experiences. And when you discussed the handouts just now, it got me to thinking. I've had some experiences I probably need to talk about that might be related to MST.
Examiner: I'm so sorry to hear that, but I'm glad you feel comfortable enough to share this with me today. I want you to know that I'm very interested in hearing about anything you'd like to share, but at the same time, I also want to do everything I can to be sure I protect your confidentiality. If you do want to disclose something, you absolutely can. I just want to remind you first that everything you say as part of this exam is documented, and becomes part of your service treatment records, which can be viewed by DoD personnel, and there are other places you can disclose where your confidentiality would be protected, just in case that's important to you for any reason.
Karnes: Okay.
Examiner: I know what you have to say is really important, and I'm glad you want to talk about it. If it's okay with you, though, I would like to go over the information in the MST handout that talks about the best resources for reporting that something may have happened. Please don't take this as me not caring about you or not being interested in speaking about what you're sharing, but I just want to make sure that I do everything I can to put you in touch with the people who are best able to help you.
Karnes: Okay.
Examiner: If you look at the MST handout that we discussed earlier, it provides information about privacy and confidentiality issues

in much greater detail. It also provides information about how to reach the person who could best help you with the information you have, and best help you keep your information private. For example, as an active duty Service member, you can call the Safe Helpline right after our exam today, and the staff there will be able to provide you with any information or assistance that you might need. Karnes: Yes, I'm familiar with the Safe Helpline. They mentioned it in the transition briefing.
Examiner: So, what do you think is the best next step for you?
Karnes: Well, my confidentiality is really important to me.
Examiner: So, you understand why I would recommend you call the Safe Helpline?
Karnes: Yes, I do. I really want to talk about it, but I don't want my commanders to know.
Examiner: I understand. Unfortunately, too many Service members have experienced military sexual trauma, and for some, it can continue to affect them even years later. Please know that the VA has services and treatments available to you that could be helpful in your recovery, if you need it.
Karnes: You mentioned an MST person at the VA before. How do I find that person?
Examiner: That would be the VHA MST Coordinator. Your local VA health care facility has an MST Coordinator who can assist you with MST-related health care issues. In addition, your VA regional office has a VBA MST Coordinator who can assist you with MST-related benefits and claims. Before you leave today, I can make sure you have the websites to locate the MST Coordinators in your area.
Karnes: That would be good.
Examiner: Great, I'll do that when we finish up here today. And I really want to thank you for even bringing up the topic of MST. I know that took a lot of courage.
Karnes: Thank you for saying that and thank you for making sure my confidentiality is protected. I appreciate it.
Examiner: Of course. I hope the information we discussed today was helpful.

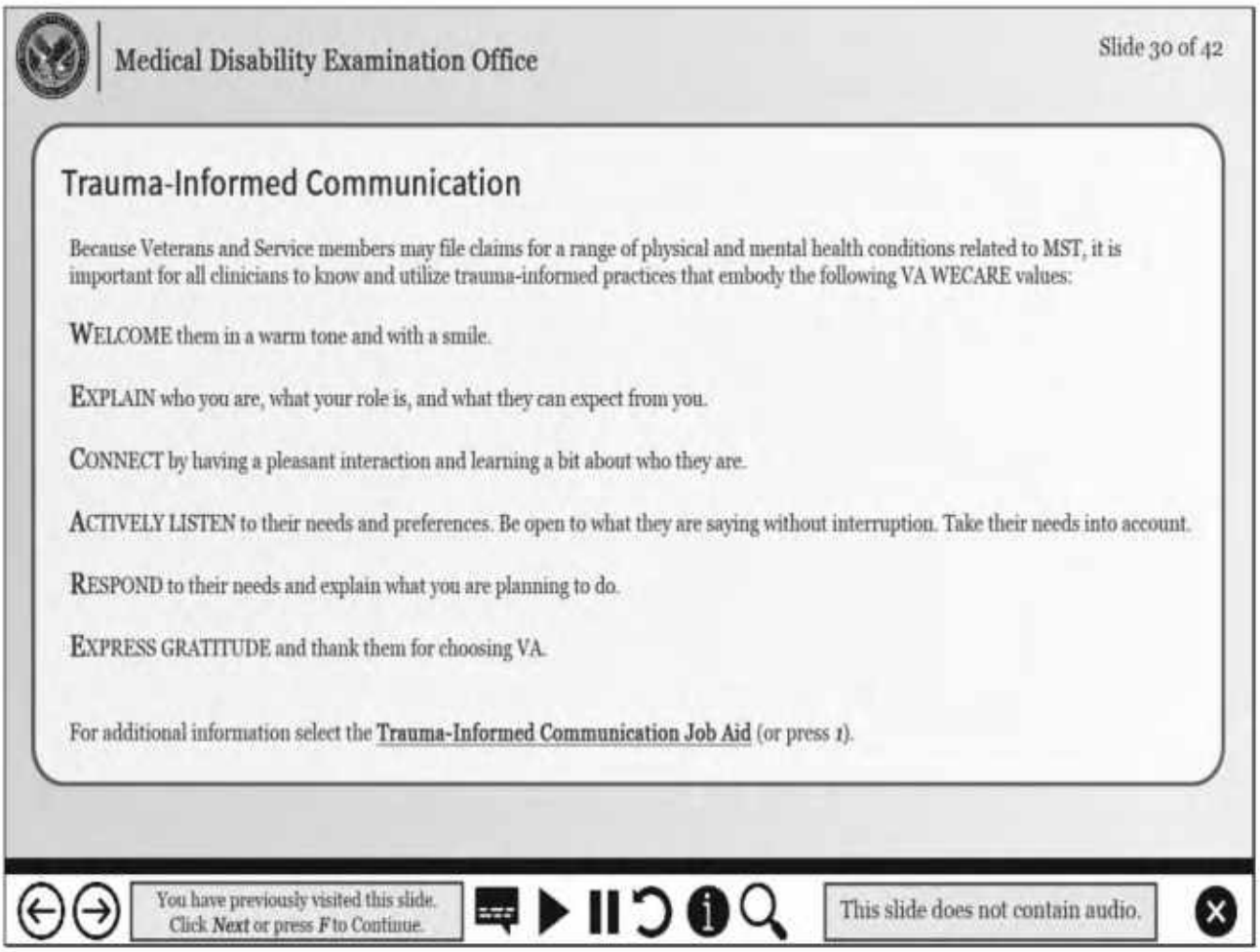
Slide 28 - Documenting MST



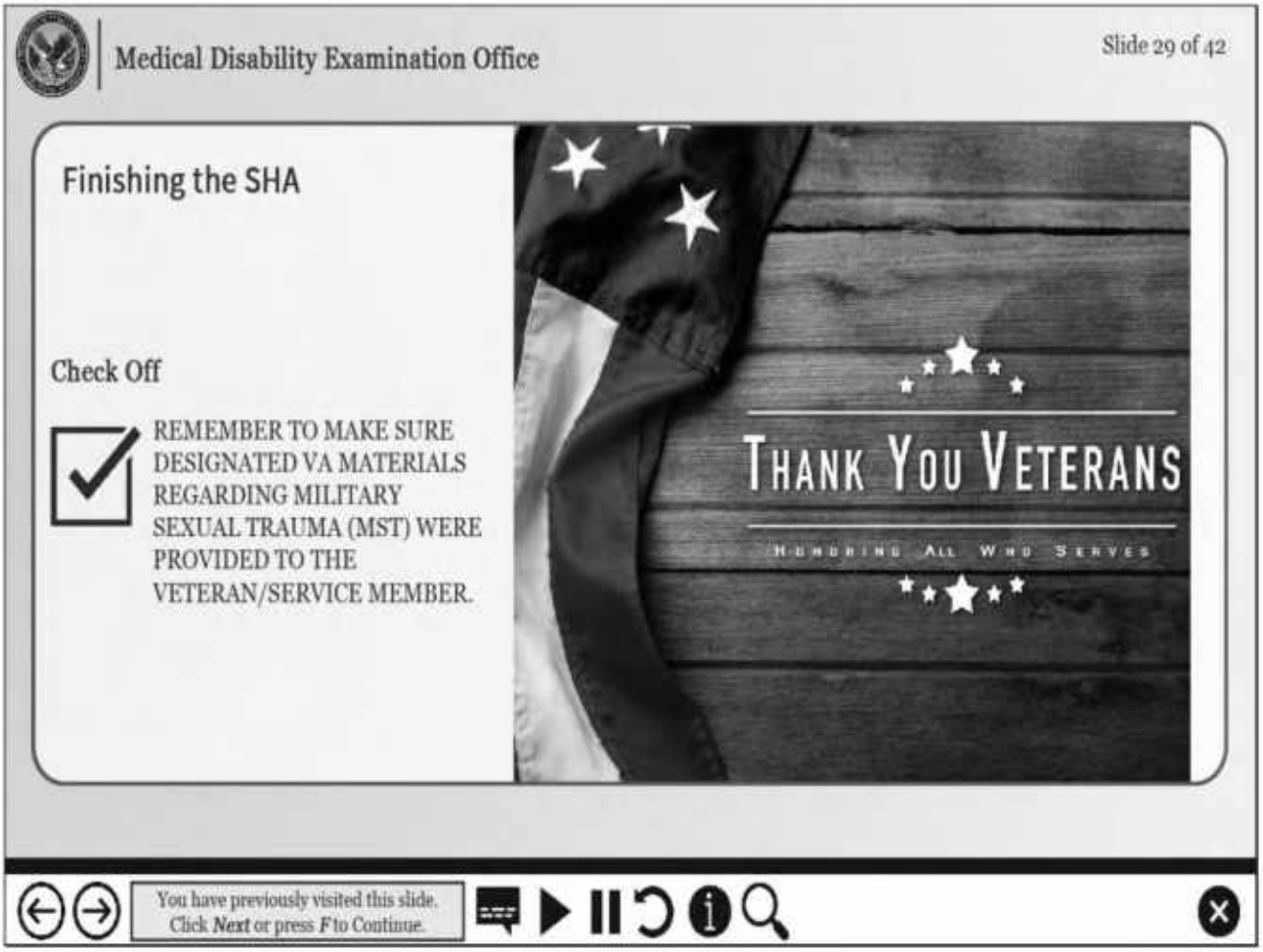
Transcript

If a Service member discloses MST during their SHA examination and, understanding the privacy concerns, agrees with having the incident documented in the SHA, follow these suggestions for documenting an MST incident on the SHA DBQ. A clear, objective recording of your findings that still uses trauma-sensitive language will facilitate the Service member's application for compensation. If there are physical residuals from the MST, you should document those residuals in the appropriate section of the questionnaire and also include a statement that reflects how the residuals may be related to the MST experience. If there are no physical residuals from the MST, then document the MST by using a statement such as, "Assault happened on this date, no physical residuals." Documentation should include direct quotations from the Service member, where possible; and as discussed earlier, avoid using statements that may convey doubt or judgment. If the Service member discloses and has not yet filed a report, it is important to be careful in how you document this. You should attempt to document the MST in a manner that still protects the Service member's privacy. For example, it may be better to document that the Service member experienced a sexual assault while stationed at Ft. Bragg, rather than stating that the Service member was sexually assaulted on May 8, 2011, by her commanding officer. Please select and review the ***Important Note*** (or press *I*) before proceeding to the next slide.

Slide 29 - Trauma-Informed Communication



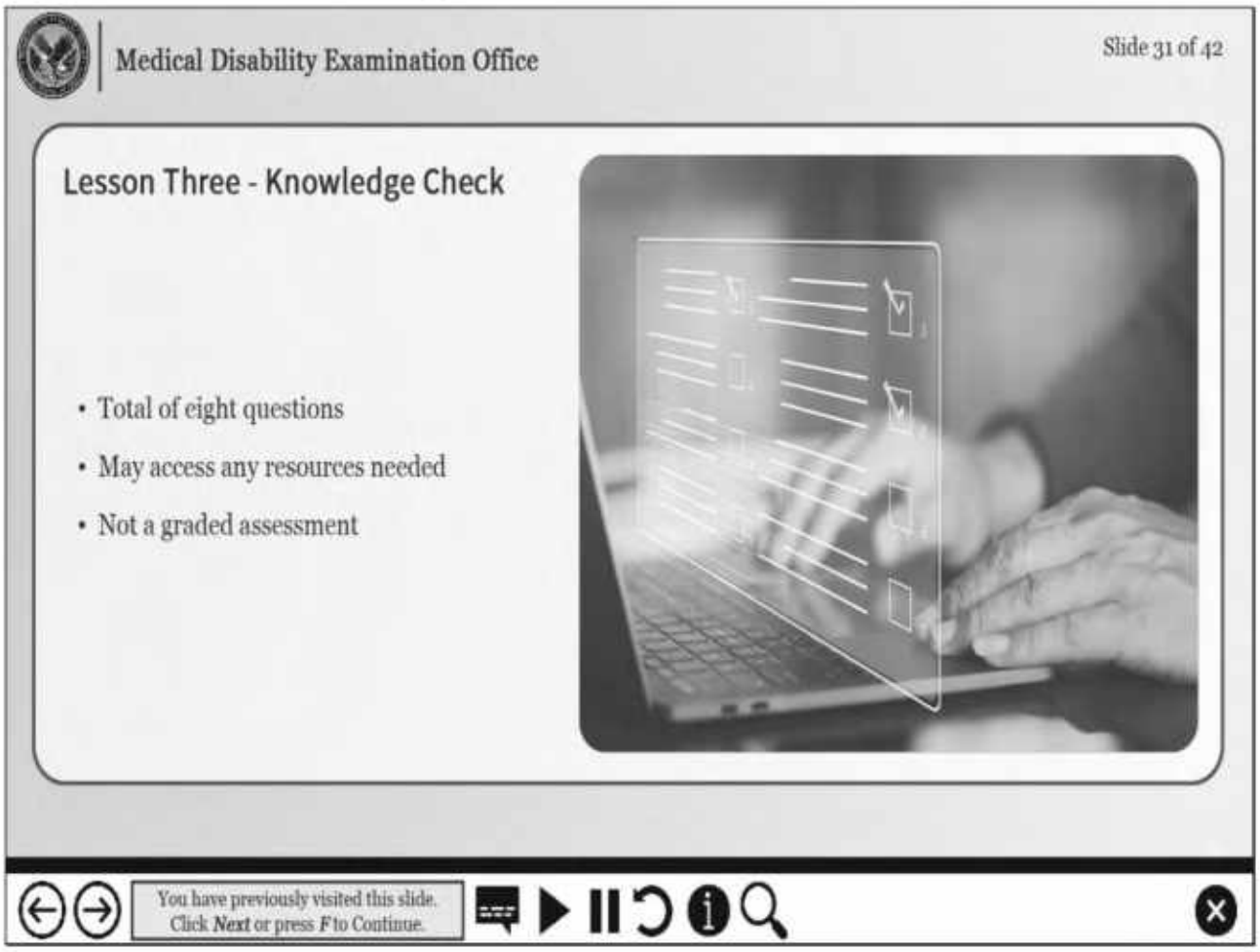
Slide 30 - Finishing the SHA



Transcript

In your discussion with the Service member about the MST Handout, you will need to confirm that the Service member did receive the MST Handout. As noted earlier, the MST Handout is typically mailed to the Service member with their appointment letter during the scheduling process for the SHA exam. When you've finished the SHA examination, you must acknowledge that the Service member received the handout by checking the box "yes" at the end of the SHA DBQ next to the statement, "Designated VA materials regarding military sexual trauma (MST) were provided to the Veteran/Service member." You can also thank the Service member for their service and let them know that the examination is complete. When you conduct and close a SHA examination, remember that this may be the first encounter the Service member has had with VA or VA's vendor examiners. Leaving the Service member with a good impression will encourage them to return to VA in the future for services and treatment as a Veteran.

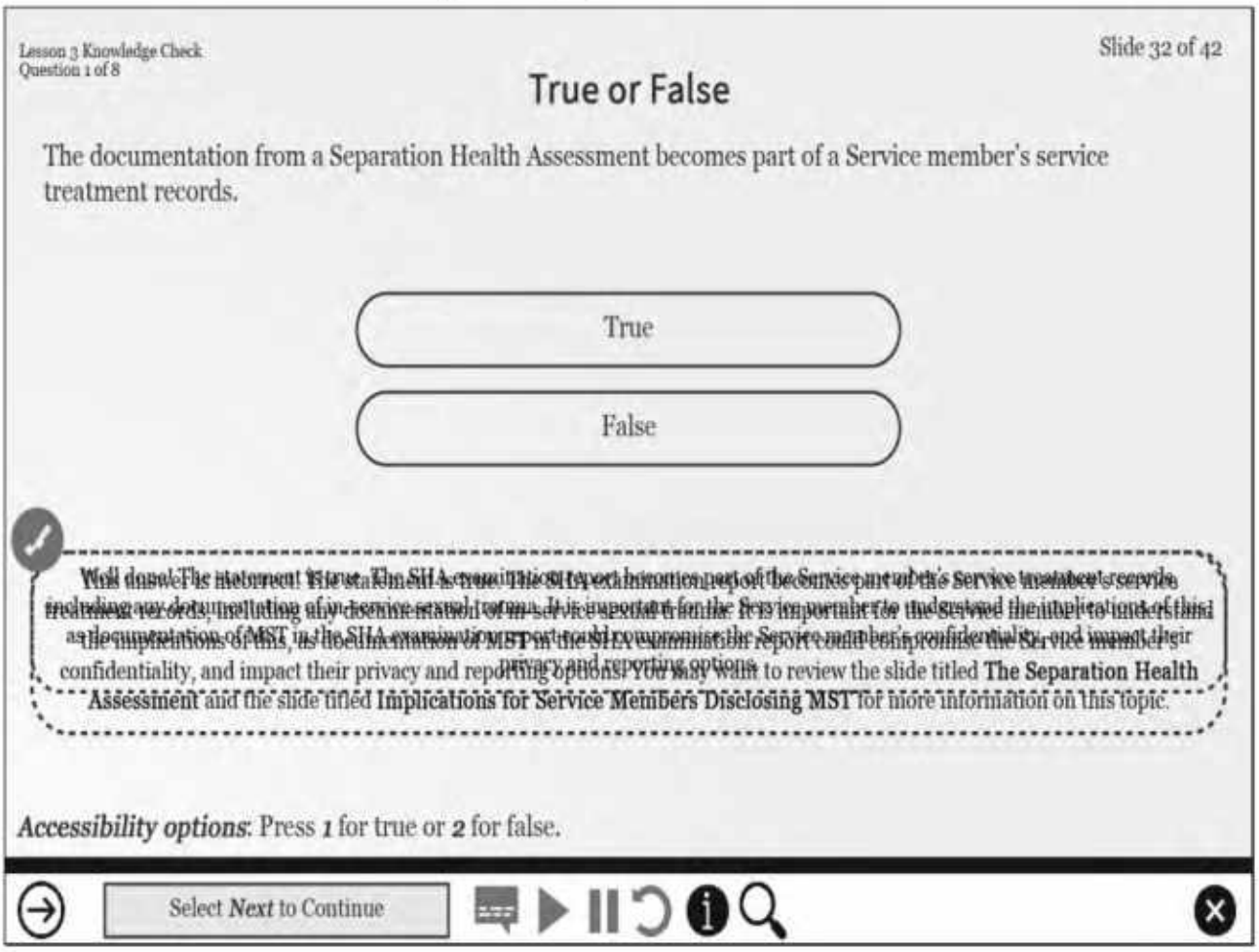
Slide 31 - Lesson Three Knowledge Check Transition



Transcript

You will now be presented with a knowledge check consisting of a total of eight questions. This knowledge check is not a graded assessment, so there is no minimum score required to advance into the next lesson. Rather, it is a tool to help reinforce the information presented in the lesson. Similar questions may be asked on the final assessment. Please select ***Next Slide***, or press the right-facing arrow key, to proceed to the knowledge check.

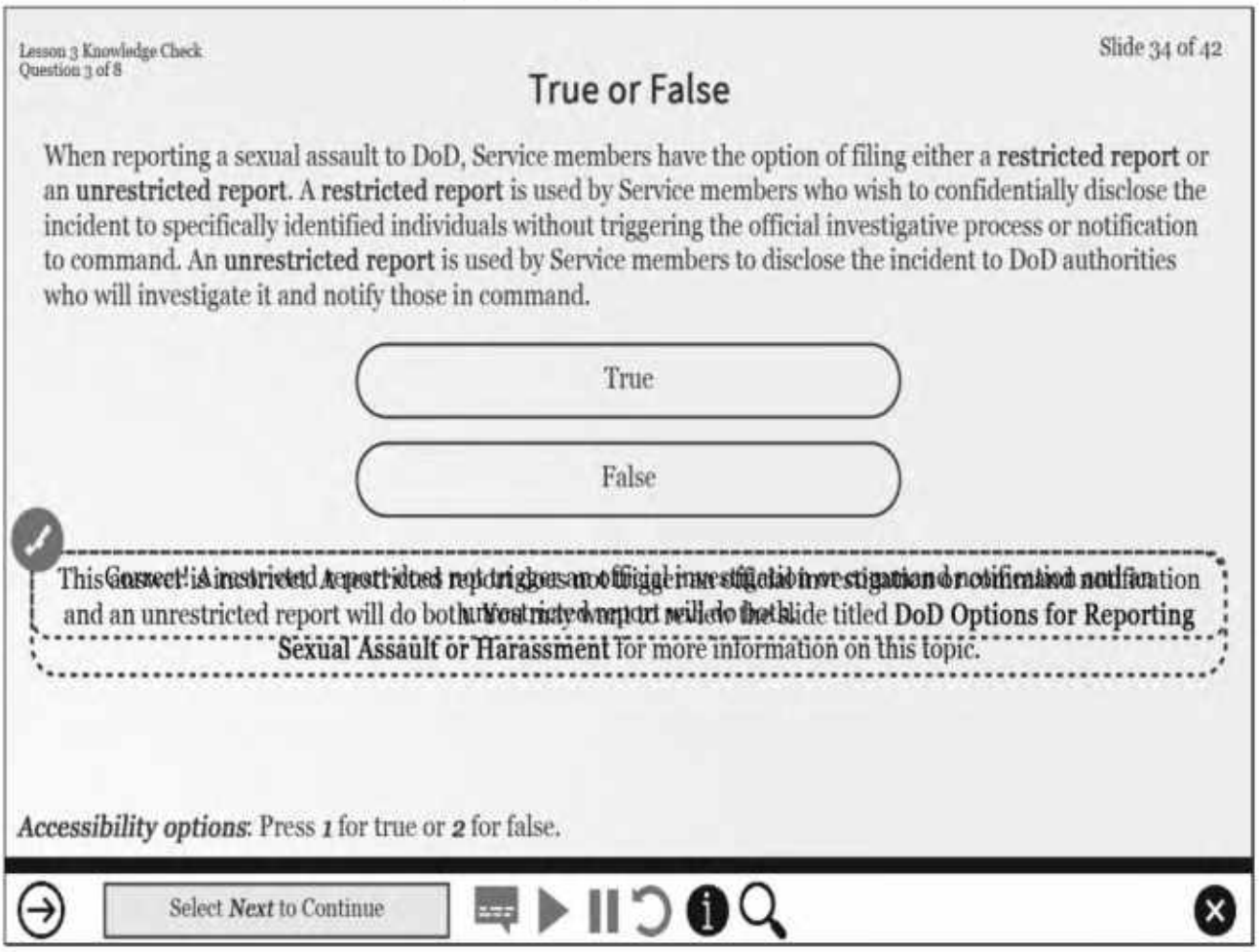
Slide 32 - Lesson Three Knowledge Check | Question One



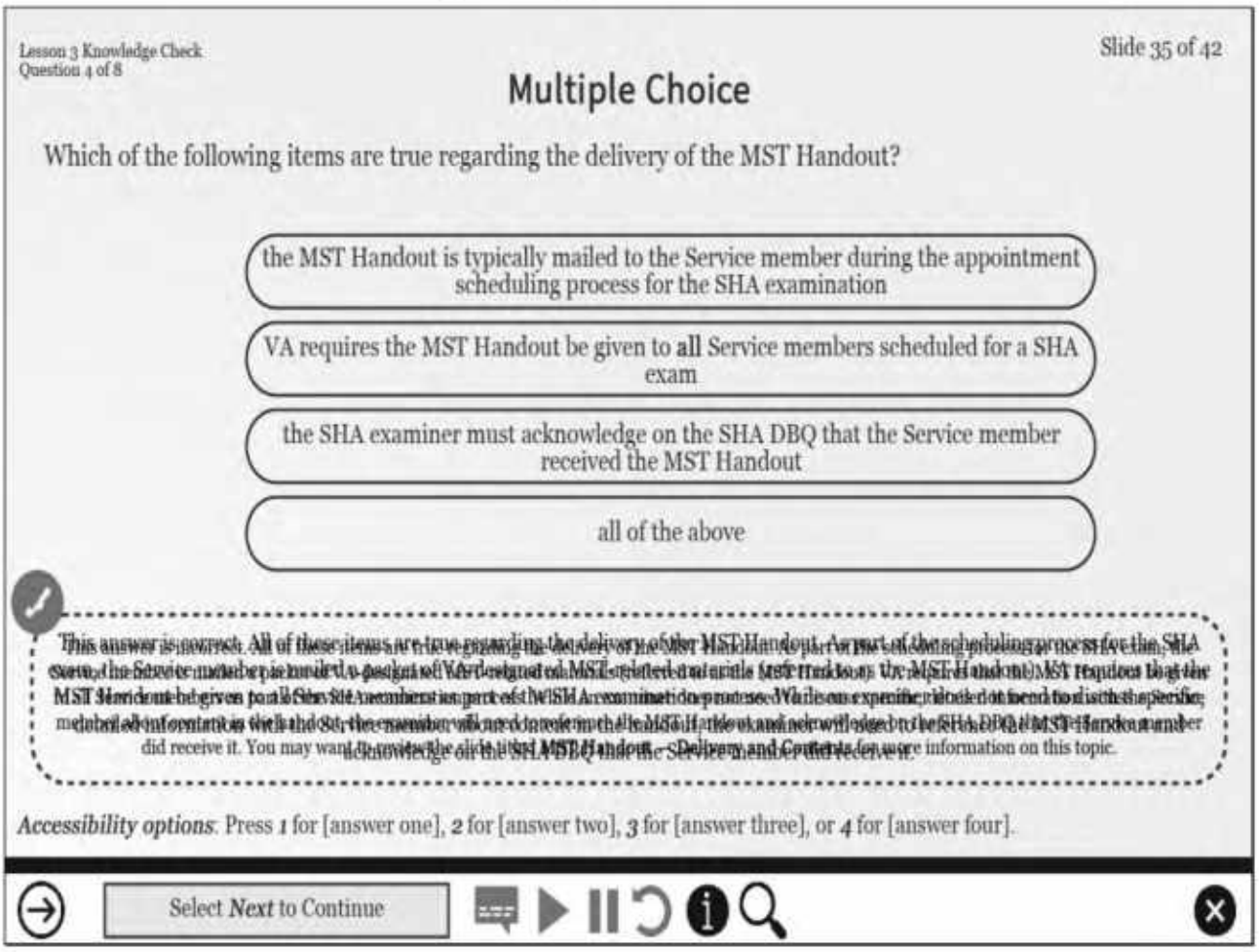
Slide 33 - Lesson Three Knowledge Check | Question Two



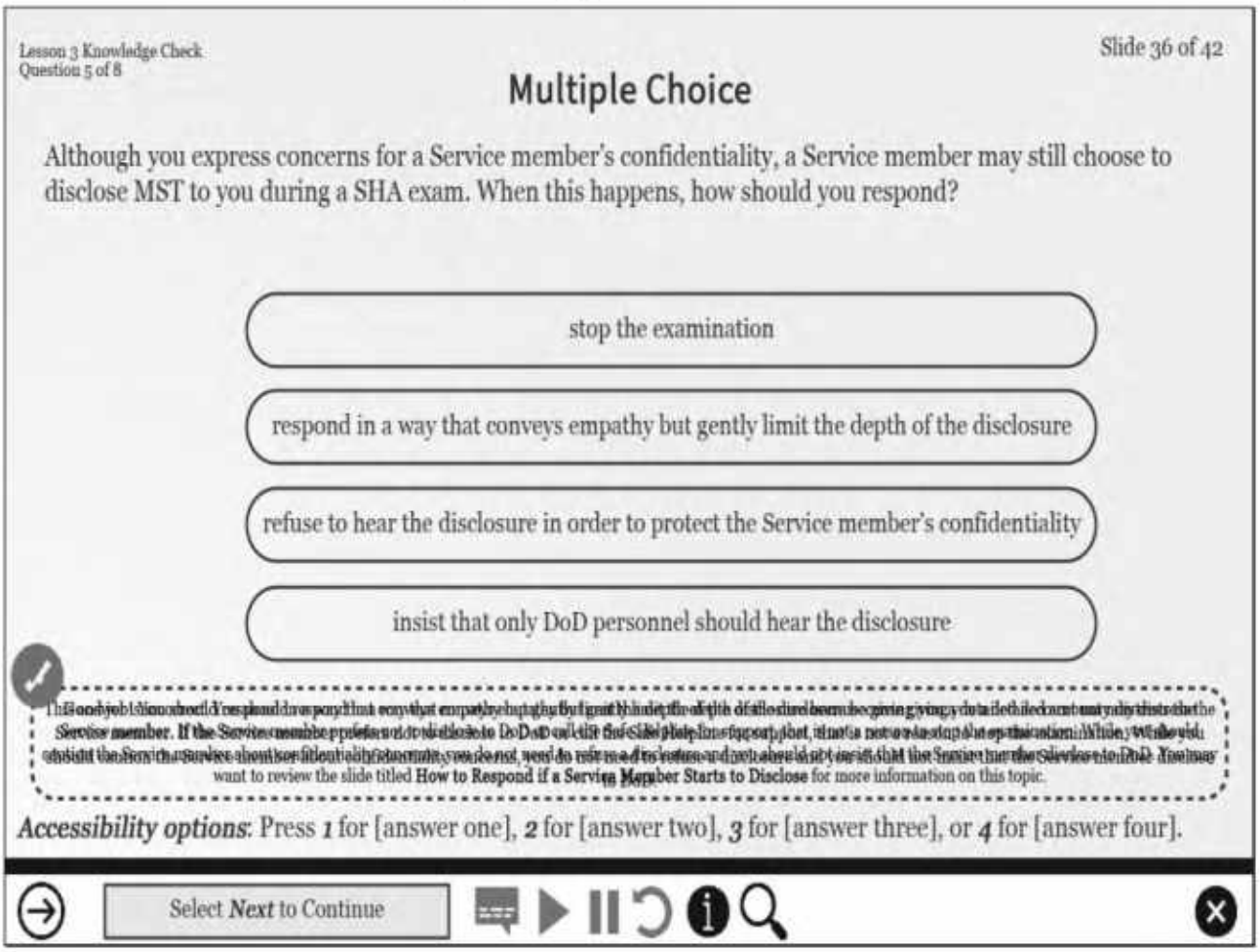
Slide 34 - Lesson Three Knowledge Check | Question Three



Slide 35 - Lesson Three Knowledge Check | Question Four



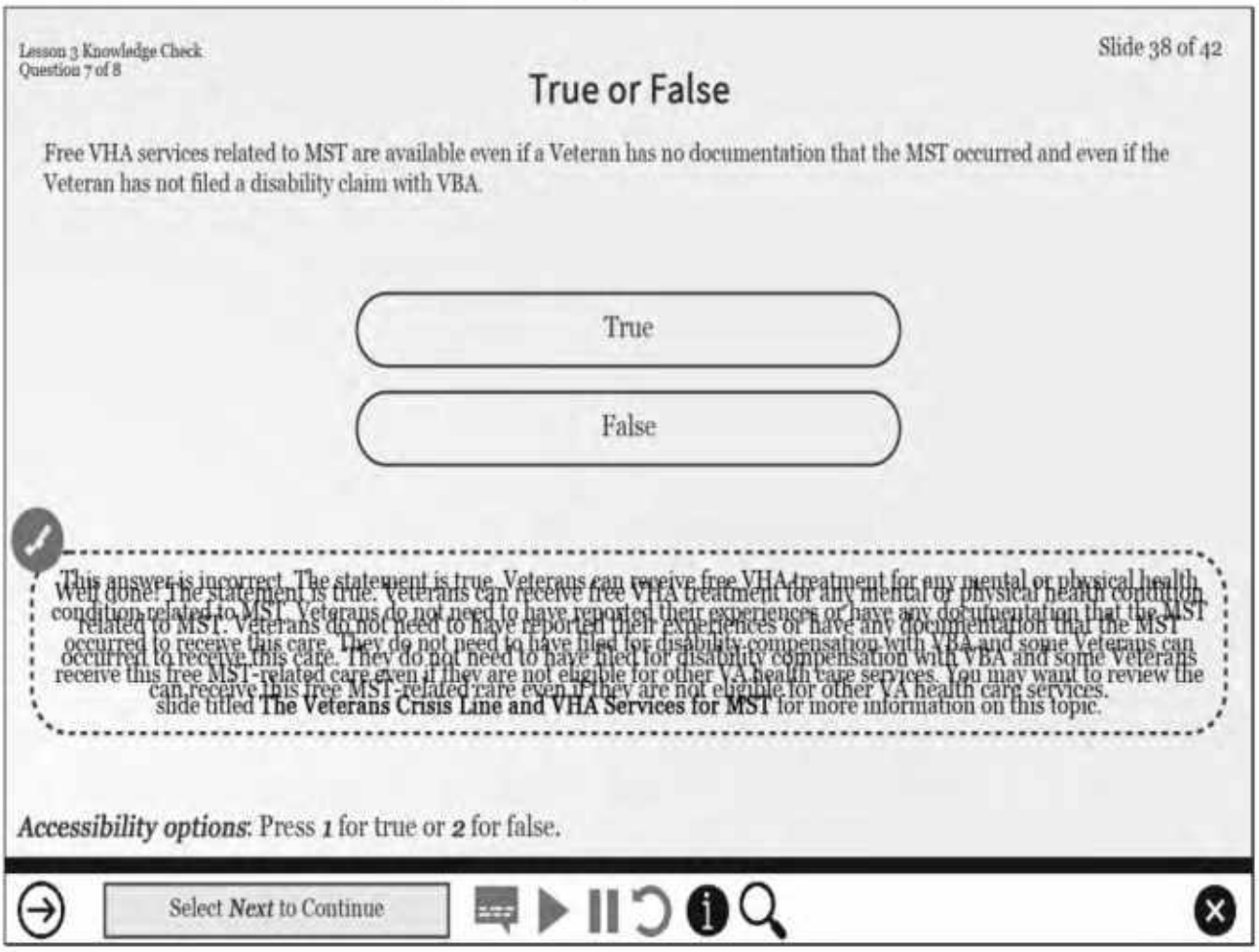
Slide 36 - Lesson Three Knowledge Check | Question Five



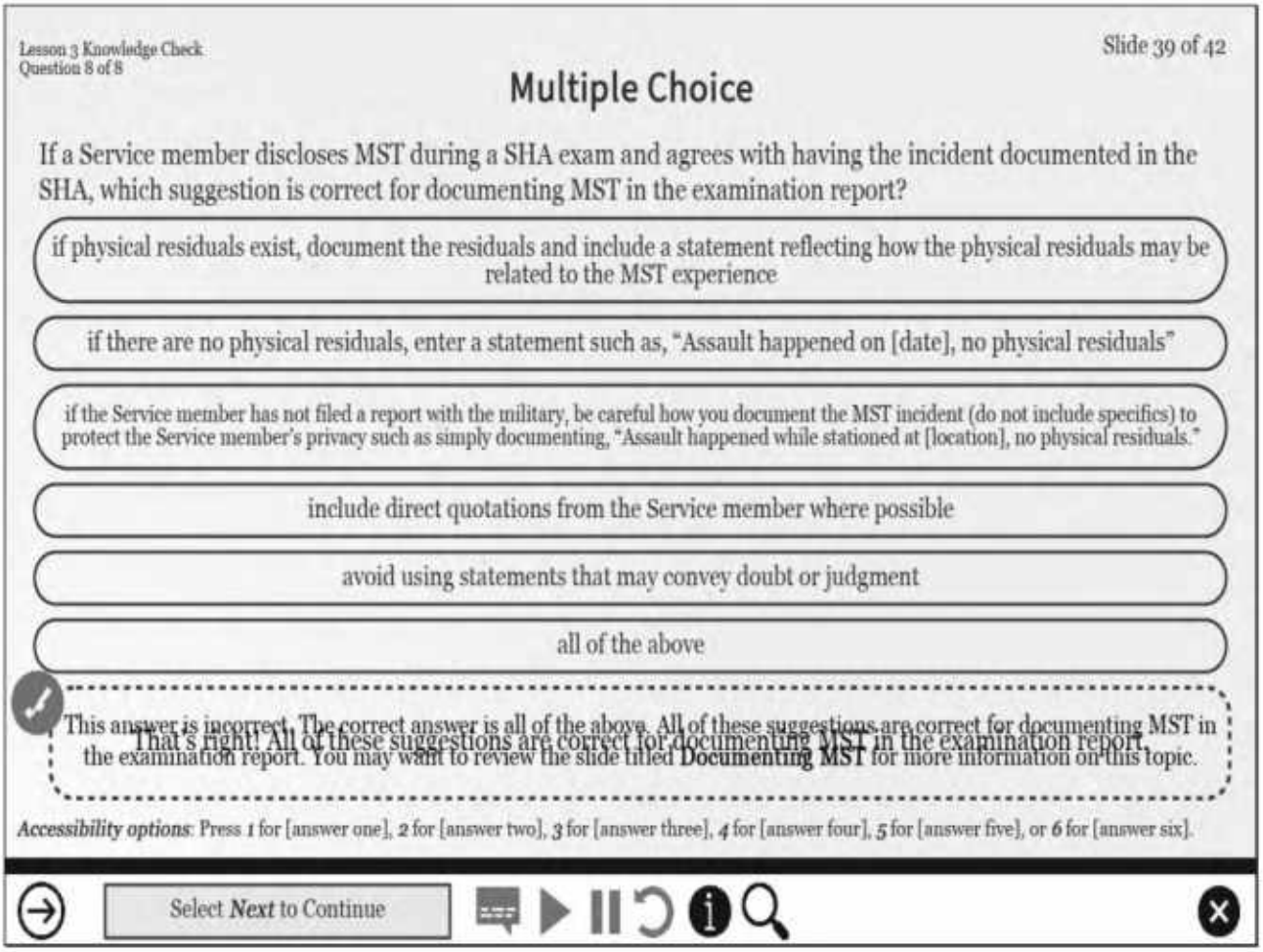
Slide 37 - Lesson Three Knowledge Check | Question Six



Slide 38 - Lesson Three Knowledge Check | Question Seven



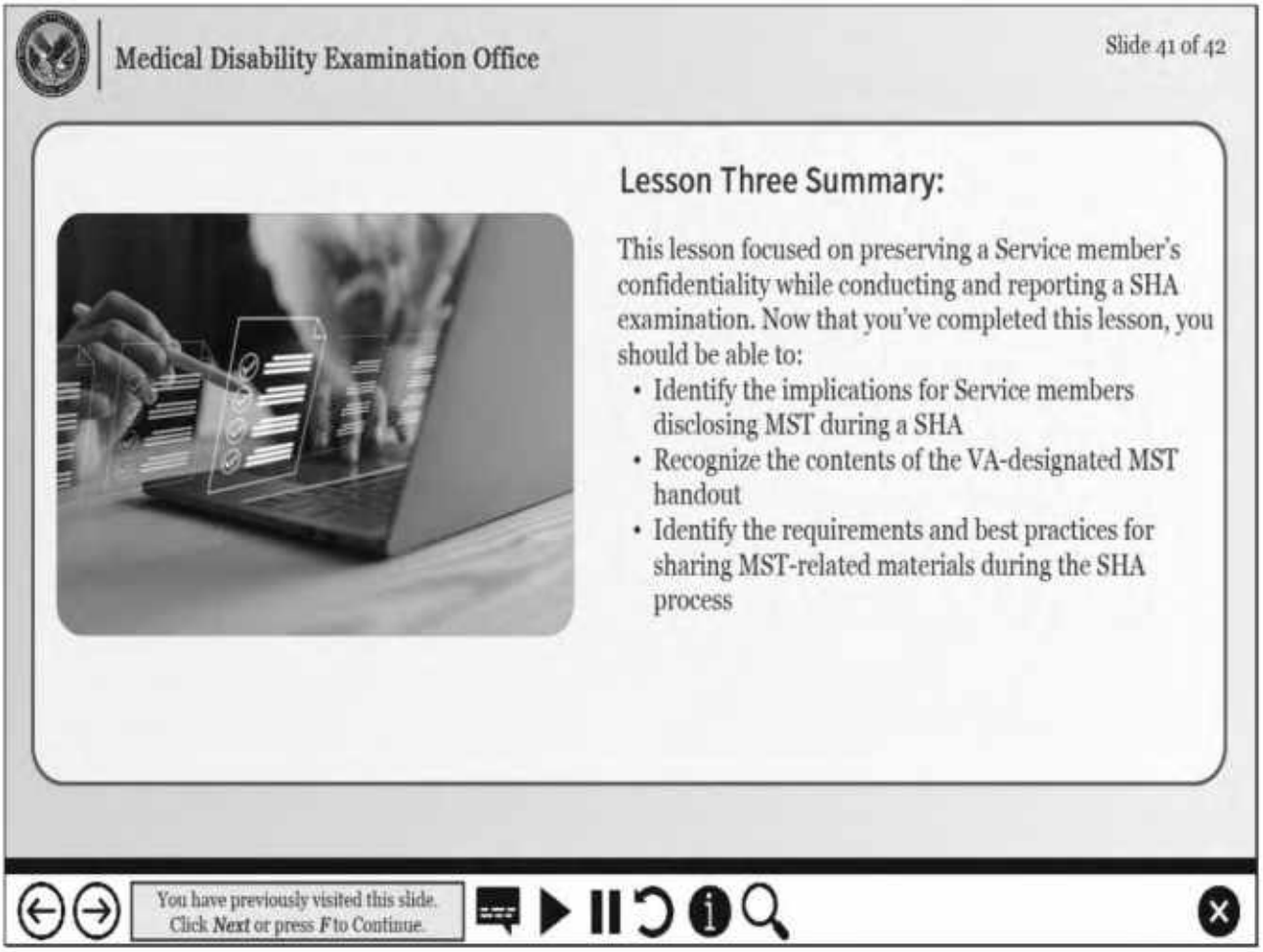
Slide 39 - Lesson Three Knowledge Check | Question Eight



Slide 40 - References



Slide 41 - Lesson Three Summary



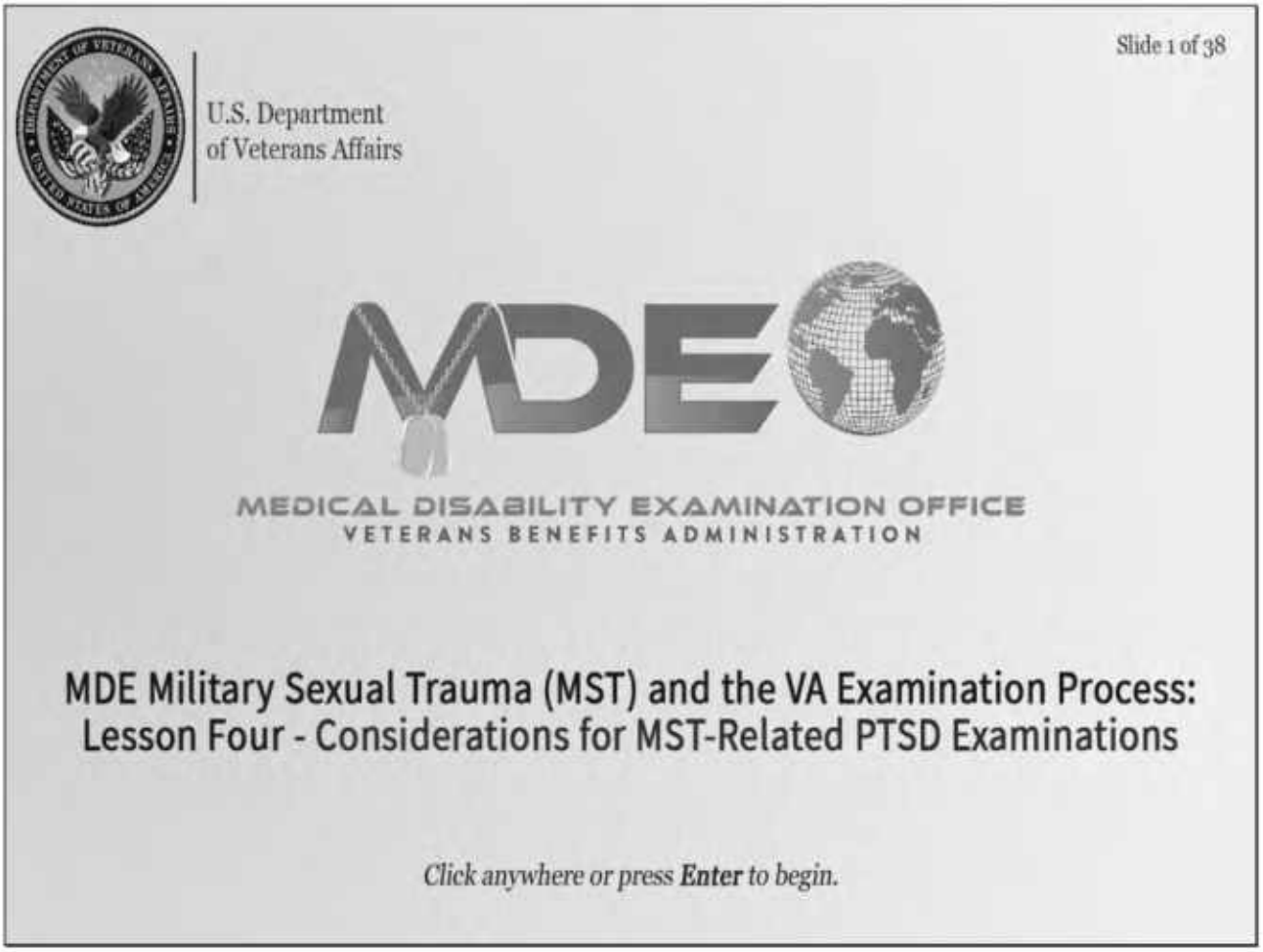
Transcript

This lesson focused on preserving a Service member's confidentiality while conducting and documenting a SHA examination, including how to respond to potential and actual disclosures of MST experiences. The lesson also explained that every Service member will be provided resources in the form of the MST Handout during the appointment scheduling process, prior to the SHA examination. You should now be able to recognize the implications for Service members disclosing MST during a SHA, since the SHA examination report becomes part of the Service member's STRs, which could compromise the confidentiality of a restricted report. You should also be able to outline the requirements and best practices for sharing MST-related resources with impacted Veterans, to include Service members during a Separation Health Assessment. Please remember, VA wants to encourage Service members to report their experience or experiences of MST through the appropriate channels to protect their confidentiality. VA also wants you, as an examiner, to be aware of the delicate nature of the confidentiality concerns of this particular exam so that you can best help Service members who experienced MST. The next and final lesson of this course covers issues specific to MST-related PTSD examinations. This information pertains most to mental health disability examiners, but all examiners will benefit from knowing the requirements for evaluating and documenting MST-related conditions.

Slide 42 - Final



Slide 1 - Intro



Lesson Time

30 minutes

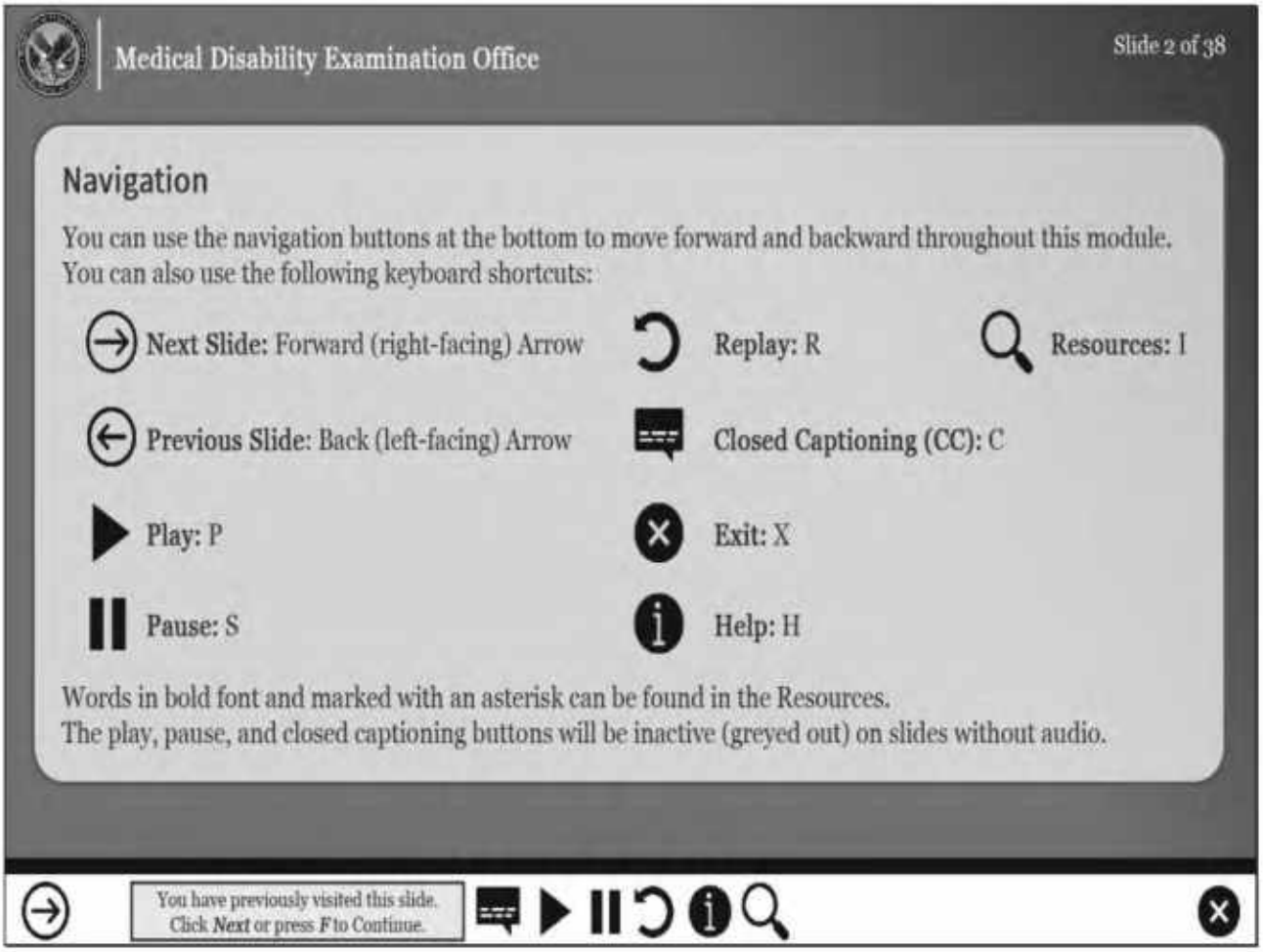
Core Content

Course Material

Evaluation

Course Assessment

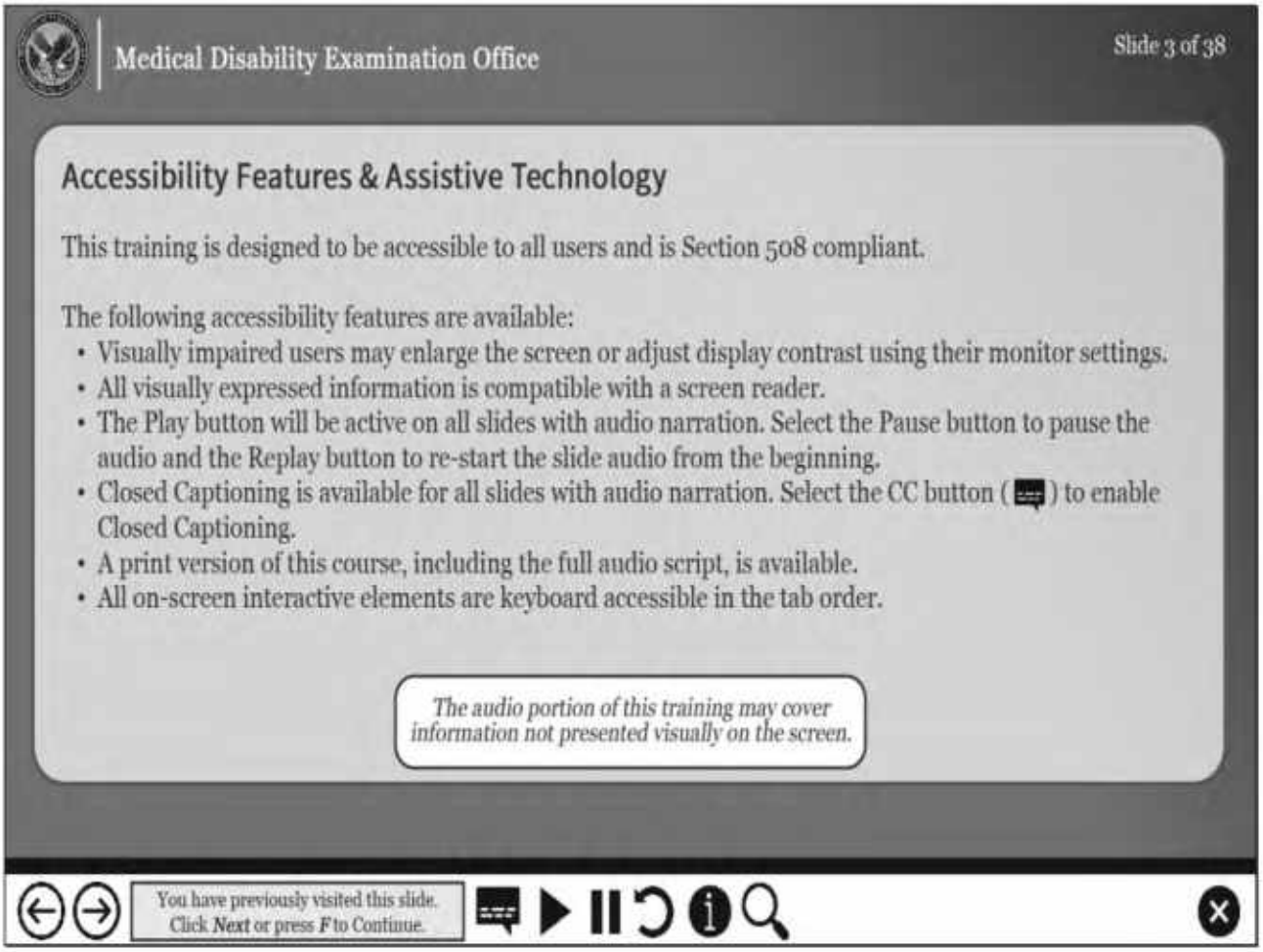
Slide 2 - Navigation



Transcript

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

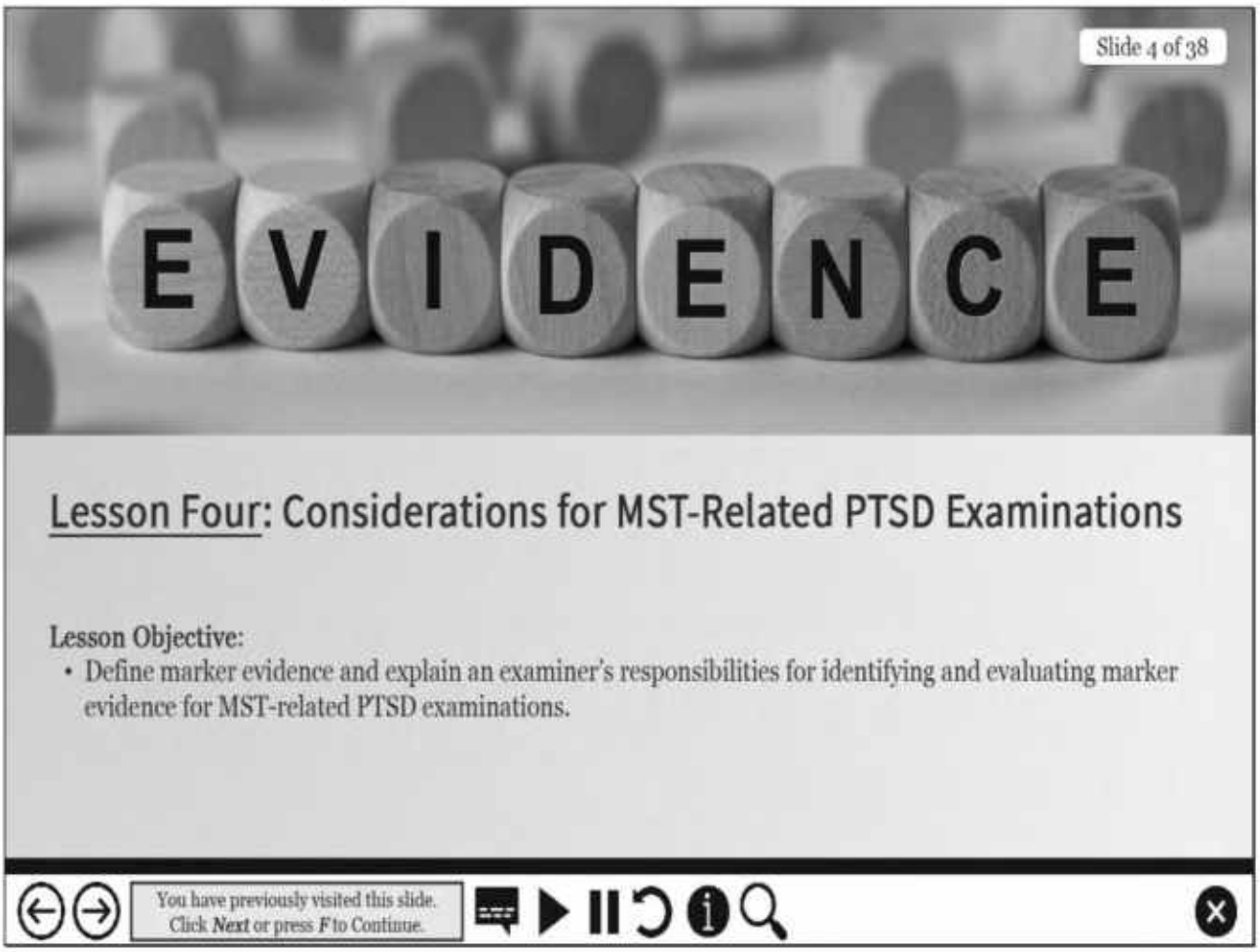
Slide 3 - Accessibility



Transcript

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. All on-screen interactive elements are keyboard accessible in the tab order. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

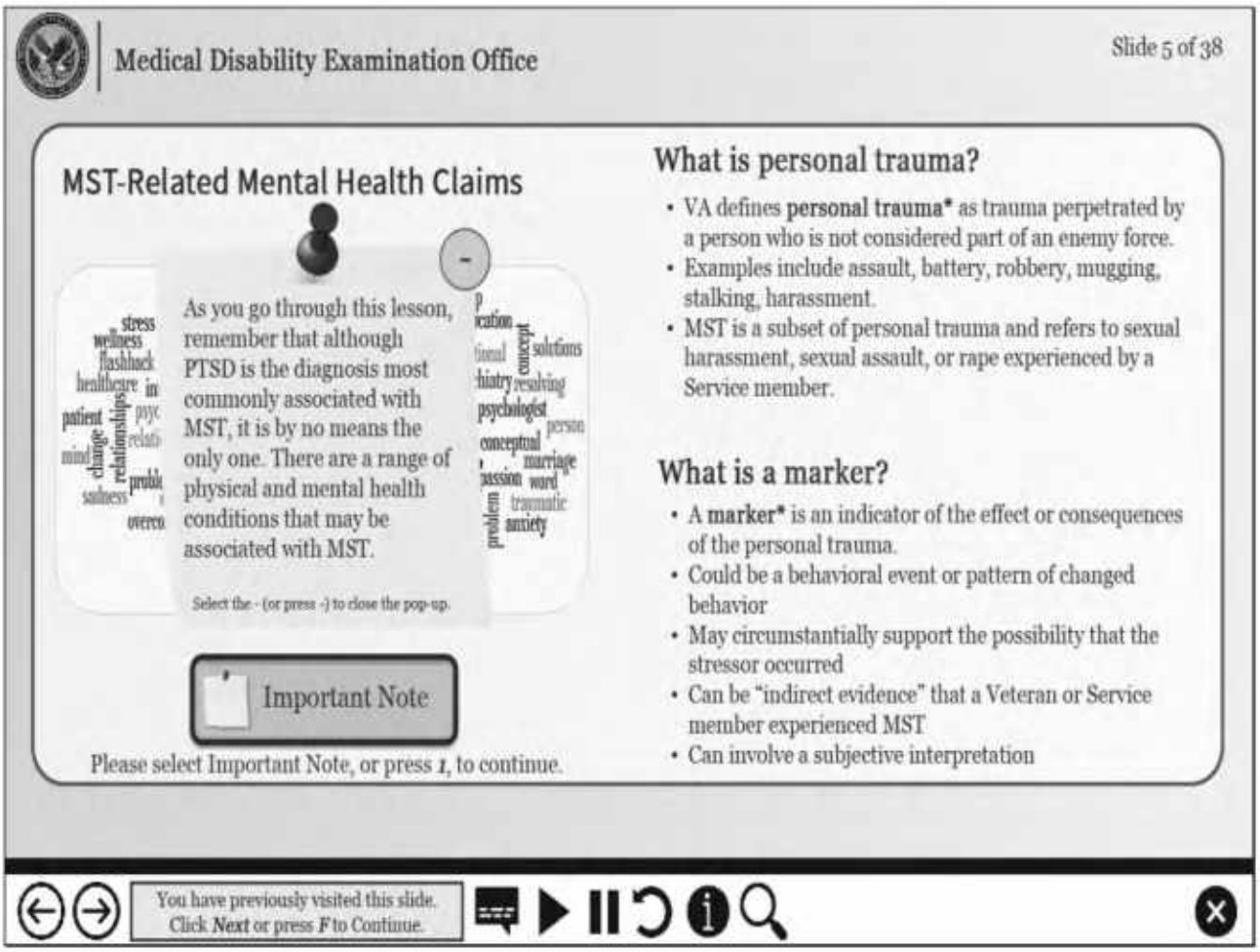
Slide 4 - Lesson Four Objective



Transcript

This lesson focuses on MST-related PTSD examinations. The lesson will explain guidance from the Code of Federal Regulations (CFR) for finding and analyzing indirect evidence, referred to as markers, that can be used to substantiate that an MST event described by a Veteran or Service member may have occurred. The lesson will also discuss other considerations and procedures for the mental health disability examiners who conduct PTSD examinations related to MST. When you've completed this lesson, you should understand the definition of 'marker evidence' and be able to explain how marker evidence is identified, evaluated, and documented for MST-related PTSD claims. While this lesson is specific to mental health examiners conducting PTSD-related exams, the content may also be helpful for any examiner, regardless of your clinical specialty, so that you too are informed.

Slide 5 - MST-Related Mental Health Claims



Transcript

A Veteran or Service member may file a claim for a mental health condition related to a personal trauma. VA broadly defines a personal trauma as due to a stressor event involving harm perpetrated by a person who is not considered part of an enemy force, for example, assault, battery, robbery, mugging, stalking, or harassment. VA defines MST as a subset of personal trauma, and MST refers to sexual harassment, sexual assault, or rape experienced by a Service member while on or off duty, occurring on or off the military installation. Exams for PTSD claims related to MST are slightly different than for other mental health conditions. These are governed by special regulations, so your role may be a bit different when conducting these examinations, particularly regarding evidence. When there is no evidence of MST in the records, the claims processor may use alternative sources of evidence to corroborate the Veteran's account of the stressor incident. For PTSD claims due to MST, VBA can also accept "markers" as evidence to establish that the stressor occurred. VA defines the term ***marker*** as an indicator of the effect or consequences of the personal trauma on the Veteran or Service member. A marker could be one or more behavioral events, or a pattern of changed behavior. Even if there is no reference to the trauma, evidence of behavior changes, for example, may circumstantially support the *possibility* that the claimed stressor occurred. In the case of an MST-related PTSD claim, a marker can be "indirect evidence" that supports that a Veteran or Service member experienced MST. However, because markers are circumstantial rather than direct evidence of an in-service stressful event, they are somewhat open to interpretation and can involve a subjective interpretation. The role of the VA examiner may include considering and documenting markers as part of these exams. This lesson will provide more information about considering marker evidence. Please select the ***Important Note***, or press *1*,for a reminder as you complete this lesson.

Slide 6 - Myths about MST-Related Disability Claims



Transcript

We will now review some myths versus facts about MST-related disability claims.

Myth: direct evidence is not necessary for any MST claim.

Fact: direct evidence *is* needed for all conditions other than PTSD. Indirect evidence, referred to as markers, can serve as evidence for PTSD claims.

Myth: MST means someone definitely has PTSD.

Fact: PTSD is only one of many different physical and mental health conditions that can occur as a result of an experience of MST. Also, many individuals who experience MST do not have PTSD, or any other associated conditions.

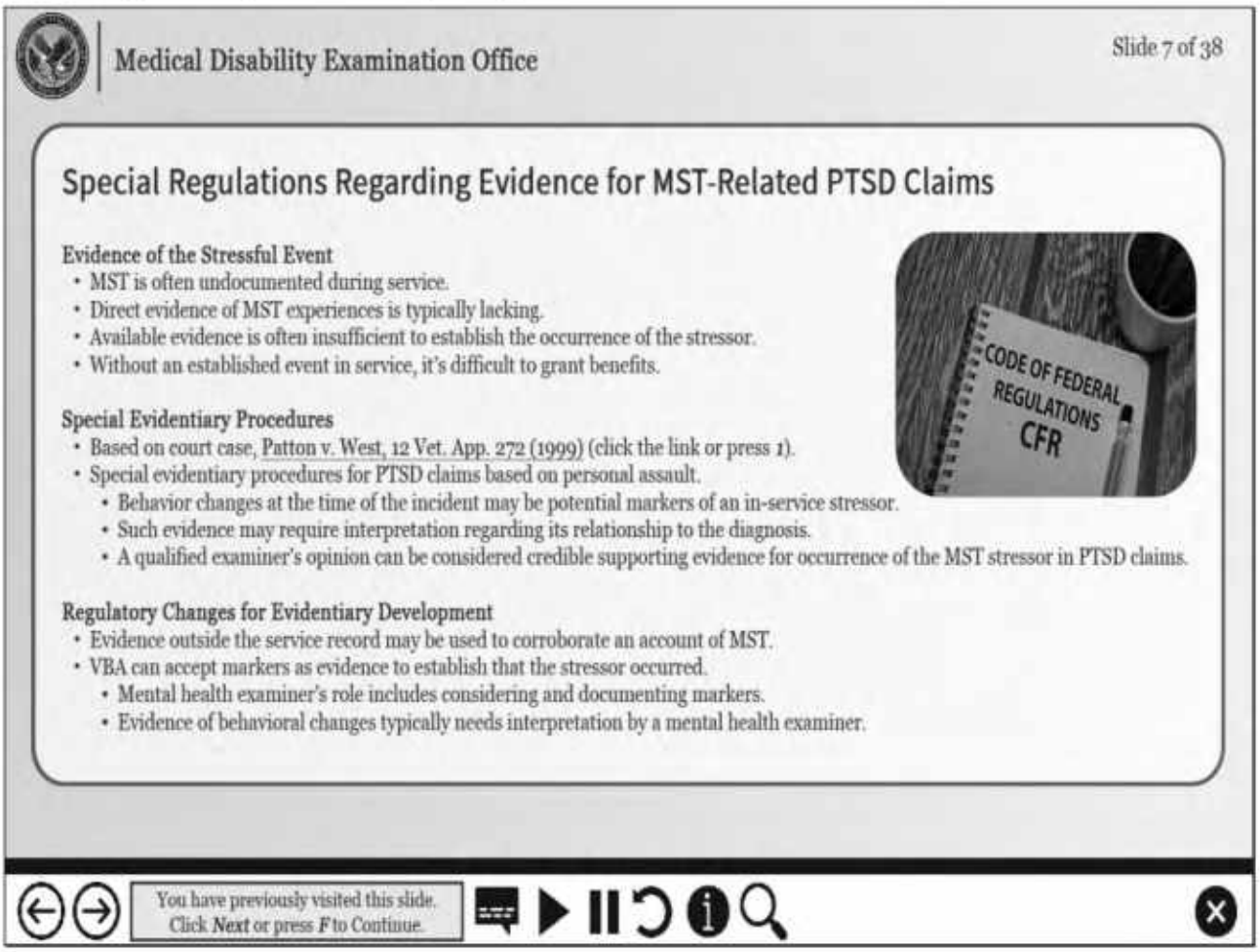
Myth: if someone carries a personality disorder diagnosis, they cannot have PTSD related to MST.

Fact: individuals can be diagnosed with both personality disorders and PTSD. Having a documented personality disorder or symptoms that may be related to a personality disorder does not mean that someone did not experience MST, nor does it preclude them from also having a diagnosis of PTSD due to MST. While there cannot be service connection for a personality disorder, there can be service connection for PTSD.

Myth: individuals who experienced childhood trauma cannot receive service connection for PTSD due to MST.

Fact: A trauma experienced in an individual's childhood does not exclude an individual from receiving service connection for PTSD due to MST. In fact, having experienced earlier traumas may increase the likelihood of a later diagnosis of PTSD due to trauma experienced in the military. In addition, they can be service connected if they had preexisting PTSD that was aggravated by MST.

Slide 7 - Special Regulations Regarding Evidence for MST-Related PTSD Claims

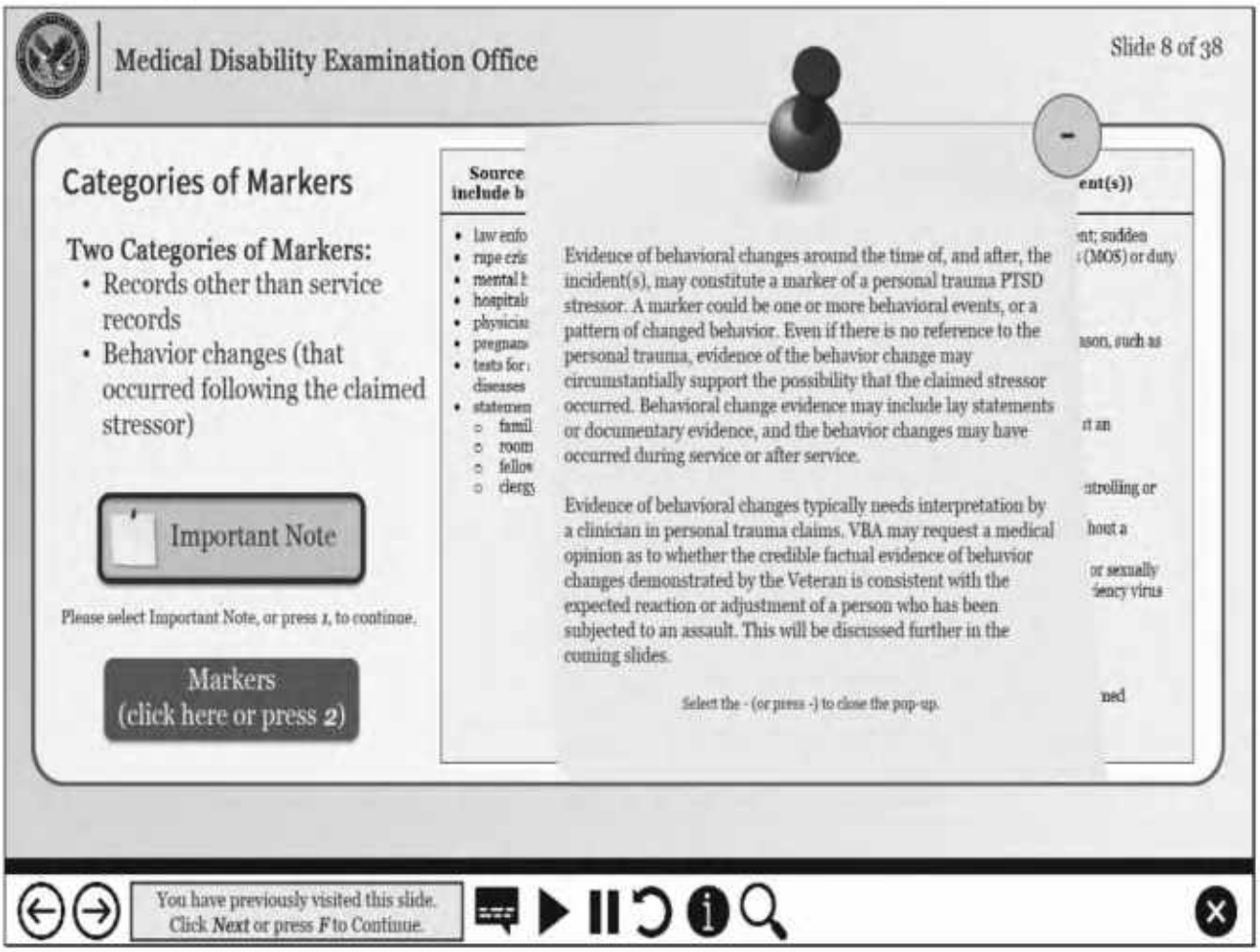


Transcript

Examinations for PTSD claims related to personal trauma such as MST are governed by special regulations and VBA processes that result in additional considerations for mental health disability examiners conducting MST-related exams. Because an MST experience may go undocumented during a Service member's or Veteran's time in service, and because direct evidence of experiences of sexual assault and harassment is typically lacking, the available evidence is often insufficient for VBA to establish the occurrence of the stressor. Without the establishment of an event in service, it is often difficult for VBA to grant benefits. As a result, VA developed special regulations and procedures for evidentiary development and adjudication of MST-related PTSD claims. Three important considerations guide VBA in developing evidence to support a claim of PTSD related to MST. These resulted from the 1999 court case, *Patton v. West*, which addressed special evidentiary procedures for PTSD claims based on personal assault. First, behavior changes occurring at the time of an incident may be potential markers of an in-service stressor. Second, evidence documenting such behavior changes may require interpretation by a qualified clinician regarding its relationship to a medical diagnosis. And third, a qualified examiner's opinion can be considered credible supporting evidence for occurrence of the MST stressor. In other words, the general rule that an examiner's post-service opinion cannot be used as evidence for occurrence of the in-service stressor in PTSD claims does not apply to PTSD claims involving MST. Revisions to the CFR regarding direct service connection for PTSD provide that evidence outside a Veteran's service record may be used to corroborate their account of MST. For PTSD claims due to personal traumas such as MST, VBA can accept markers as evidence to establish that the

stressor occurred. So, the role of the mental health disability examiner will include considering and documenting markers as part of those examinations. In addition, evidence of behavioral changes typically needs interpretation by a clinician in personal trauma claims. More information about the categories of marker evidence will be discussed on the next slide.

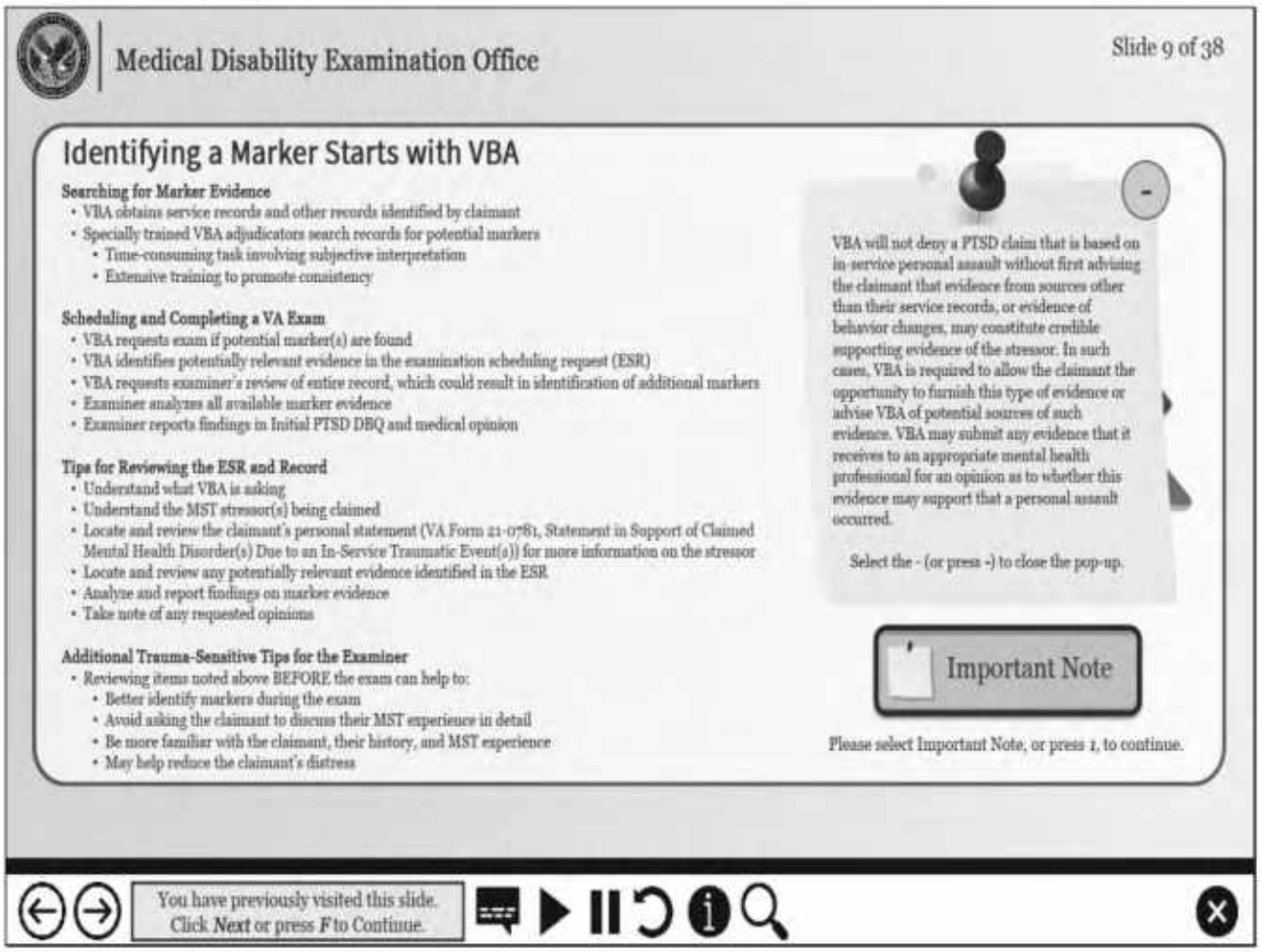
Slide 8 - Categories of Markers



Transcript

In accordance with the federal regulation, if a PTSD claim is based on in-service personal assault, evidence from sources other than the Veteran's service records may corroborate the Veteran's account of the stressor incident. That section of the regulation established two categories of markers. The first category involves records other than service records. Sources of those types of records include but are not limited to those listed on the slide. The second category of markers includes behavior changes that occurred following the claimed stressor. The list on the slide shows examples of behavior changes that might be found within the service records or other records. Please review the lists on this slide. On the coming slides, you'll have opportunities to check your understanding of record sources and behavior changes that may be related to MST. After reviewing these lists, please select the ***Important Note,*** or press *1*, for additional information.

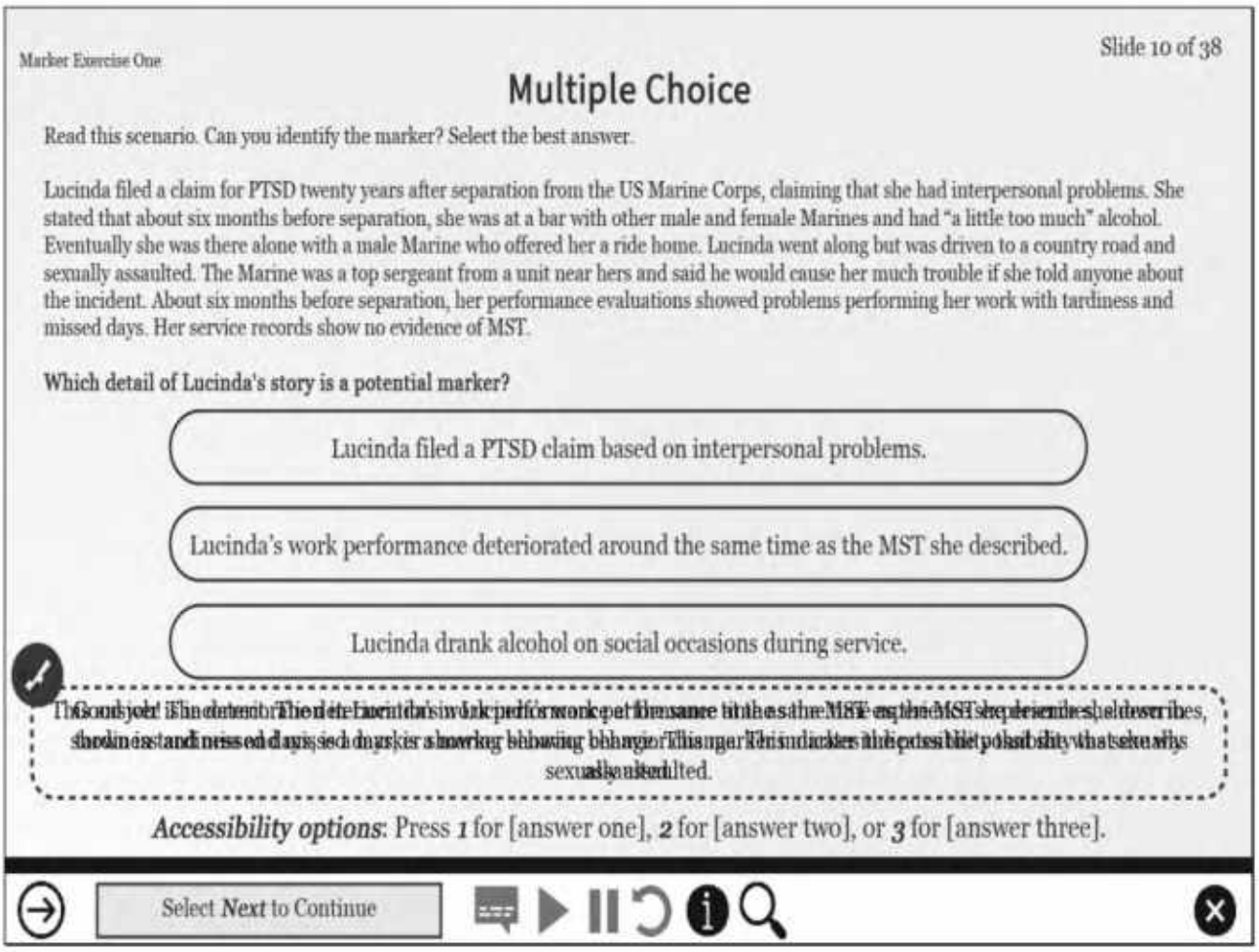
Slide 9 - Identifying a Marker Starts with VBA



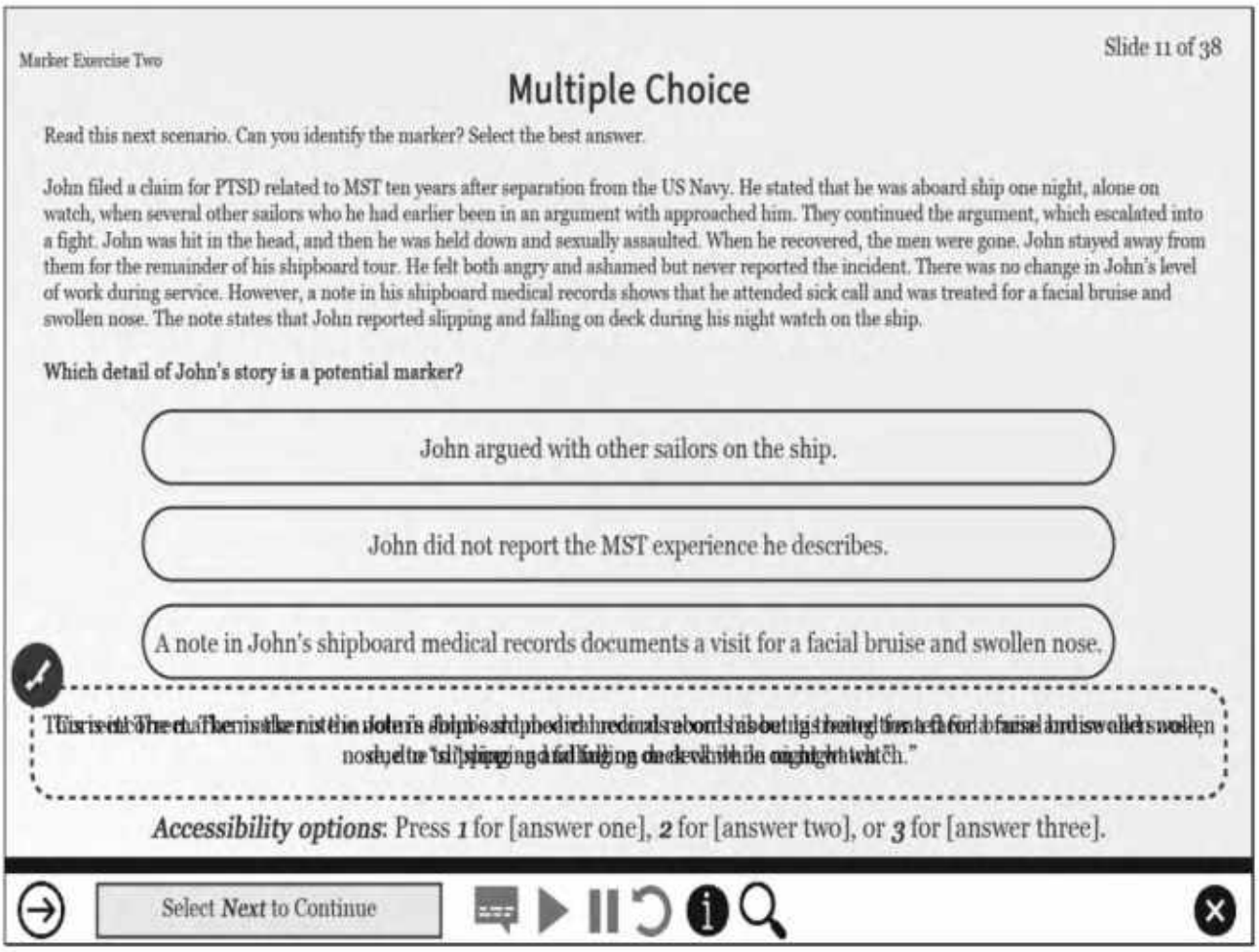
Transcript

When a Service member or Veteran files a claim for PTSD related to MST, VBA obtains the claimant's STRs, personnel records, and other records identified by the claimant. Then VBA's specially trained adjudicators look through the records to identify markers. When there is no direct documentation of the in-service MST event, the Veteran's entire record must be searched to locate any potential markers. This can be a time-consuming task and involves an element of subjective interpretation. What one individual interprets as a marker may not be interpreted as a marker by someone else. To address this subjective element and promote consistency, VBA specially trained claims processors have undergone extensive training to assist them with the development of MST claims and the identification of markers. Once a marker or markers are identified, a VA examination is scheduled. VBA will then identify this potentially relevant evidence on the examination scheduling request for the examiner's consideration. The examination scheduling request will also include a statement like this, "Please review the entire claims file and state in your report that it was reviewed." The examiner may find additional marker evidence during this complete evidence review. The examiner, as the clinical expert, will then analyze all available marker evidence on behalf of VBA and report their findings in the Initial PTSD DBQ and in a medical opinion. Please peruse these tips for reviewing the ESR and the record. Mental health examiners should review these items before meeting with the claimant for the exam. Familiarity with these items helps to better identify potential markers during the exam. It can also help examiners to avoid asking the claimant to discuss their MST experience in more detail than is necessary. This may help to reduce the claimant's distress. After reviewing the tips, select the ***Important Note*** (or press ***I***) for additional information.

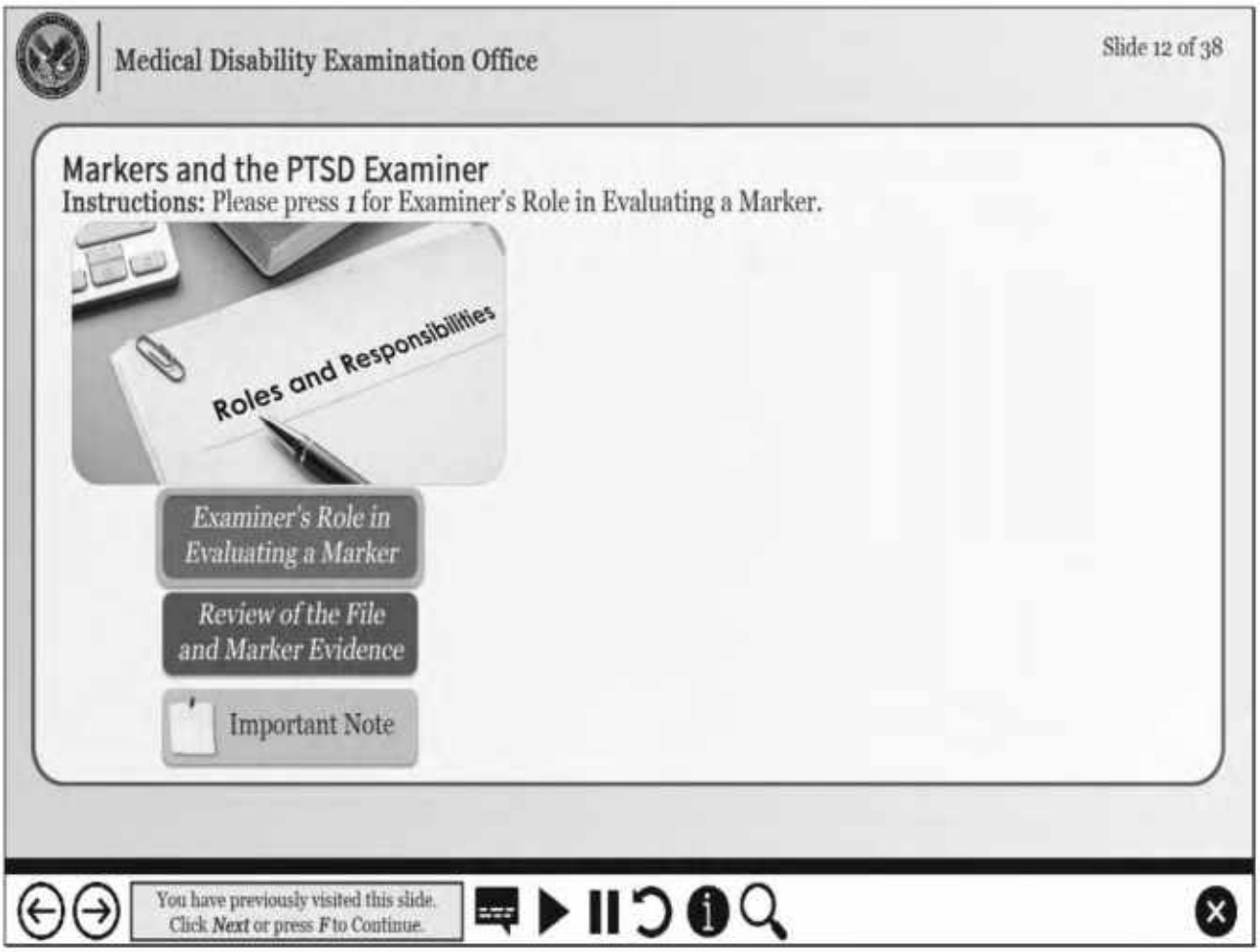
Slide 10 - Marker Exercise One



Slide 11 - Marker Exercise Two



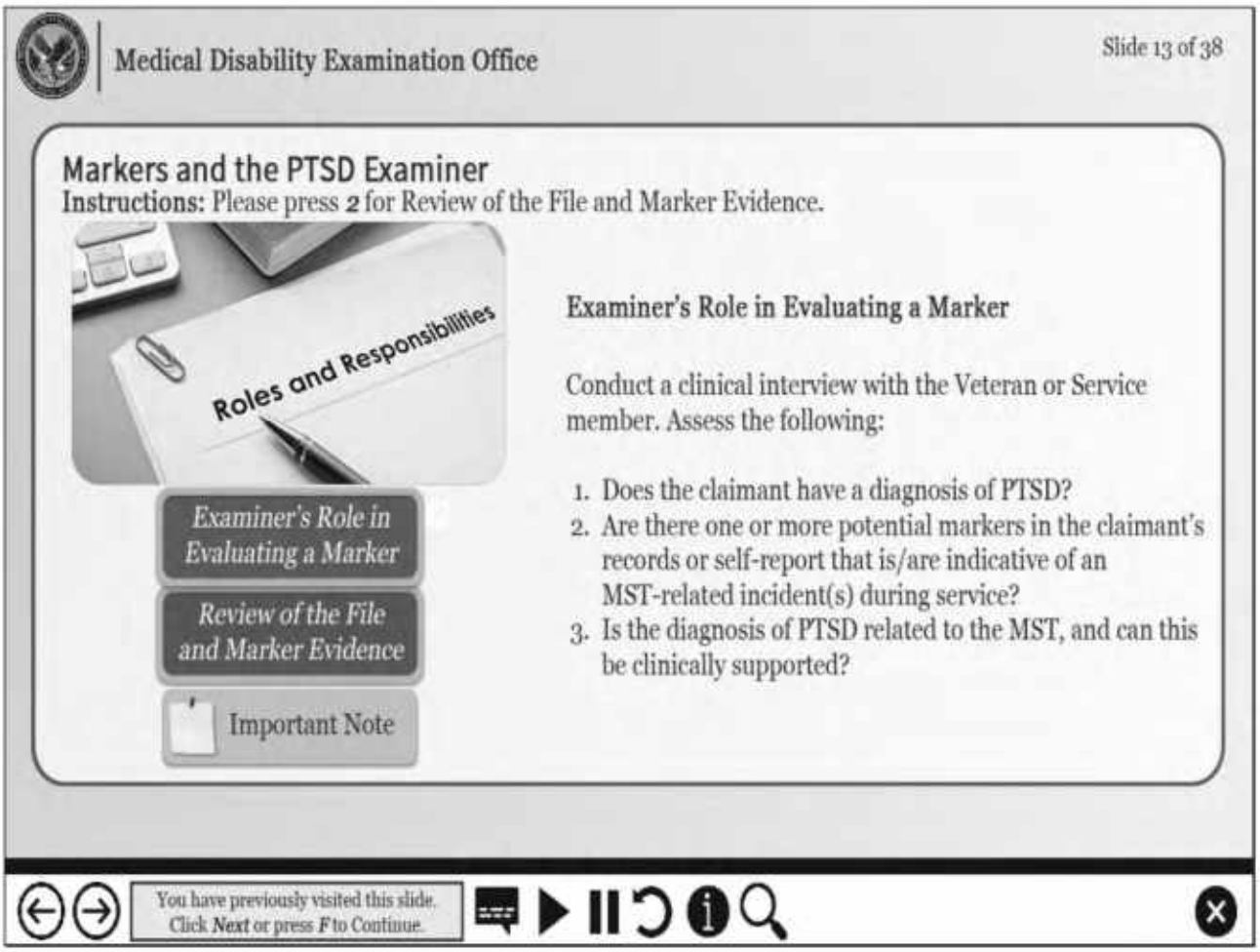
Slide 12 - Markers and the PTSD Examiner



Transcript

What is the mental health examiner's role in evaluating a marker? Please select Examiner's Role in Evaluating a Marker, or press *1*.

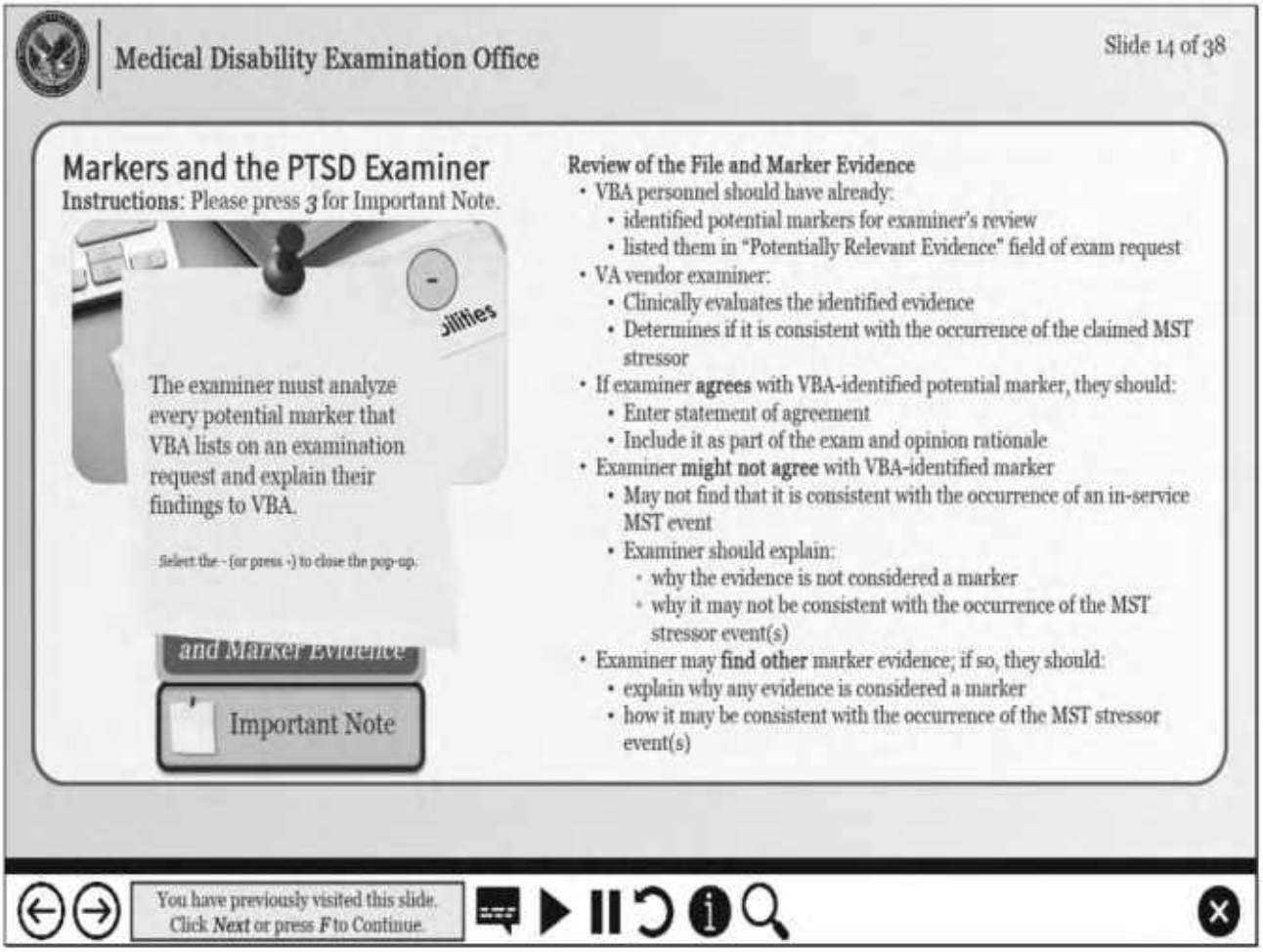
Slide 13 - Markers and the PTSD Examiner



Transcript

Once a VA examination is scheduled, the examiner will conduct a clinical interview with the Veteran or Service member to assess whether: (1) the Veteran or Service member has a diagnosis of PTSD; (2) whether there are one or more potential markers in the claimant's records or self-report that is or are indicative of an MST-related incident or incidents during service; and (3) whether the diagnosis of PTSD is related to the MST, and that relationship can be clinically supported. Select Review of the File and Marker Evidence, or press ***2***, for more information.

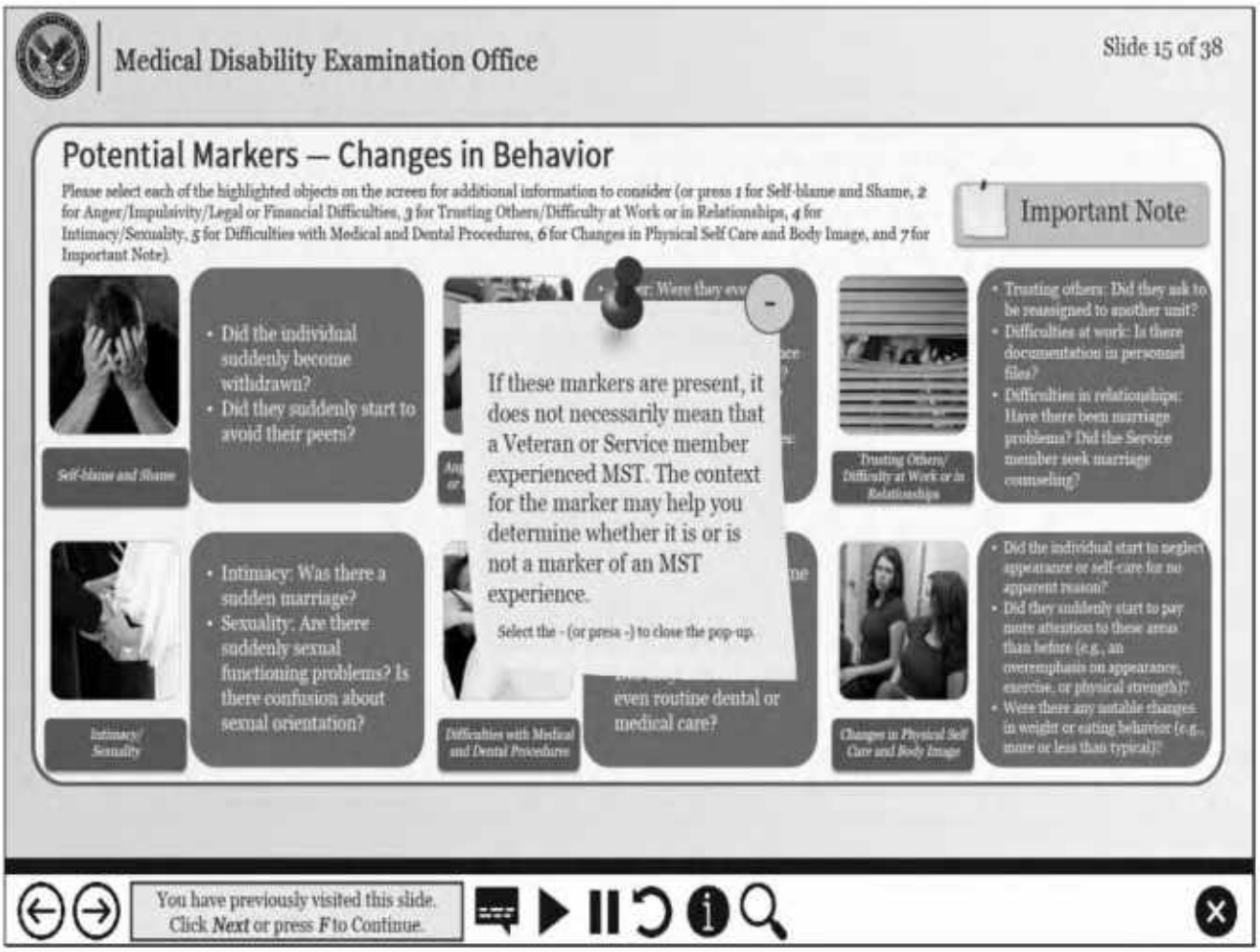
Slide 14 - Markers and the PTSD Examiner



Transcript

Please be aware that VBA personnel have been trained to identify potential markers. The identified markers should be tabbed in the claims file for the examiner's review and listed in the "Potentially Relevant Evidence" field within the examination scheduling request. The examiner's role is to clinically evaluate this evidence and determine if it is consistent with the occurrence of the claimed MST stressor. If the examiner agrees with the VBA-identified potential marker, a statement of agreement should be included in the final examination report and opinion. Sometimes an examiner does not find that the VBA-identified marker is consistent with the occurrence of an in-service MST event. In these cases, the examiner should explain why the evidence is not considered a marker, and why it may not be consistent with the occurrence of the MST stressor event or events. However, an examiner's clinical training and experience may enable them to discover alternative marker evidence in the Veteran's records to support a claim. This can be especially helpful when they determine that potential marker evidence provided by VBA does not support the possibility that a stressor event occurred, but the examiner can find additional marker evidence that does support the possibility. The examiner should explain why any evidence is considered a marker and how it may be consistent with the occurrence of an MST stressor event. It should be noted that some markers are more clear-cut than others, and at times, there may be some subjectivity to whether or not something is a marker. For this reason, you, as an examiner, must document not just the marker, but also your rationale for why the marker is consistent with the occurrence of the MST. VBA requires a rationale or reasons and bases for the examiner's opinion. Please select the ***Important Note***, or press ***3***.

Slide 15 - Potential Markers — Changes in Behavior



Transcript

A variety of things can be considered as markers for MST. For example, sometimes the Service member or a Veteran develops relationship, self-image, or behavioral problems after an MST experience. Other significant variations in behavior could also be markers, such as suddenly wanting no sexual contact, or having increased sexual contact, or vacillations between both in the same individual over time. While the MST experience or potential associated problems may not have been documented, any significant change in behavior at the time of the event, or at a credible point after, could be a marker, or indication, that they experienced MST. These behavior changes may have already been identified on the examination request as potential markers, or can be added to the examination report by you, whether or not any MST experiences are known to have occurred. Please select each of the highlighted objects on the screen. Then, select the ***Important Note,*** or press *7*, before continuing to the next slide.

Slide 16 - Potential Markers Exercise



Transcript

You may recall Amanda's story earlier in this course. This exercise gives you the opportunity to explore potential markers in Amanda's story. While listening to her story, think about the kinds of evidence that might determine if a diagnosed disability for Amanda was related to experiencing MST. Amanda, now twenty-eight years old, is a Black woman and the mother of a nine-year-old daughter. Amanda was a truck driver in Iraq, where she was trained that she must not stop the truck even if a civilian is in the road. Amanda was terrified at the thought that she might someday have to run over a child and talked to her colleagues about her fears. While on duty, Amanda was approached by a higher-ranking Service member who was responsible for job assignments. He stated that he would change her assignment from driving trucks to staffing the truck depot on the condition that Amanda would have sex with him. Although Amanda had no romantic or sexual interest in him, she feared career consequences from refusing; and this concern, in combination with her great fear of having to run over a child, made her feel pressured to have sex with him on several occasions. Amanda felt numb throughout the encounters. When she became pregnant from one of the encounters, other Service members found out and made comments about her being, in their words, "easy." Amanda was also ostracized by her peers after that. Now please select each of the three items on the page to reveal questions to consider when reviewing the potential evidence, or you can press *1* for *Pregnancy*, *2* for *Correspondence*, and *3* for *Chain of Command* to continue.

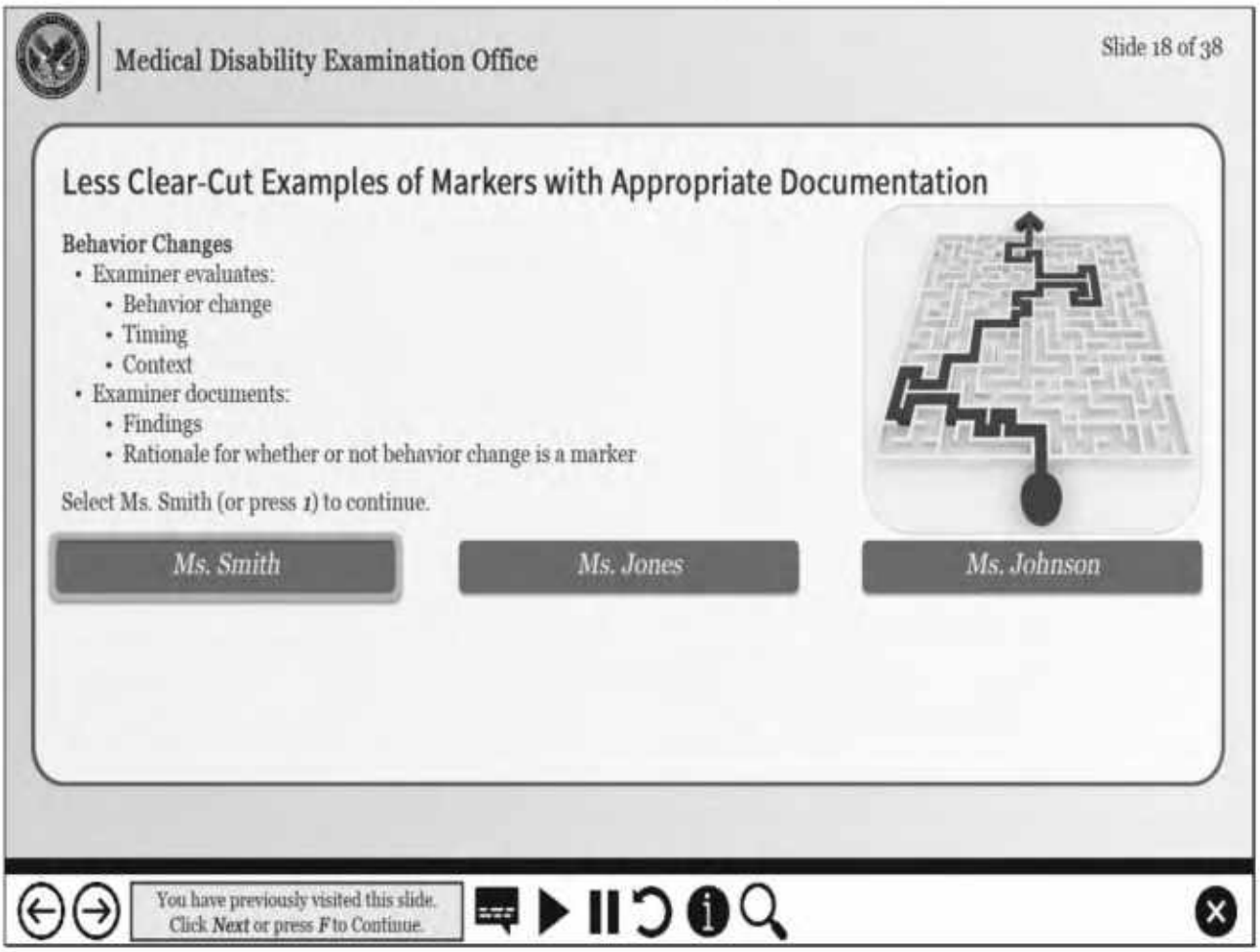
Slide 17 - An Example of a Marker and Appropriate Documentation



Transcript

Some markers are more clear-cut than others, and at times, there may be some subjectivity to whether or not an item is a marker. For this reason, the examiner must actively consider and look for potential markers and then document the marker evidence, and also a rationale for why the marker is consistent with the occurrence of an MST stressor event. You may recall from other VBA MDE General Certification courses that VBA requires a rationale, including reasons and bases, for all opinions. Please review this example of a marker and the appropriate documentation of the marker. Less clear-cut examples are shown on the next page.

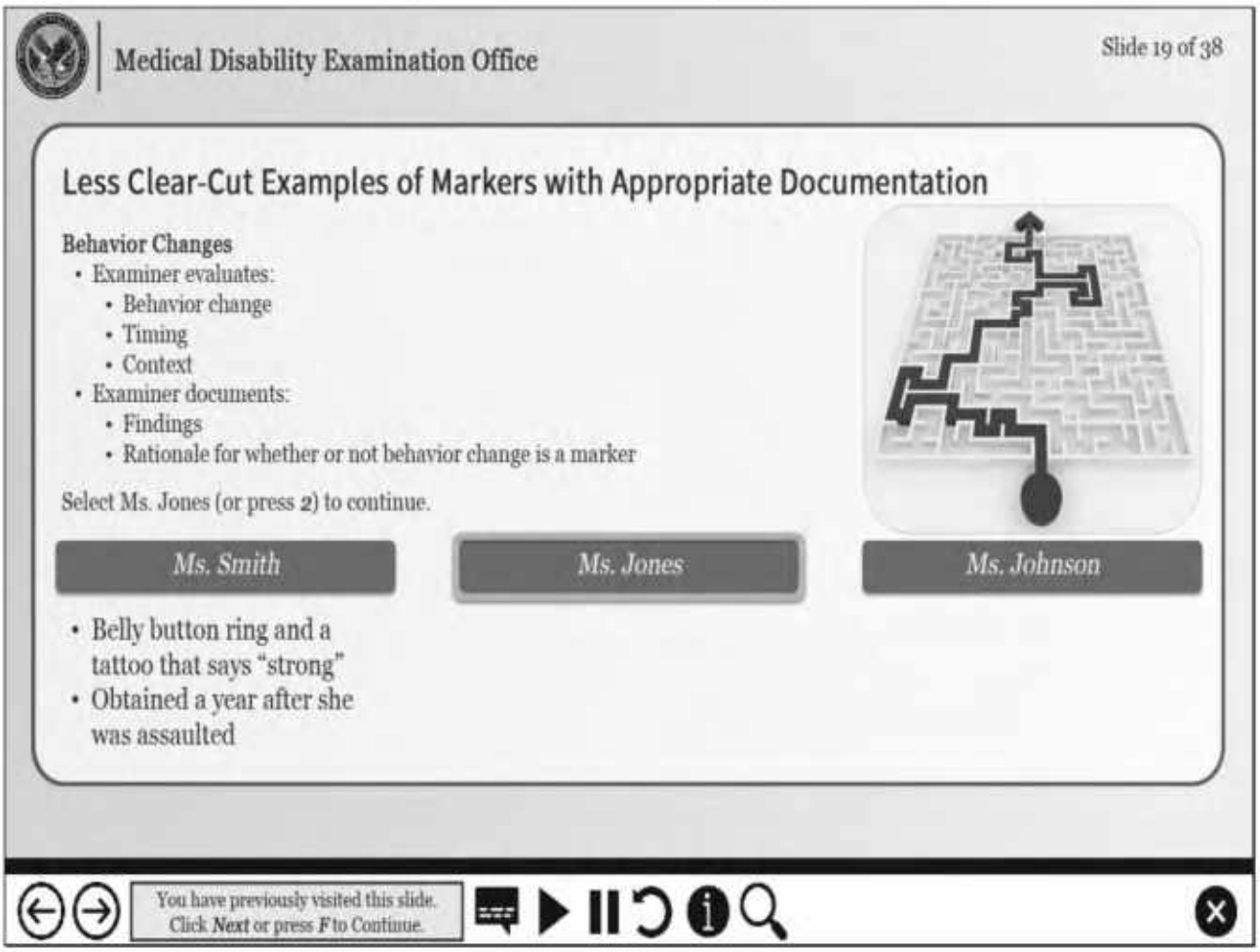
Slide 18 - Less Clear-Cut Examples of Markers with Appropriate Documentation



Transcript

After careful evaluation of a behavior change, including its timing and context, a disability examiner must document the findings and a rationale for whether or not the behavior change is a marker of an MST event. Here we have three examples which are less clear-cut than the previous example. Please select Ms. Smith (or press *1*) to hear the first of these examples.

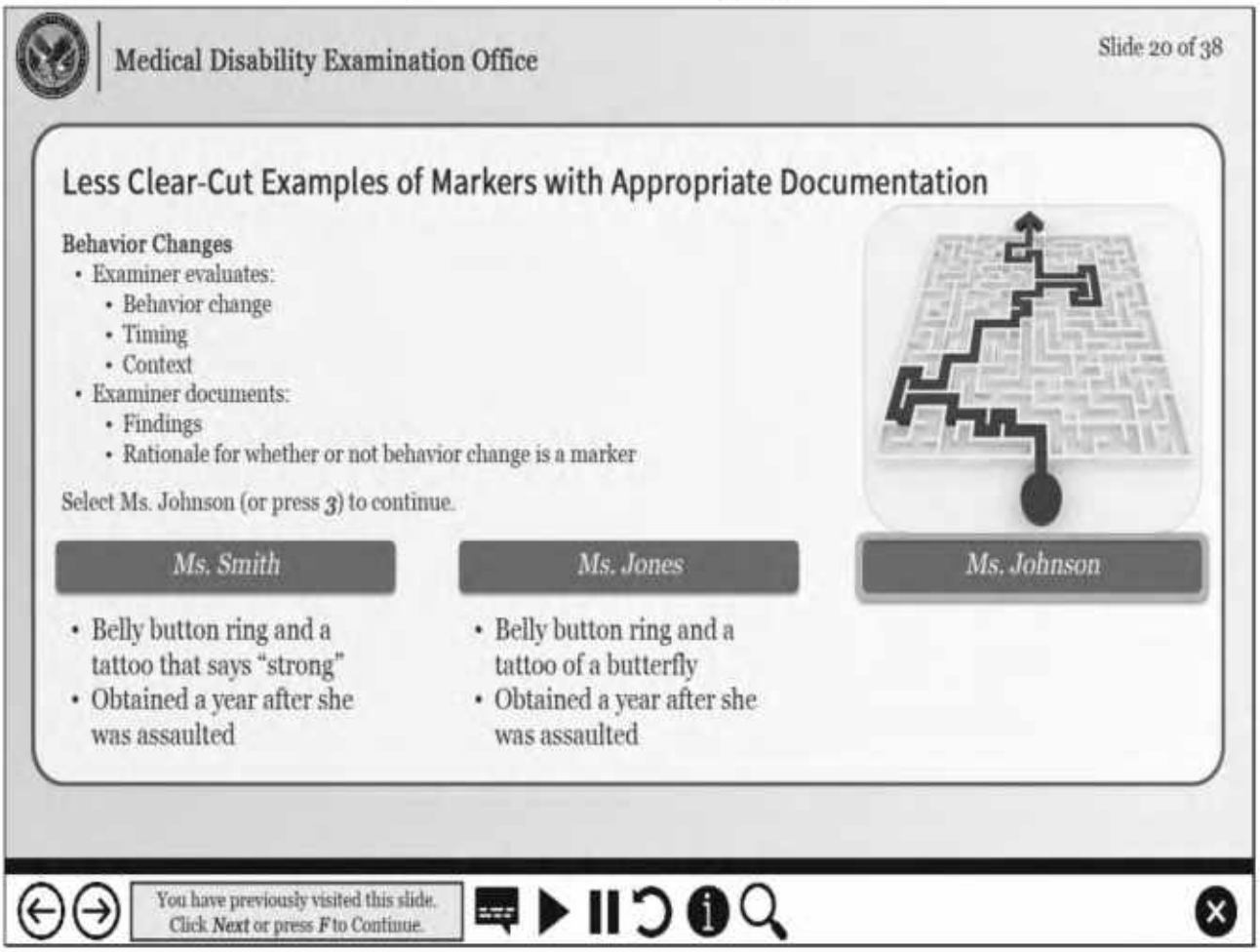
Slide 19 - Less Clear-Cut Examples of Markers with Appropriate Documentation



Transcript

The exam scheduling request indicates that Ms. Smith obtained a belly button ring and a tattoo one year after the date of the MST event. The tattoo is of the word "strong." While a belly button ring and tattoos would not serve as markers in all cases of PTSD, in Ms. Smith's case, it is believed that these are markers. Prior to 2015 (when the MST event occurred), Ms. Smith presented herself in a very conservative fashion. She did not have any body piercings or any tattoos. She indicated that she was raised in a strict, conservative home and indicated that none of her family members had any piercings or tattoos. Ms. Smith indicated that after she was assaulted, her feelings regarding body art began to change, and stated that she obtained both a tattoo and a belly button ring to "prove" to her attacker, and to other men, that she was strong and that she can be overtly desirable (which she interprets as having a belly button ring) without inviting unwanted sexual overtures. Ms. Smith indicated that she does not wish to obtain other tattoos or piercings, but stated that her tattoo and her piercing serve to remind her that she is a strong woman. Ms. Smith obtained the belly button ring and tattoo at the time of the one-year anniversary of the MST event. In this example, the belly button ring and tattoo that Ms. Smith obtained may be considered potential markers of an MST event. Now please select Ms. Jones (or press ***2***) to hear the next example. Compare the examples for Ms. Smith and Ms. Jones to see very different findings for similar behavior changes.

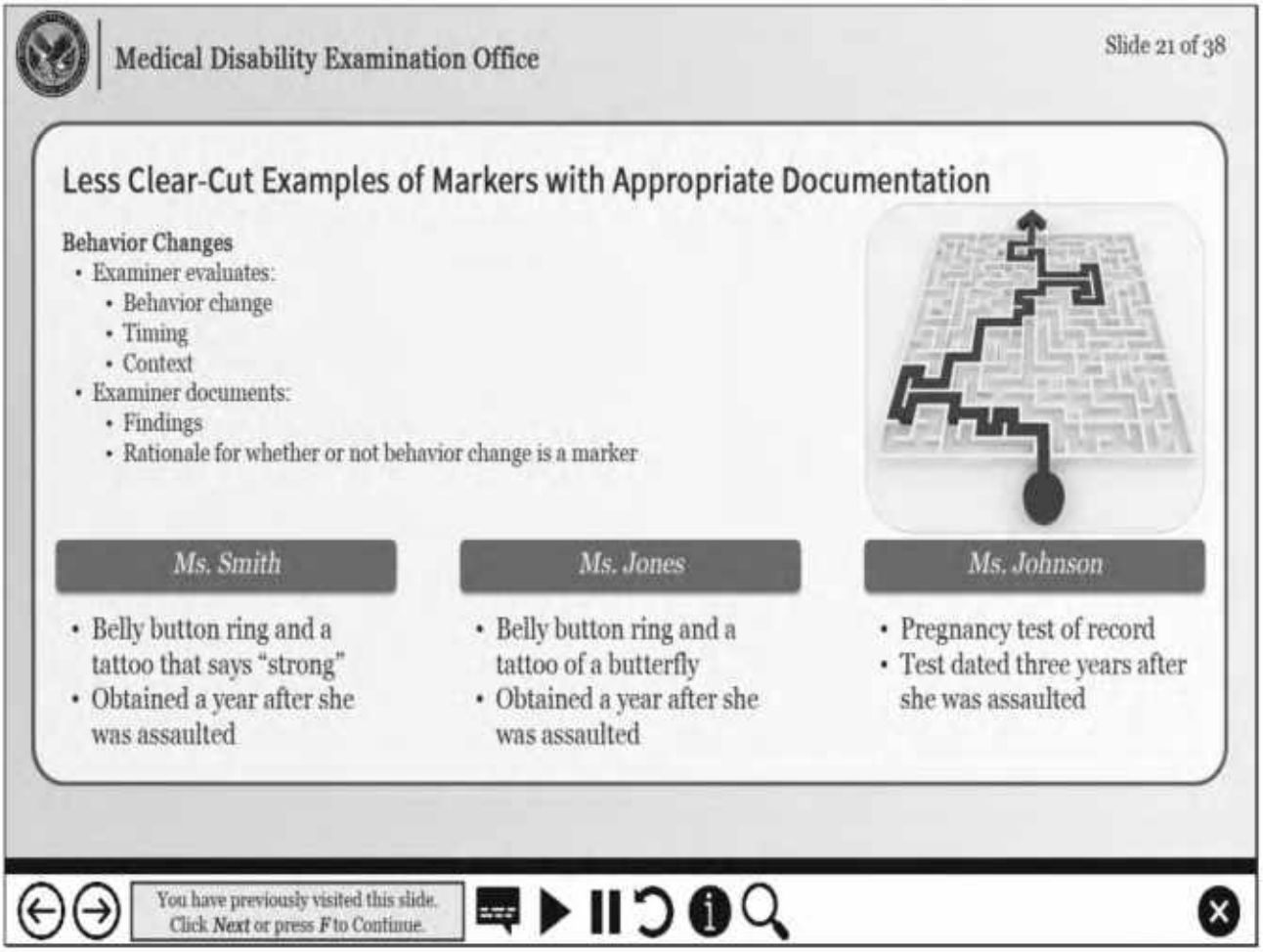
Slide 20 - Less Clear-Cut Examples of Markers with Appropriate Documentation



Transcript

In the example of Ms. Jones, the exam scheduling request indicates that Ms. Jones obtained a belly button ring and a tattoo one year after the date of the MST event. The tattoo is of a butterfly. While a belly button ring and tattoos may serve as markers in some cases of PTSD, in Ms. Jones' case, it is believed that this piercing and tattoo are **not** markers. Prior to 2015, when the MST event occurred, Ms. Jones had numerous tattoos on a variety of body parts. While Ms. Jones did not have any body piercings prior to 2015, she indicated that she had always wanted piercings, but stated that she just had never obtained one. Ms. Jones was not able to articulate in any fashion a relationship between her obtaining the tattoo and belly button ring and her MST experience. There are also no other markers, such as behavior changes or information in the personnel file, that are consistent with occurrence of a sexual assault. In this example, the belly button ring and tattoo that Ms. Jones obtained are not considered to be markers of an MST event. However, this does **not** mean that the MST did not occur. Lastly, please select Ms. Johnson (or press *3*) to hear a third example and see how timing can play a role in considering potential markers.

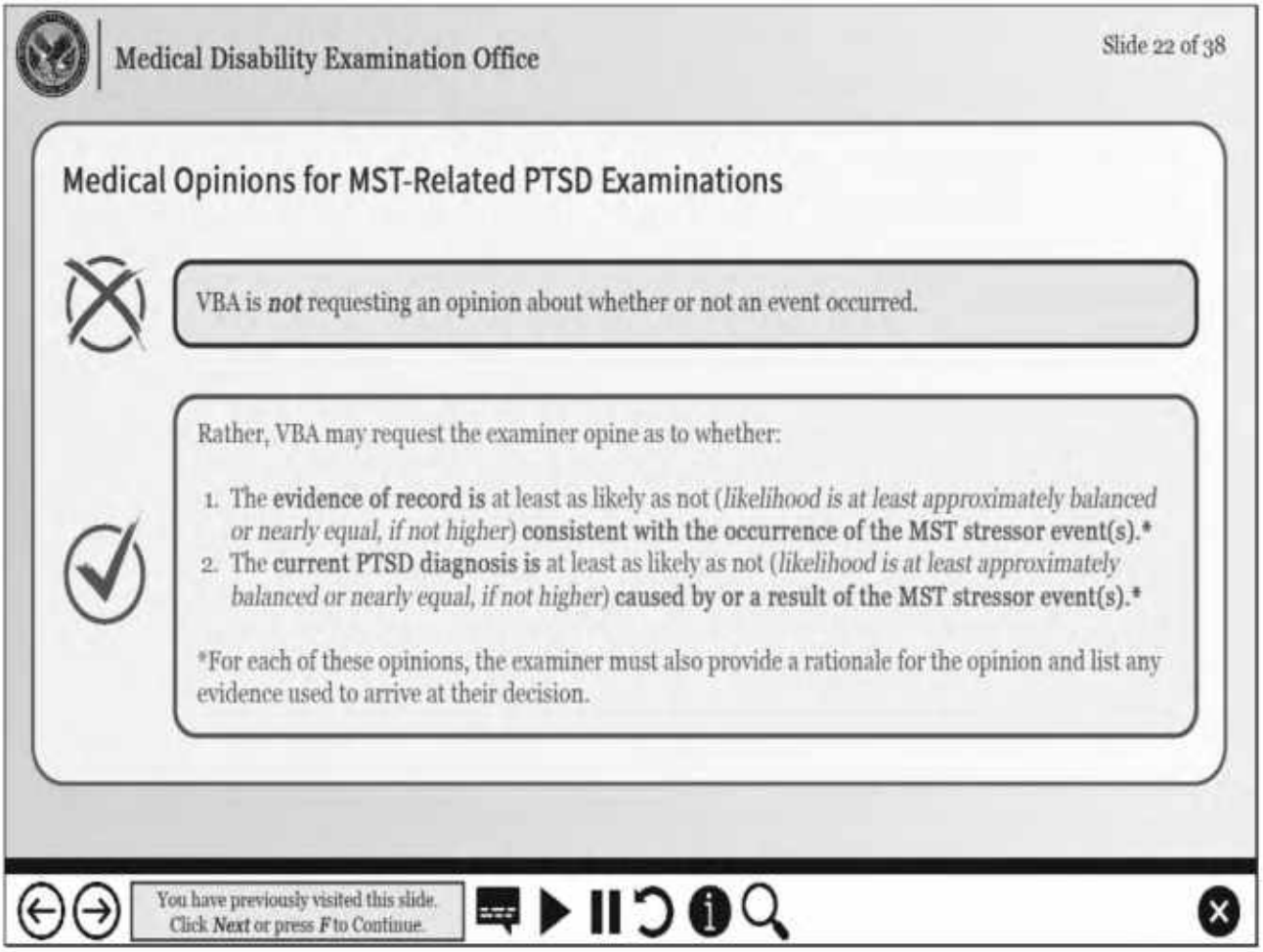
Slide 21 - Less Clear-Cut Examples of Markers with Appropriate Documentation



Transcript

The examination request indicates that Ms. Johnson was tested for pregnancy in 1982. During the VA examination, Ms. Johnson stated that she was raped in 1979. Evidence presented does show that a pregnancy test was administered in 1982. Given this timing, this pregnancy test would not be considered a marker of the MST event. Ms. Johnson denied taking any other pregnancy tests during her military service. There are also no other markers, such as behavior changes or information in the personnel file, that are consistent with the occurrence of the MST stressor. However, this does **not** mean that MST did not occur, only that the pregnancy test would not be considered a marker of the MST event.

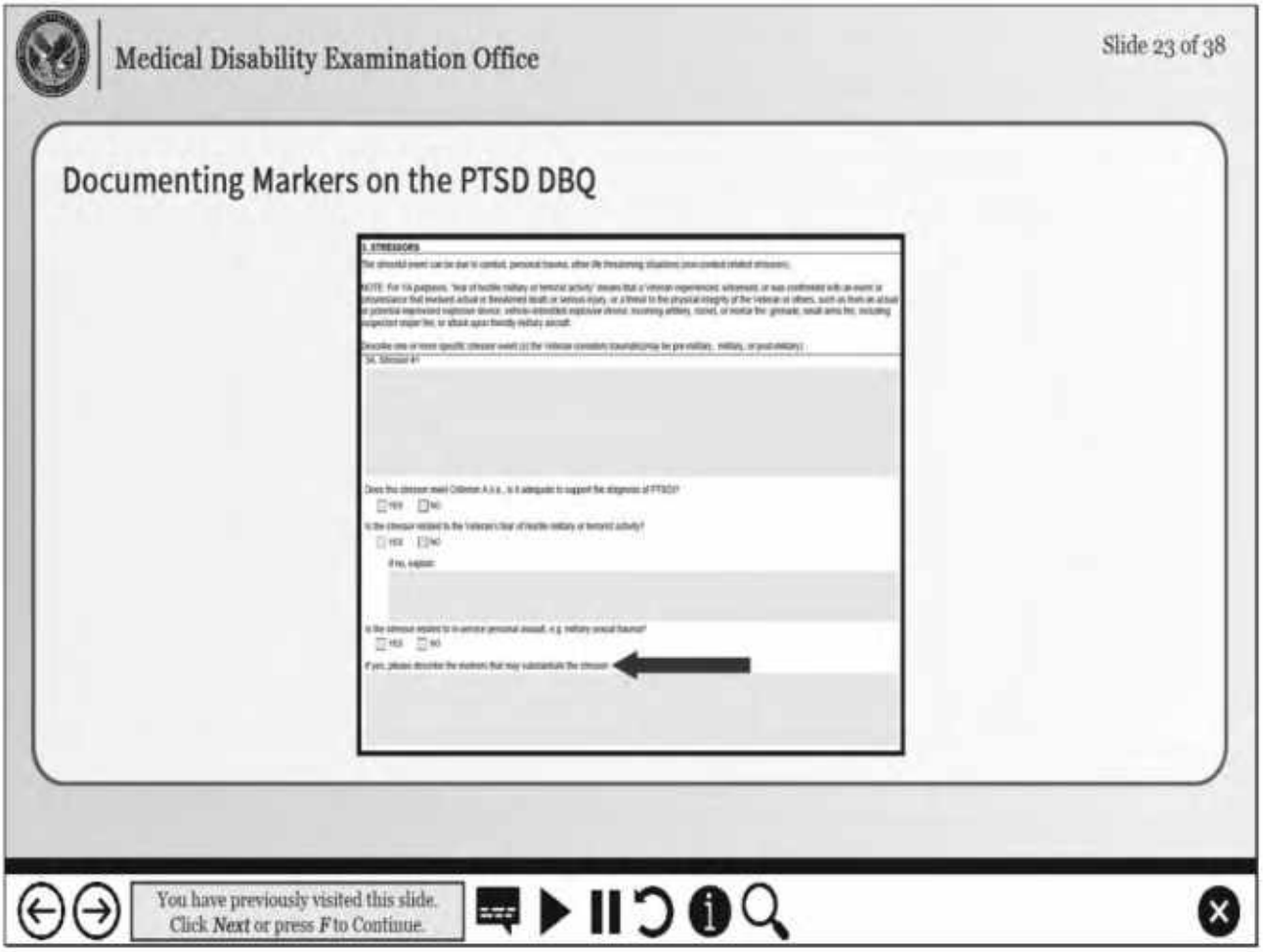
Slide 22 - Medical Opinions for MST-Related PTSD Examinations



Transcript

The medical opinion is a critical component of MST-related examinations. It's important to understand that VBA is not requesting an examiner's opinion about whether or not an event occurred; that is a factual issue and not appropriate for a mental health judgment. Instead, VBA may request the examiner opine as to whether the evidence of record is consistent with the occurrence of the MST stressor event, and whether the current PTSD diagnosis is likely a result of the MST stressor event. For each of these opinions, the examiner must also provide a rationale for the opinion and list any evidence used to arrive at their decision.

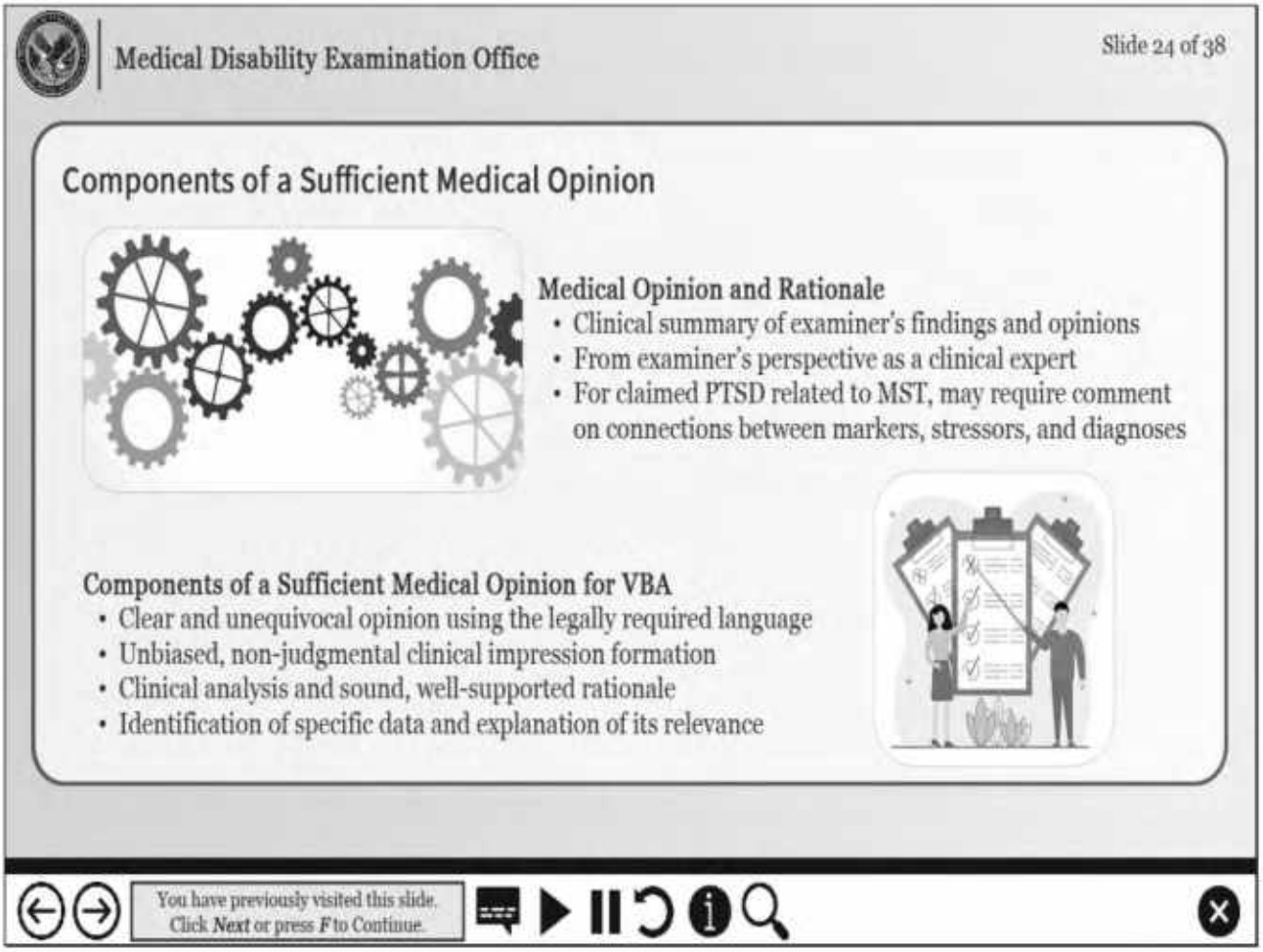
Slide 23 - Documenting Markers on the PTSD DBQ



Transcript

This slide shows a snapshot from an Initial PTSD DBQ. You'll see that in section three of the DBQ, the mental health examiner is asked to document the claimed stressor and to indicate whether the stressor meets Criterion A, in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-V. The examiner should keep two key points in mind. First, it is possible for a reported MST stressor to meet the definition of MST, yet not reach the threshold for a Criterion A event per the DSM; and second, if the MST stressor does not meet the DSM definition of a Criterion A trauma, then the diagnosis cannot be PTSD. The mental health examiner is also asked to indicate whether the stressor is related to an in-service personal assault, such as MST. If the examiner answers yes, then they are asked to document and describe the markers that may substantiate the stressor. Completing this section thoroughly and accurately is critical, as it enables the VBA claims adjudicator to know if the markers are consistent with the occurrence of the Criterion A stressor.

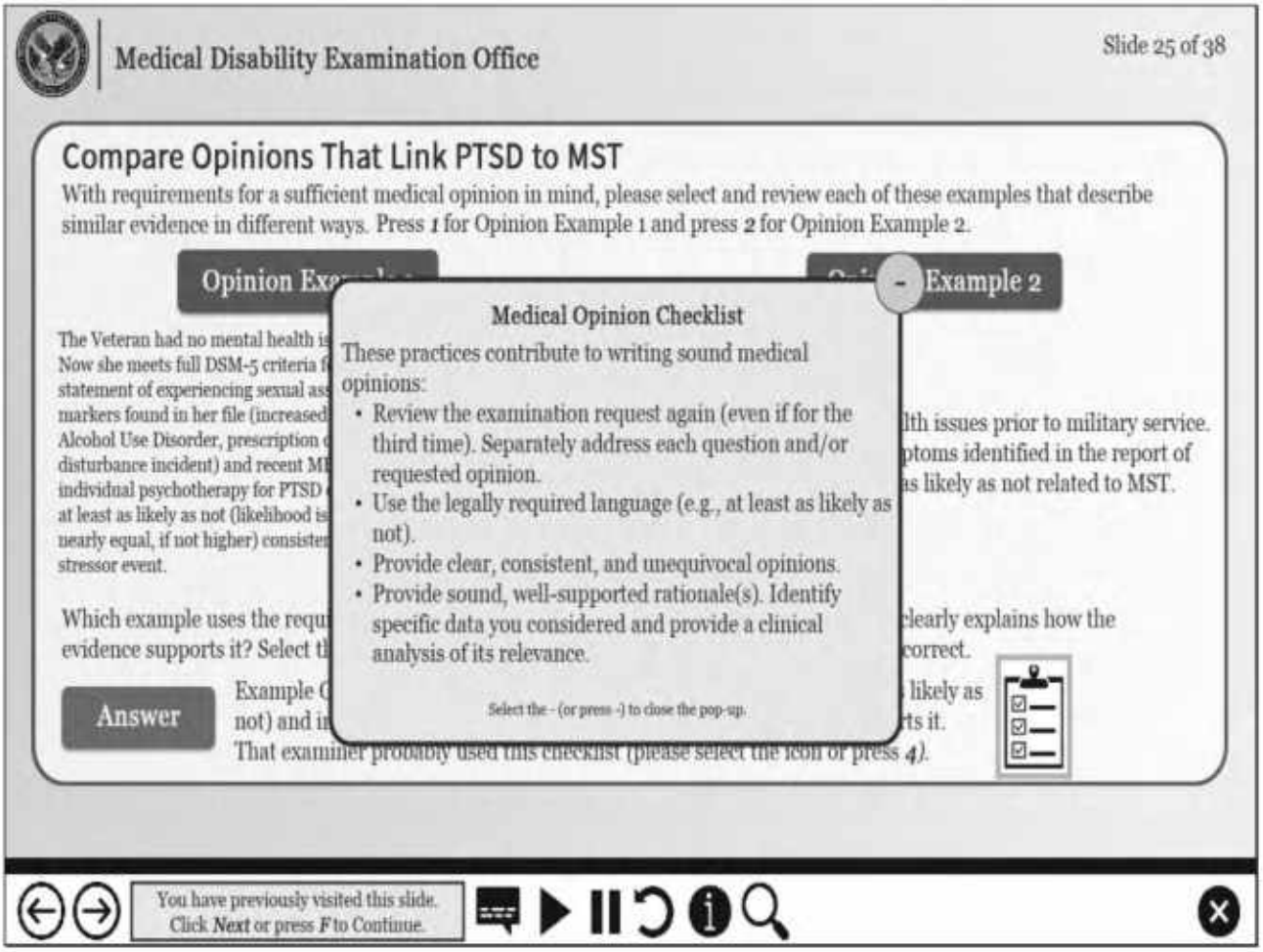
Slide 24 - Components of a Sufficient Medical Opinion



Transcript

A medical opinion and rationale are a clinical summary of an examiner's findings and opinions from their perspective as a clinical expert. Opinions for claimed PTSD related to MST may require an examiner to comment on connections between markers, stressors, and diagnoses. The resulting medical opinion is sufficient for VBA when an examiner provides a clear and unequivocal opinion using the legally required language; uses unbiased, non-judgmental clinical impression formation; provides a clinical analysis and sound, well-supported rationale; and identifies specific data and explains its relevance.

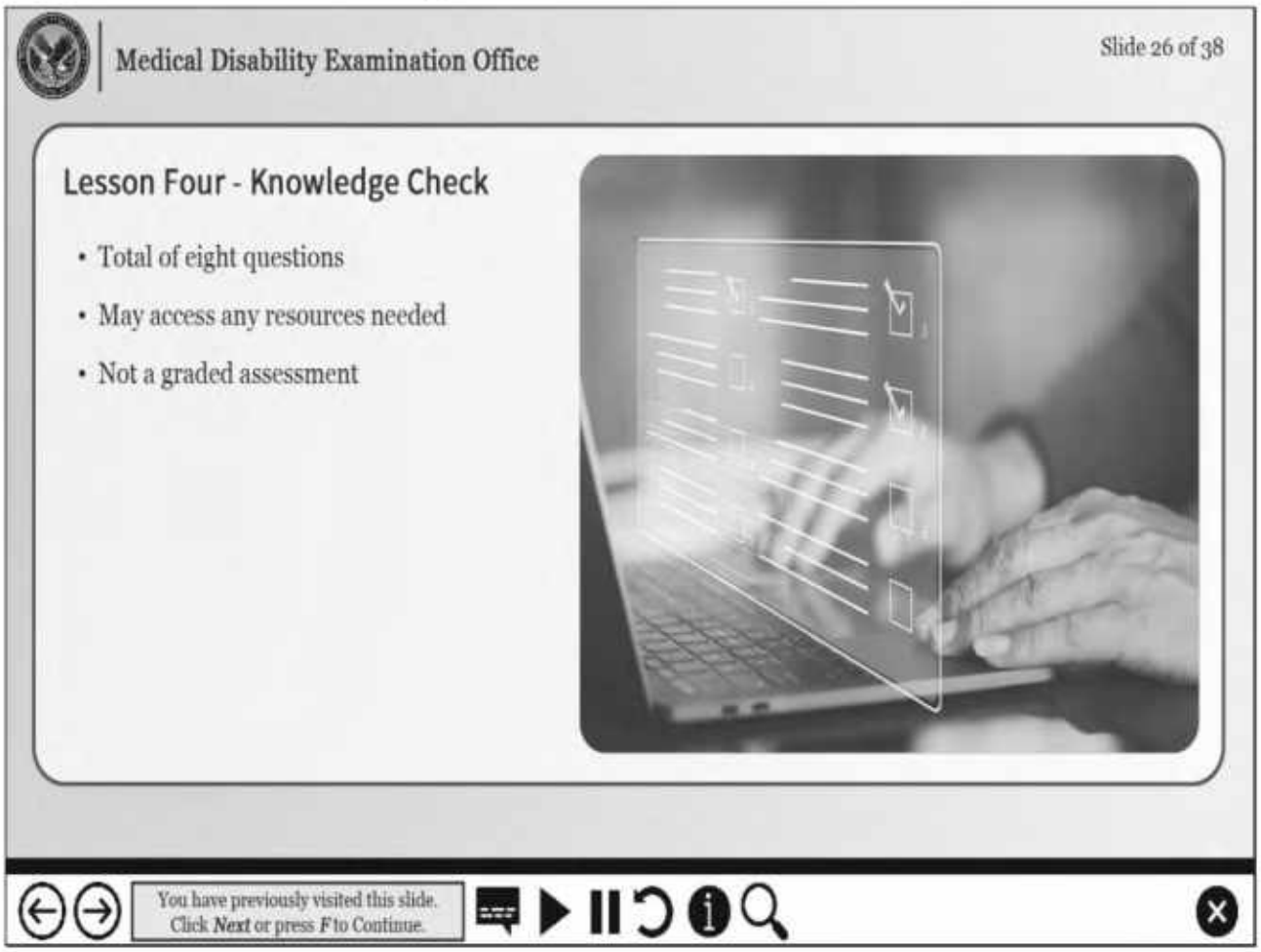
Slide 25 - Compare Opinions That Link PTSD to MST



Transcript

With requirements for a sufficient medical opinion in mind, please review these two examples that describe similar evidence in different ways. Which example uses the required legal phrasing for the opinion and includes a rationale that clearly explains how the evidence supports it?

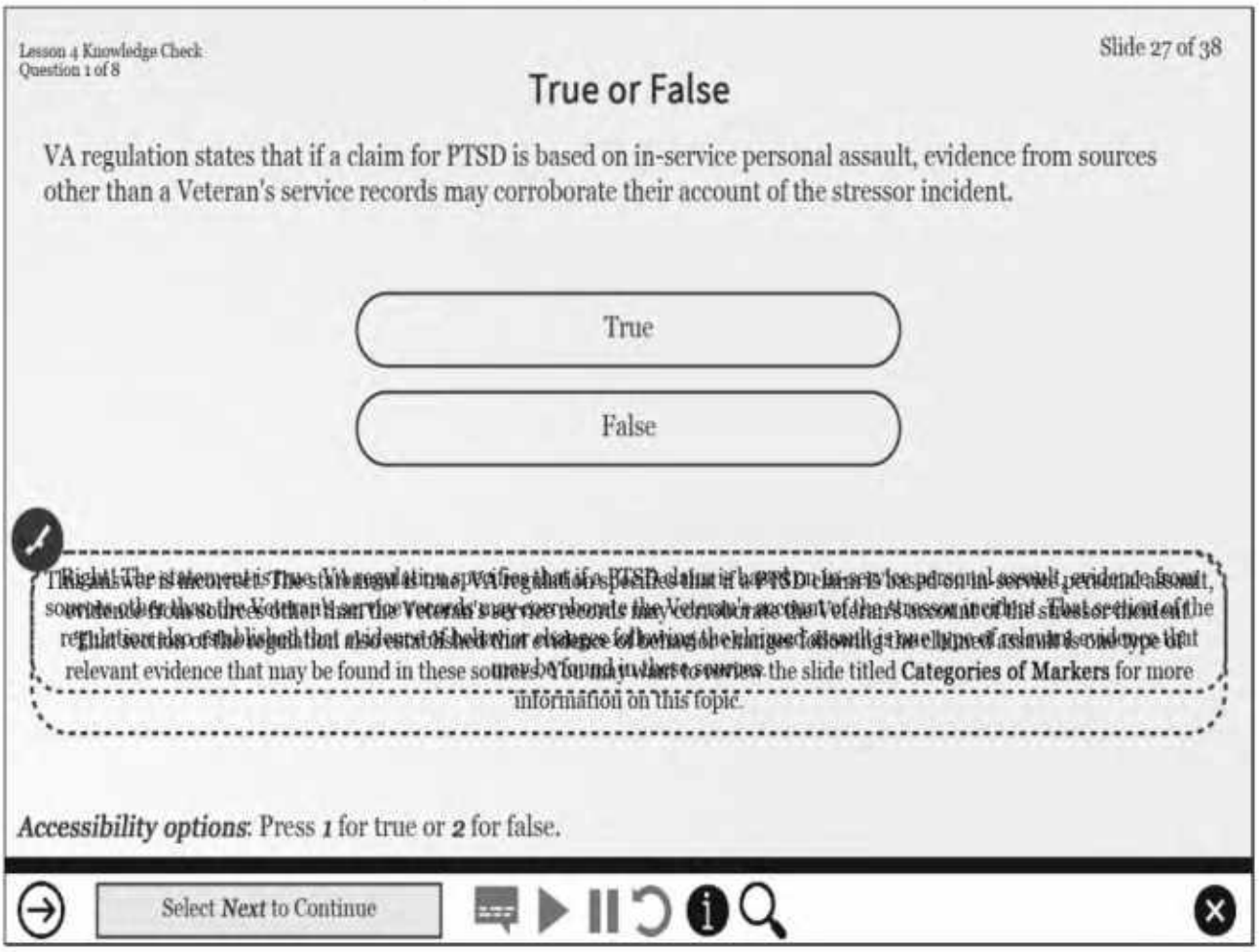
Slide 26 - Lesson Four Knowledge Check Transition



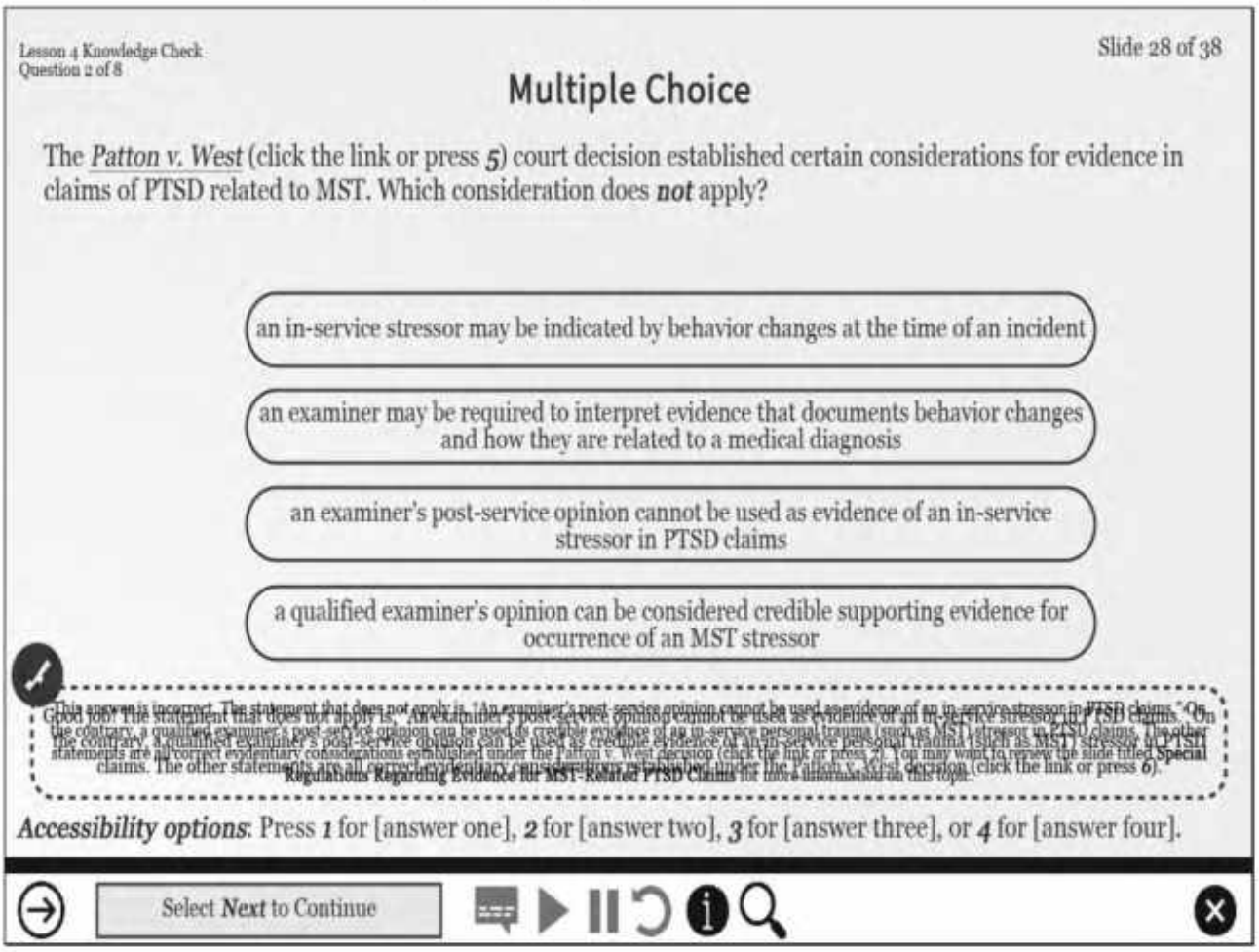
Transcript

You will now be presented with a knowledge check consisting of a total of eight questions. This knowledge check is not a graded assessment, so there is no minimum score required to advance to the course final assessment. Rather, it is a tool to help reinforce the information presented in the lesson. Similar questions may be asked on the final assessment. Please select ***Next Slide***, or press the right-facing arrow key, to proceed to the knowledge check.

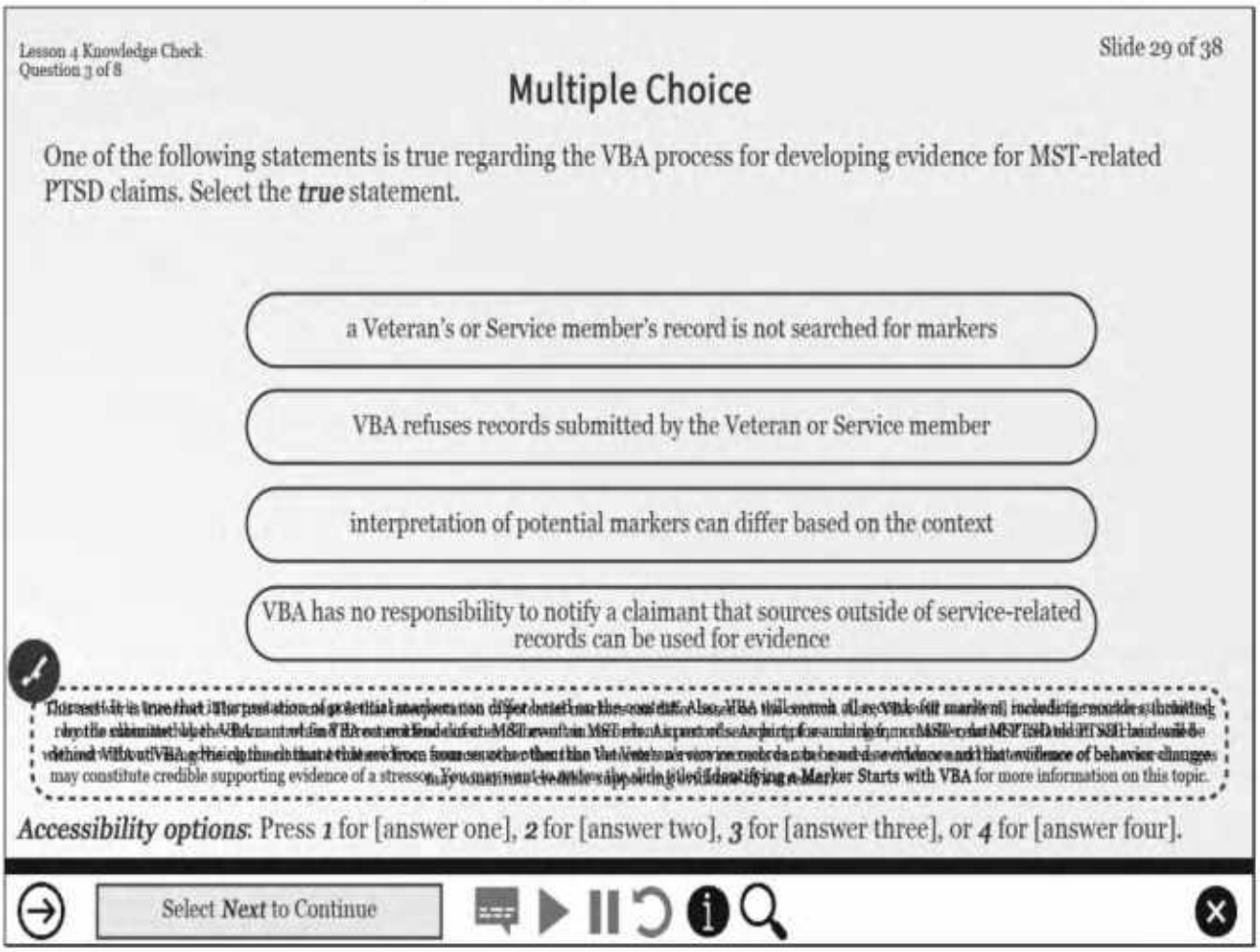
Slide 27 - Lesson Four Knowledge Check | Question One



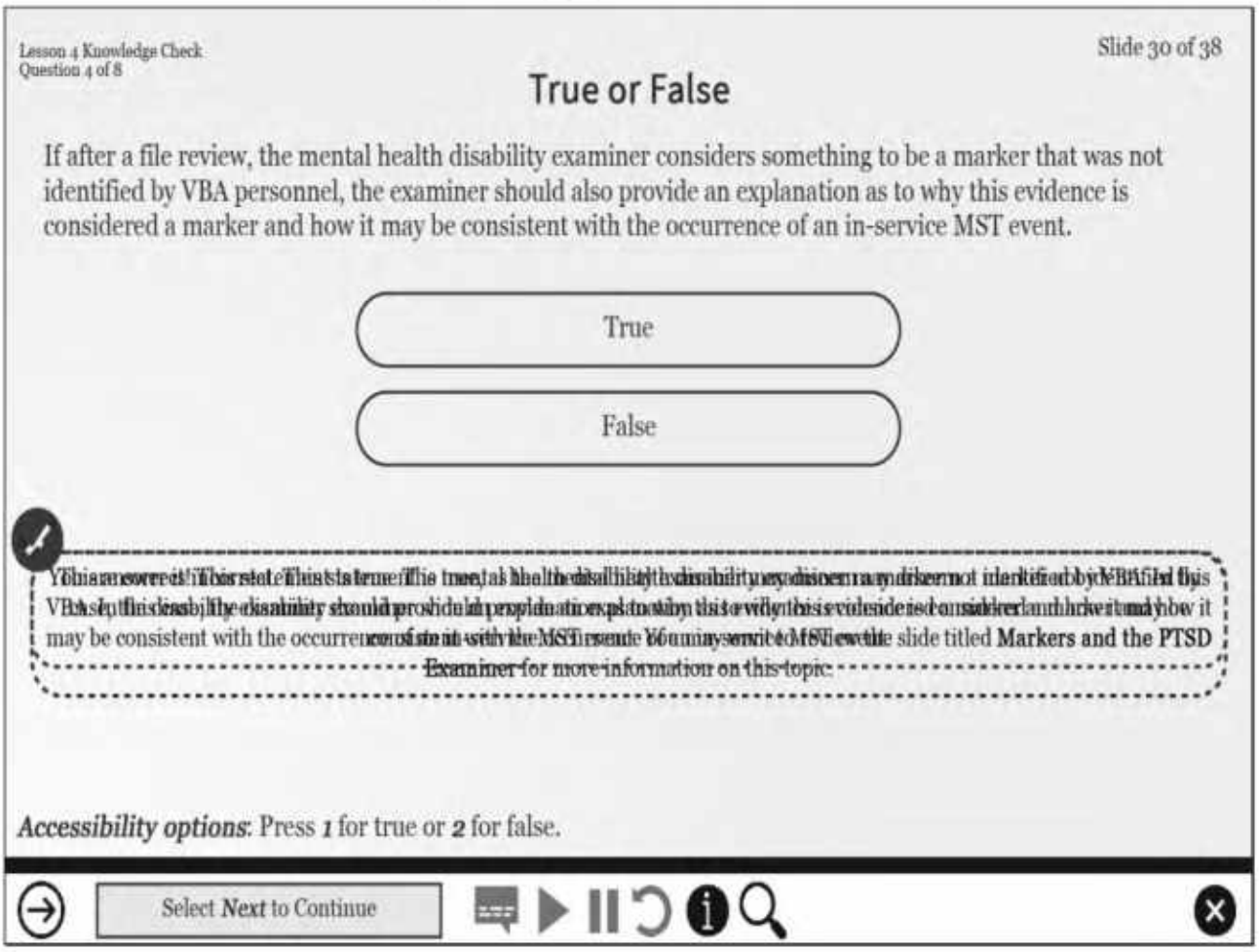
Slide 28 - Lesson Four Knowledge Check | Question Two



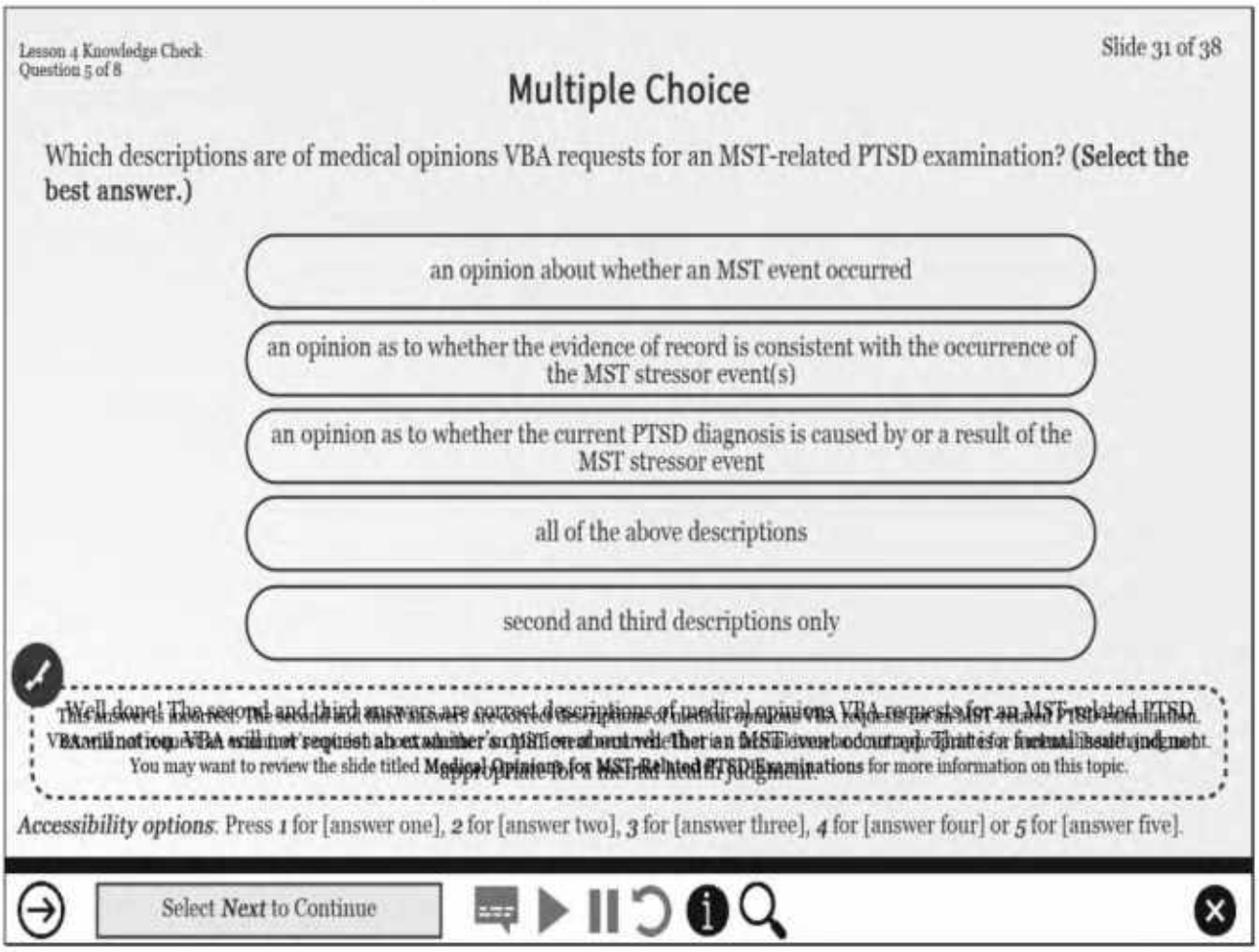
Slide 29 - Lesson Four Knowledge Check | Question Three



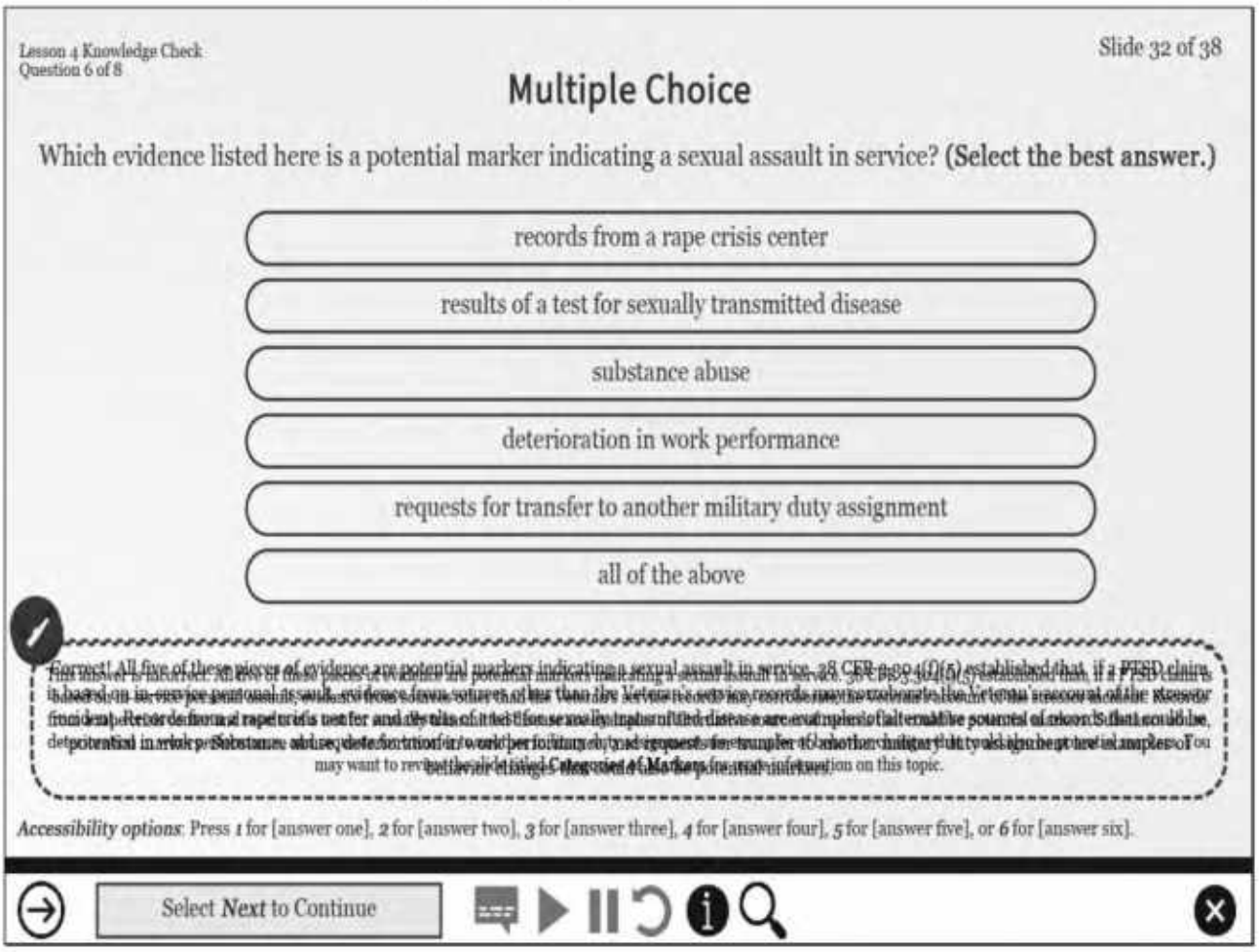
Slide 30 - Lesson Four Knowledge Check | Question Four



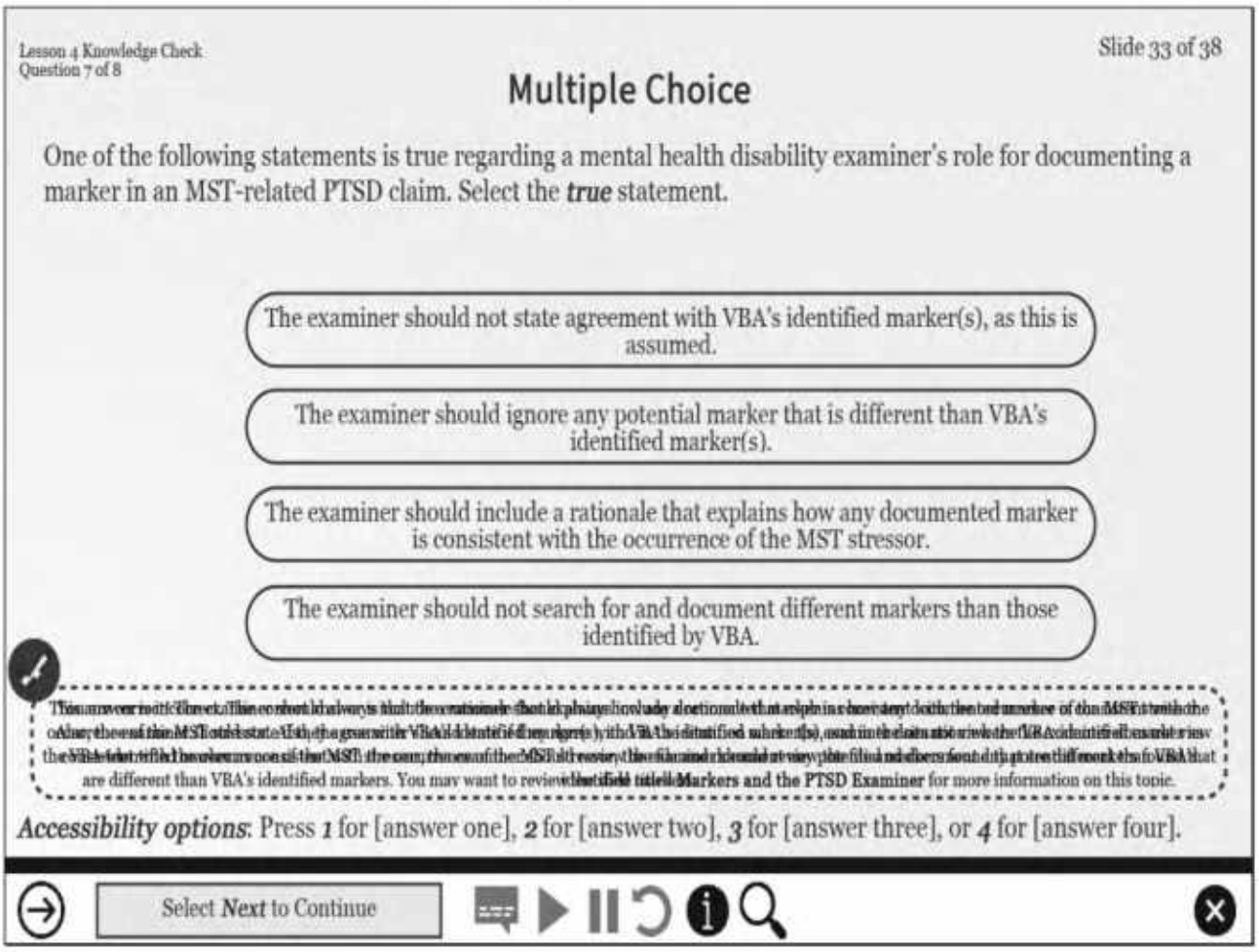
Slide 31 - Lesson Four Knowledge Check | Question Five



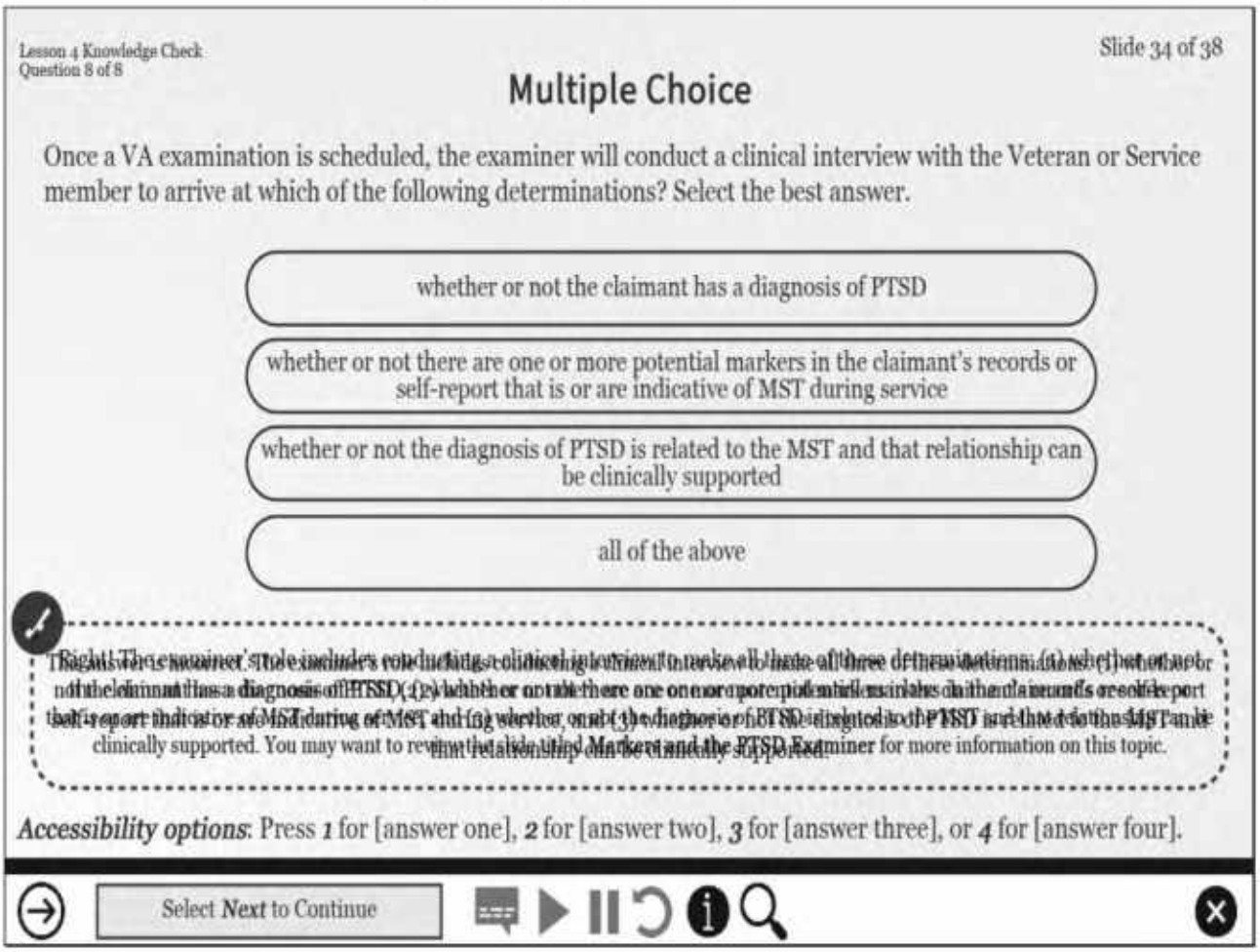
Slide 32 - Lesson Four Knowledge Check | Question Six



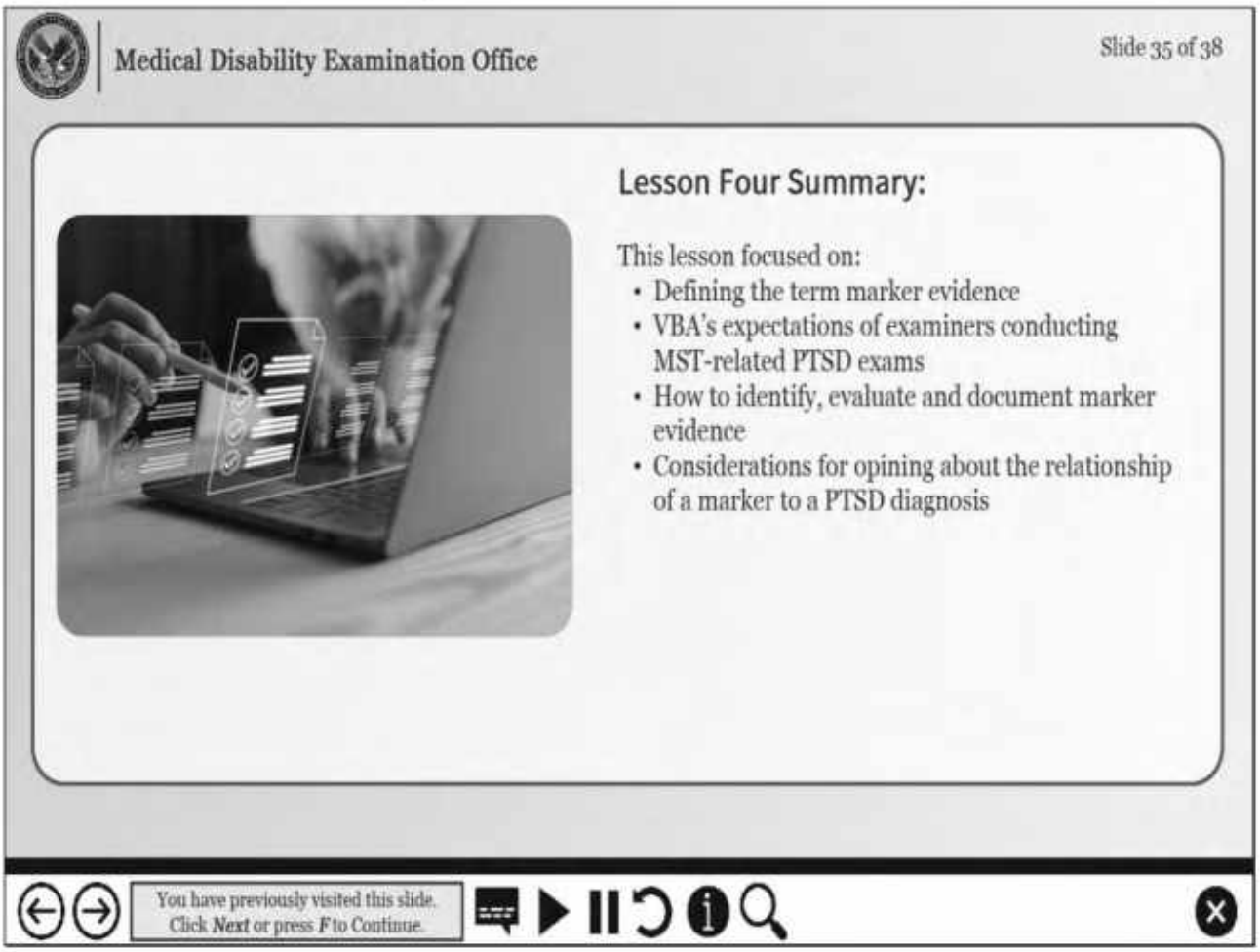
Slide 33 - Lesson Four Knowledge Check | Question Seven



Slide 34 - Lesson Four Knowledge Check | Question Eight



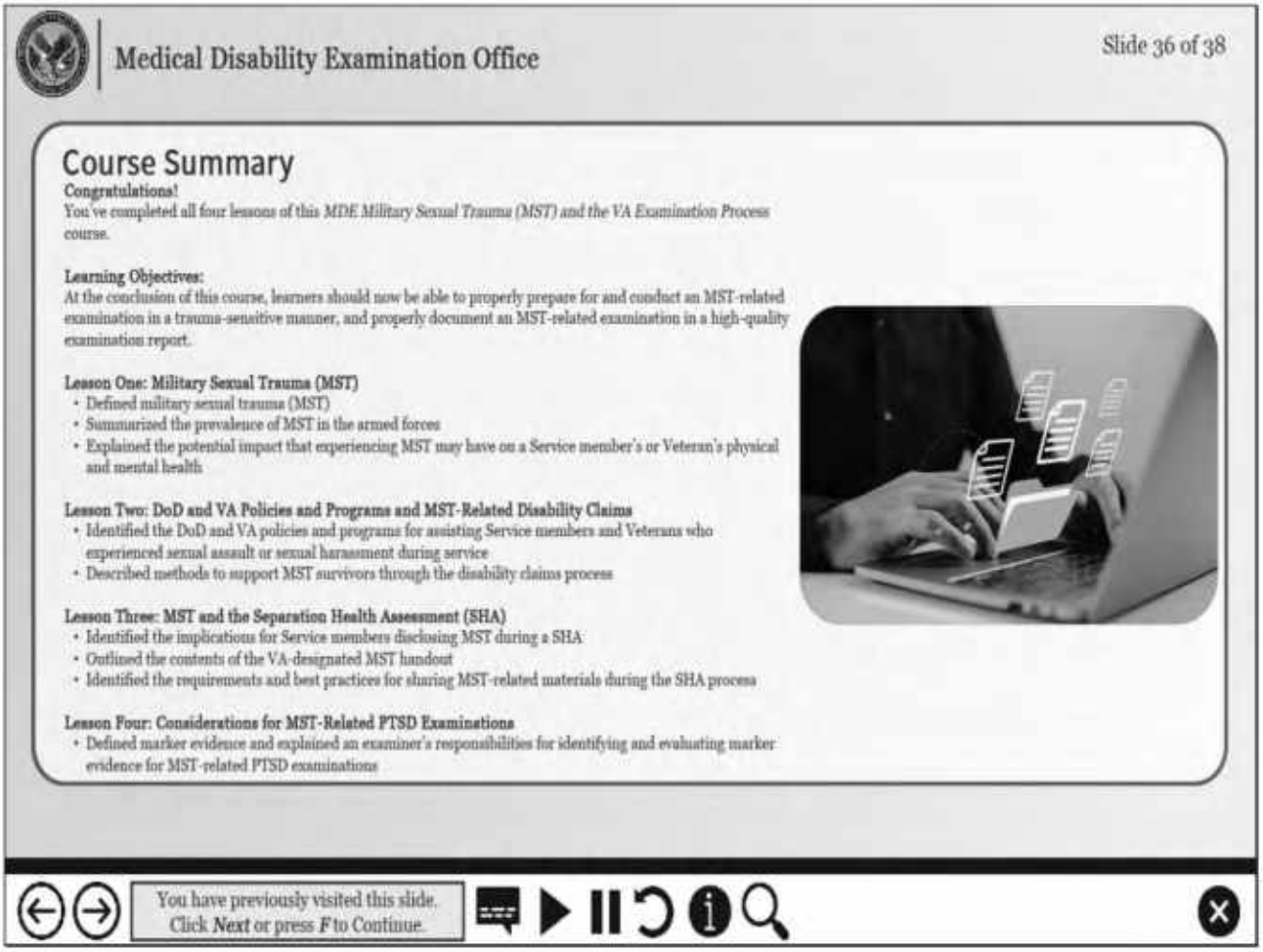
Slide 35 - Lesson Four Summary



Transcript

Congratulations, you've completed Lesson Four, the last lesson in the course! This lesson focused on defining the term marker evidence and discussing VBA's expectations of disability examiners conducting MST-related PTSD examinations. The lesson explained how marker evidence is identified, and demonstrated how markers are evaluated and documented for MST-related PTSD claims. The lesson also discussed other considerations for a mental health examiner conducting a PTSD exam related to MST and providing an opinion about the relationship of a marker to a diagnosis of PTSD. Now that you've completed all four lessons, we'll provide a Course Summary on the next page followed by instructions for completing the final assessment.

Slide 36 - Course Summary



Transcript

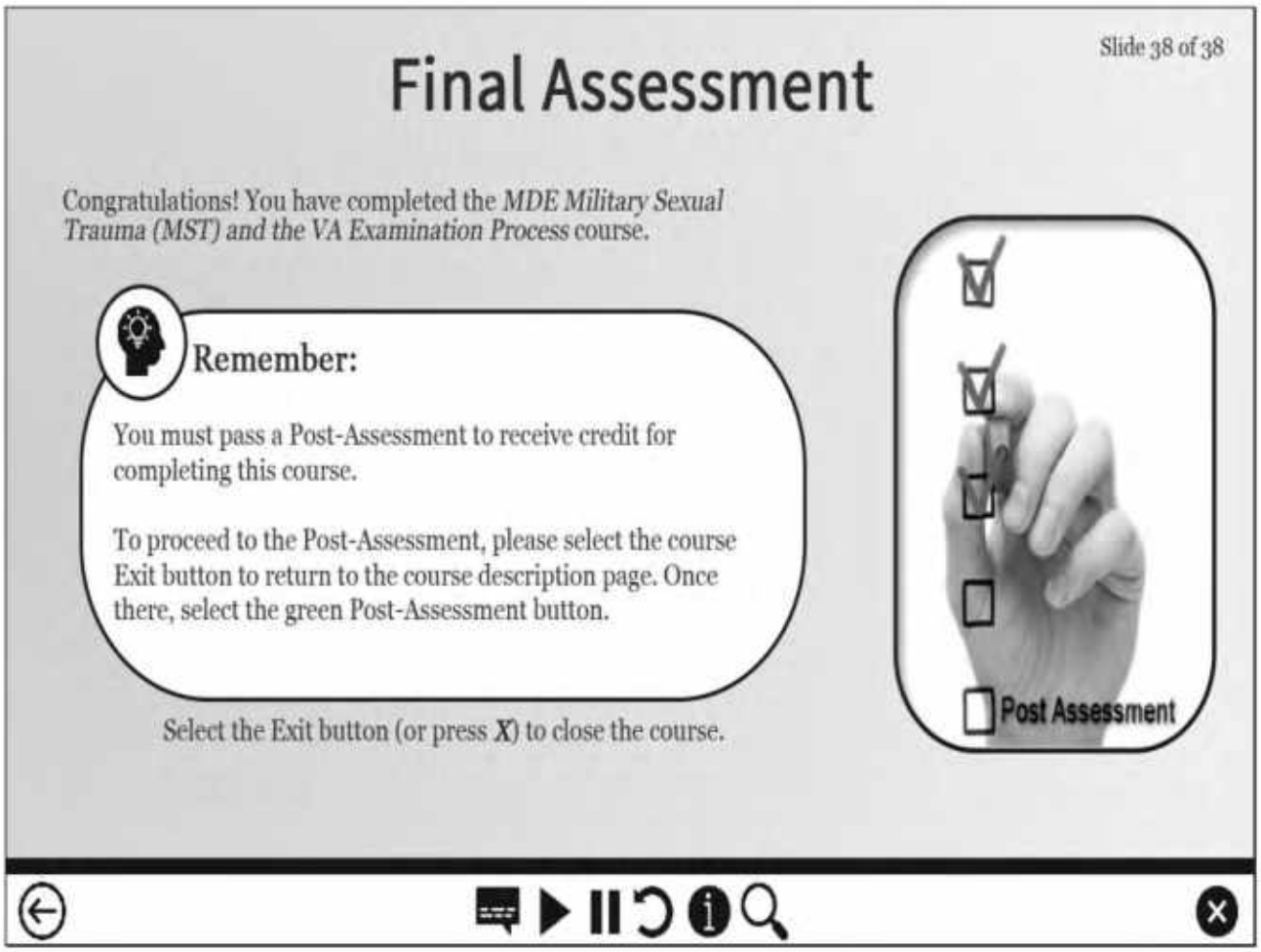
Congratulations! You've completed all four lessons of this MDE Military Sexual Trauma and the VA Examination Process course. This course provided information and examples in four lessons to help you reach the terminal learning objective. After completing this course, you should now be able to properly prepare for and conduct an MST-related examination in a trauma-sensitive manner, and properly document an MST-related exam in a high-quality examination report. Before you proceed to the Final Assessment, let's recap what we covered in these four lessons. The first lesson, *Military Sexual Trauma*, defined MST and provided statistics about the prevalence of MST to help you recognize its potential effects on a Service member's or Veteran's physical and mental health. The scope of and reasons for underreporting were also addressed, as well as various mental and physical conditions diagnosed more frequently in Veterans and Service members who have experienced MST. The second lesson, *DoD and VA Policies and Programs*, described policies and programs implemented by DoD and VA to address the experiences of sexual assault and sexual harassment in Service members and Veterans. DoD programs include the Safe Helpline, Family Advocacy Program, Sexual Assault Prevention and Response Office, and the Military Equal Opportunity program. DoD and VA implemented the Separation Health Assessment (SHA) to facilitate the transition from Service member to Veteran. VHA's free and extensive MST-related care and VA's policies and programs for MST-related education and outreach were also covered. This lesson also provided background information on the considerations for Service members and Veterans before filing a claim. The lesson discussed the training for VBA staff to develop MST-related PTSD claims and the role of VBA MST Coordinators

to assist with filing a claim. This lesson included suggestions for conducting trauma-sensitive examinations, and for responding sensitively if a Veteran discloses MST during a disability examination. The third lesson, *MST and the Separation Health Assessment*, started with details about the SHA and how the report from a SHA becomes part of a Service member's STRs. This lesson discussed possible implications for the Service member who discloses MST during the SHA, suggestions for responding to a potential disclosure, and considerations for documenting MST experiences on the SHA examination report. This lesson also described the MST handout that Service members receive as part of the SHA process and the examiner's responsibility to verify it was received. The fourth lesson, *Considerations for MST-Related PTSD Examinations*, defined marker evidence and discussed the roles of VBA and examiners in discerning and assessing markers used in MST-related PTSD claims. This lesson provided examples for documenting markers and providing rationales to explain the examiner's conclusions about the marker and any connection to a possible MST experience. The references used in the course and the instructions for proceeding to the final assessment are shown on the next slides.

Slide 37 - References



Slide 38 - Final Assessment



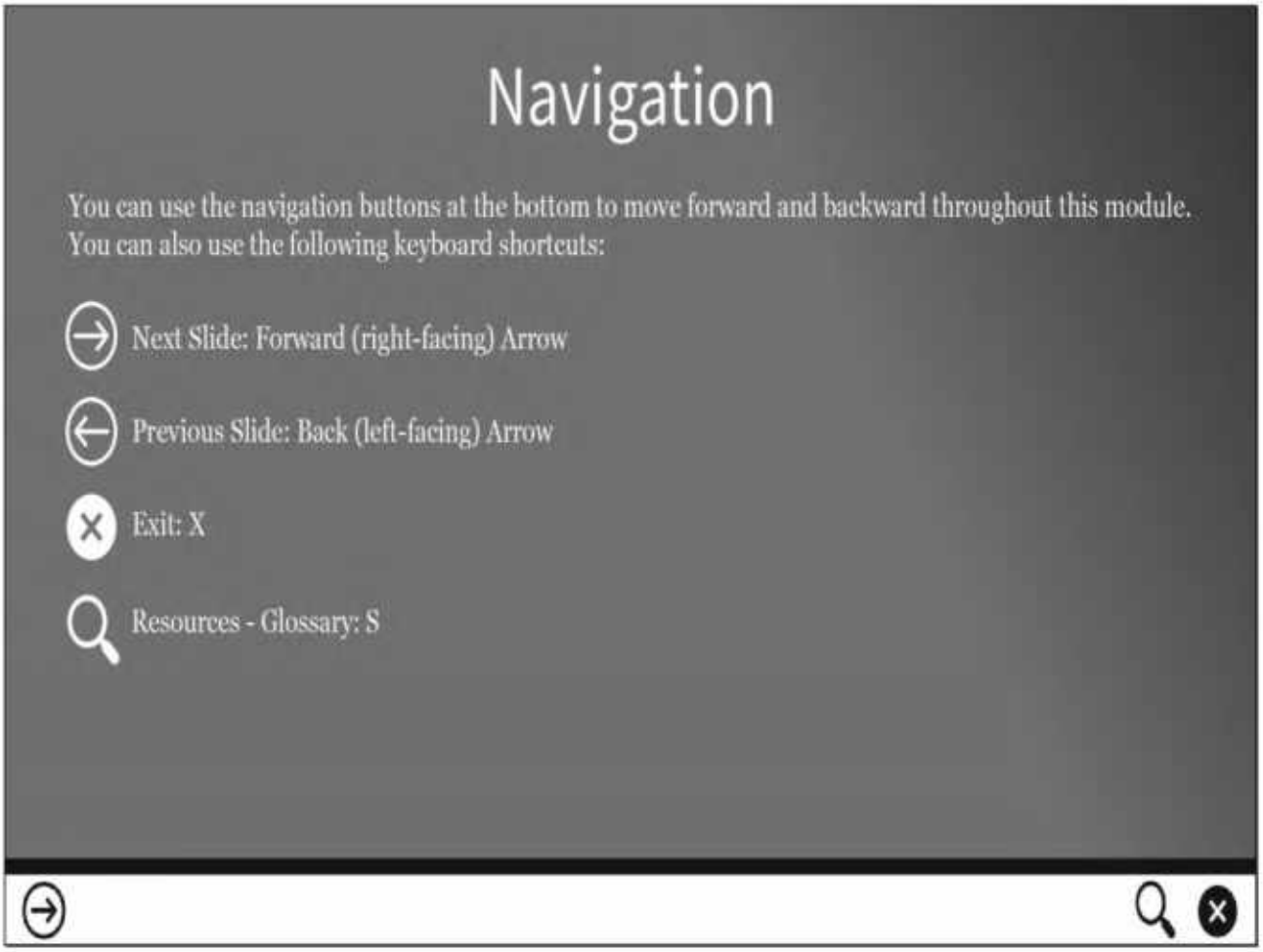
Transcript

Congratulations on completing the MDE Military Sexual Trauma and the VA Examination Process course. As a reminder, you must pass the final assessment with a minimum score of 80 percent, and you must complete the course evaluation, to receive credit for completing this course. After you have successfully completed the final assessment and the course evaluation, you will be able to save or print your course completion certificate. Please review the information on this slide, then select the **Exit** button (or press ***X***) to close the course.

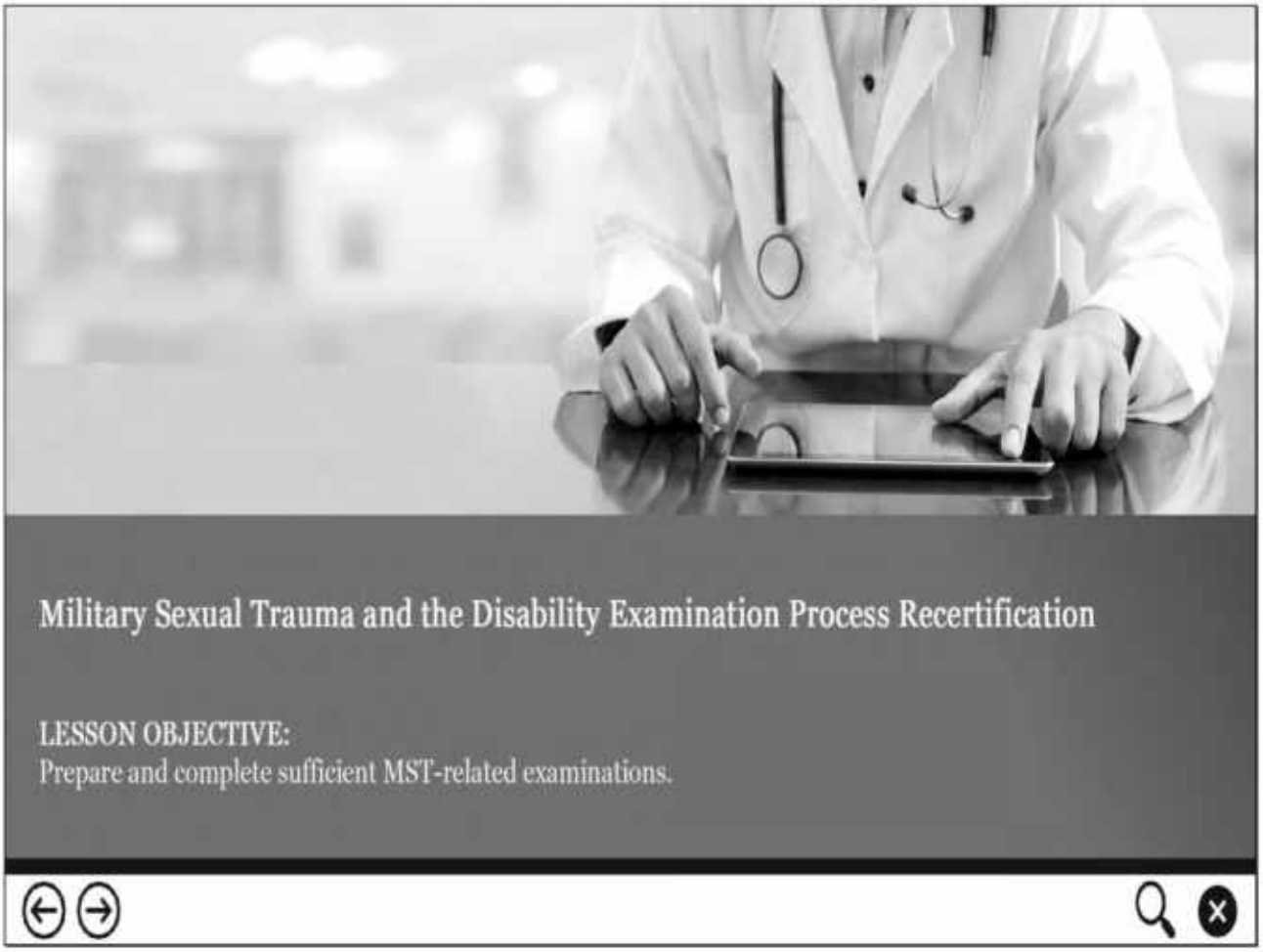
Slide 1 - Title Slide



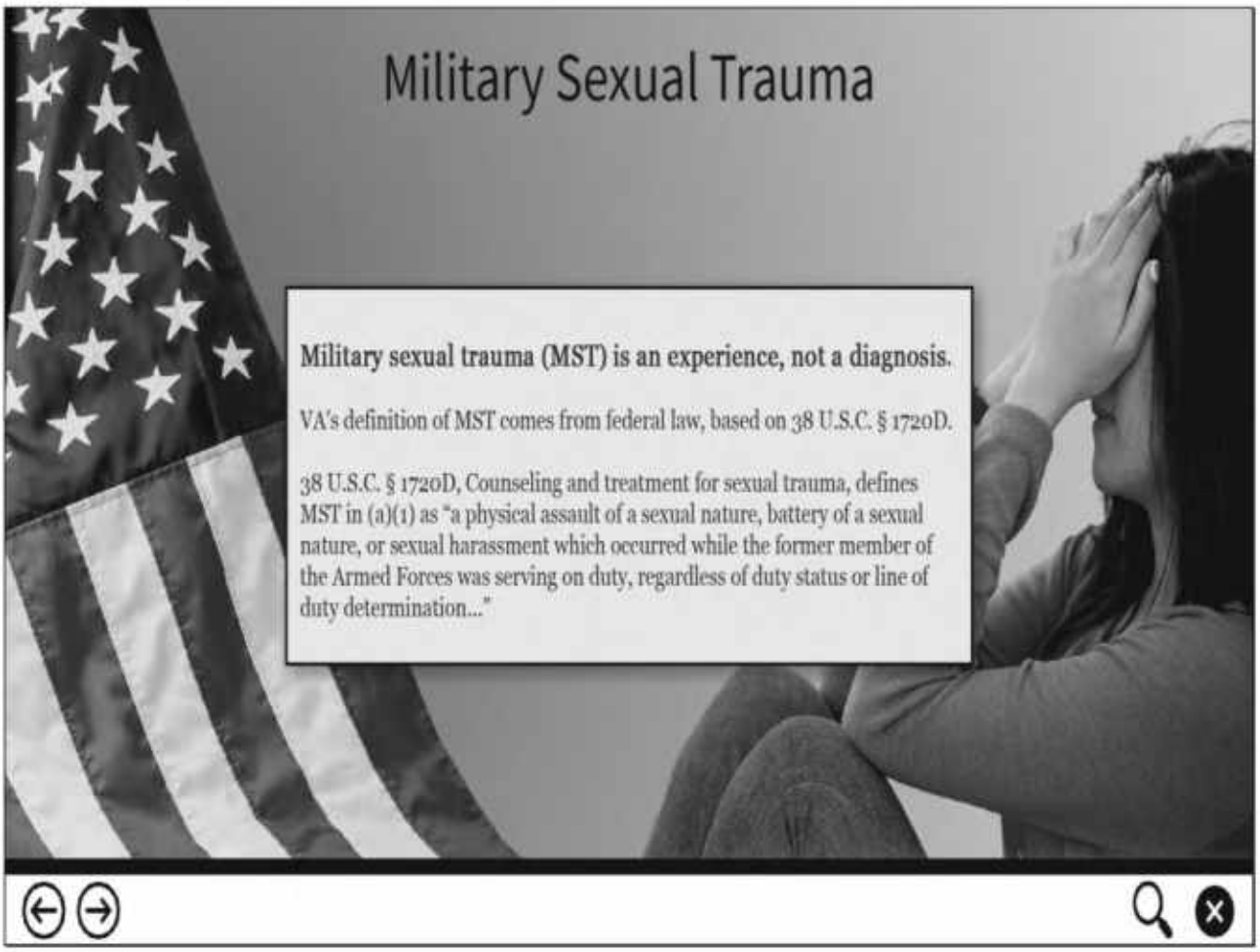
Slide 2 - Navigation



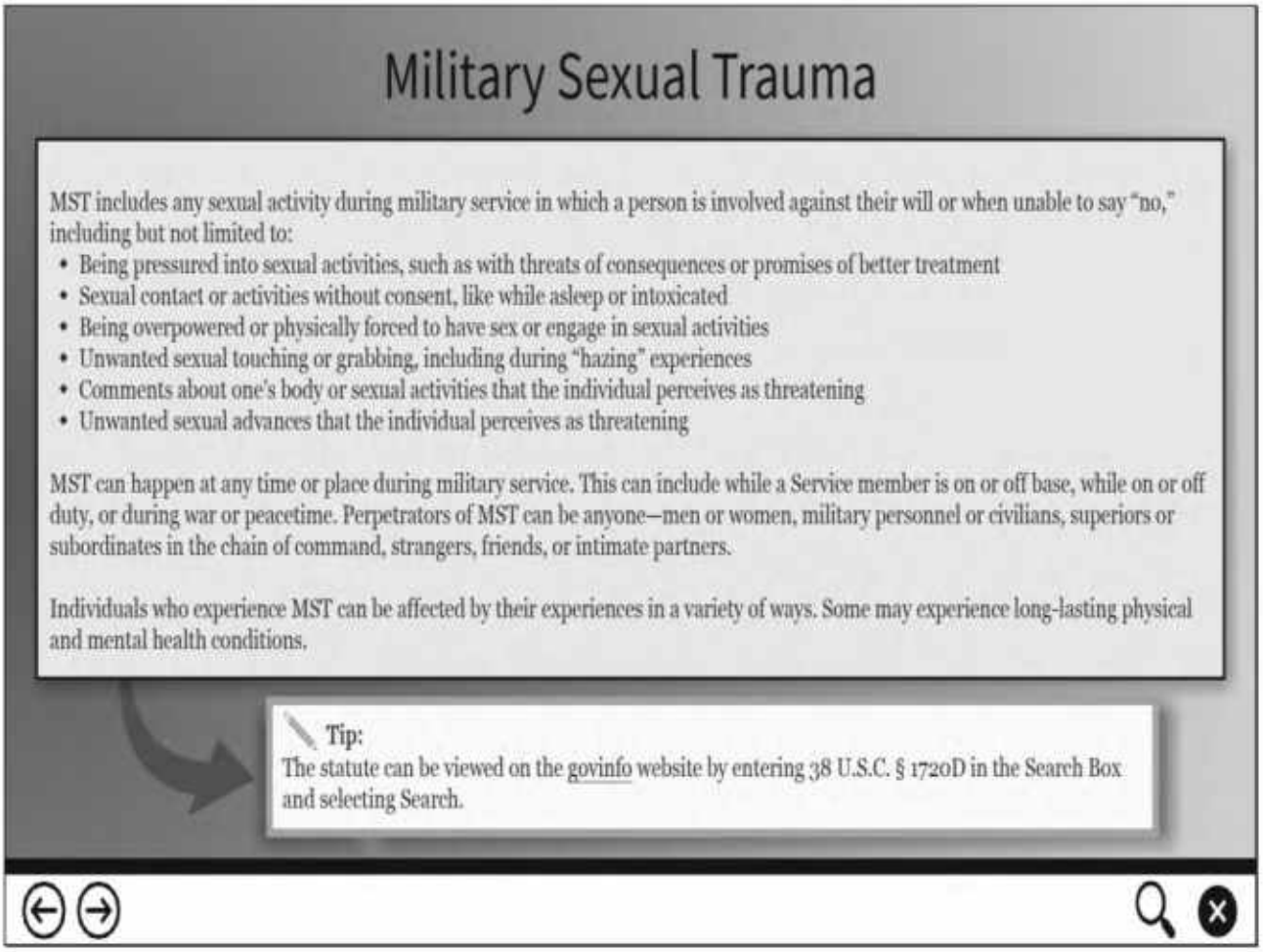
Slide 3 - Objective



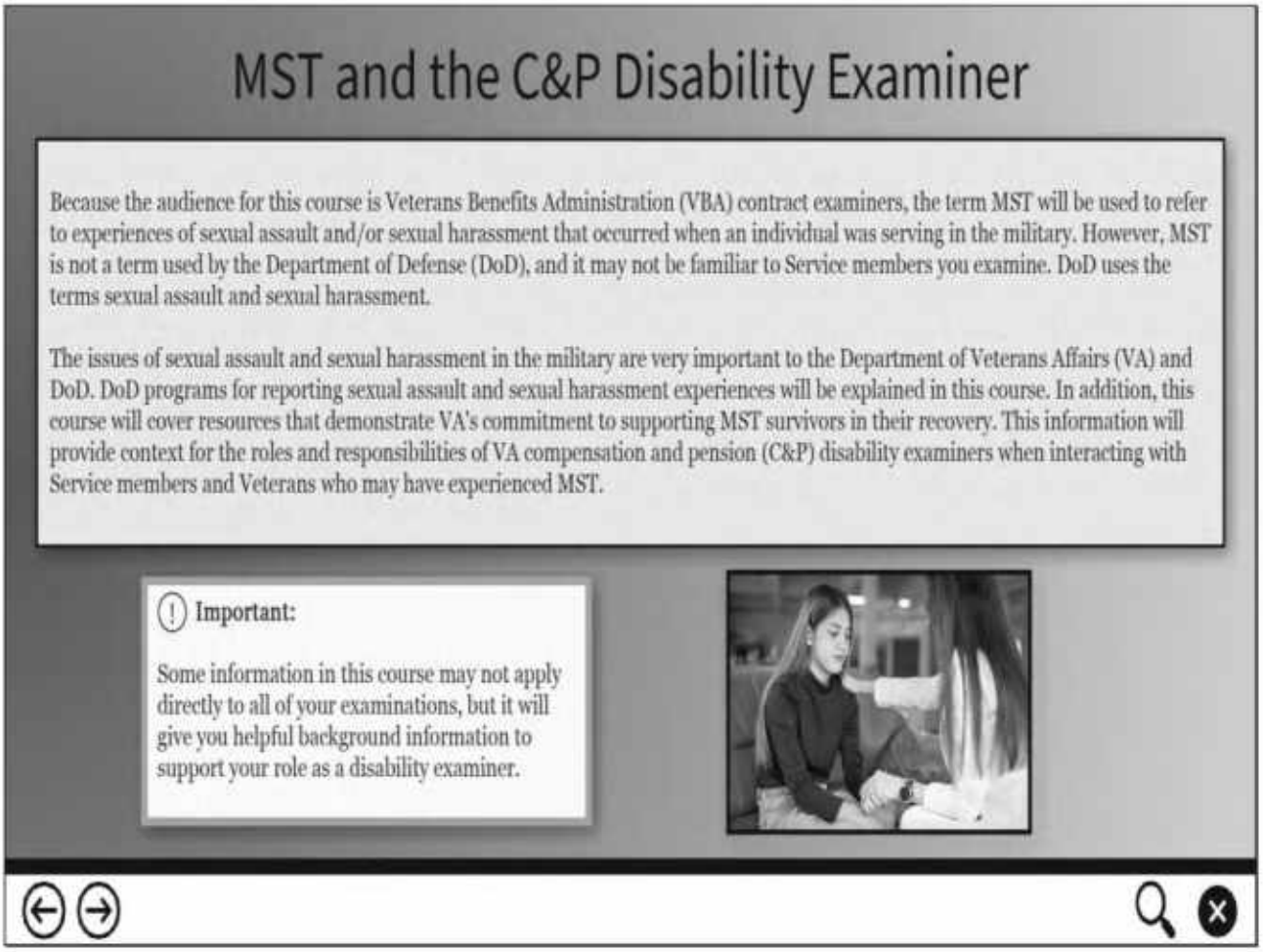
Slide 4 - Military Sexual Trauma



Slide 5 - Military Sexual Trauma Statute



Slide 6 - MST and Disability Examiner



Slide 7 - VA Health Care

The Prevalence of MST among Veterans Who Use VA Health Care

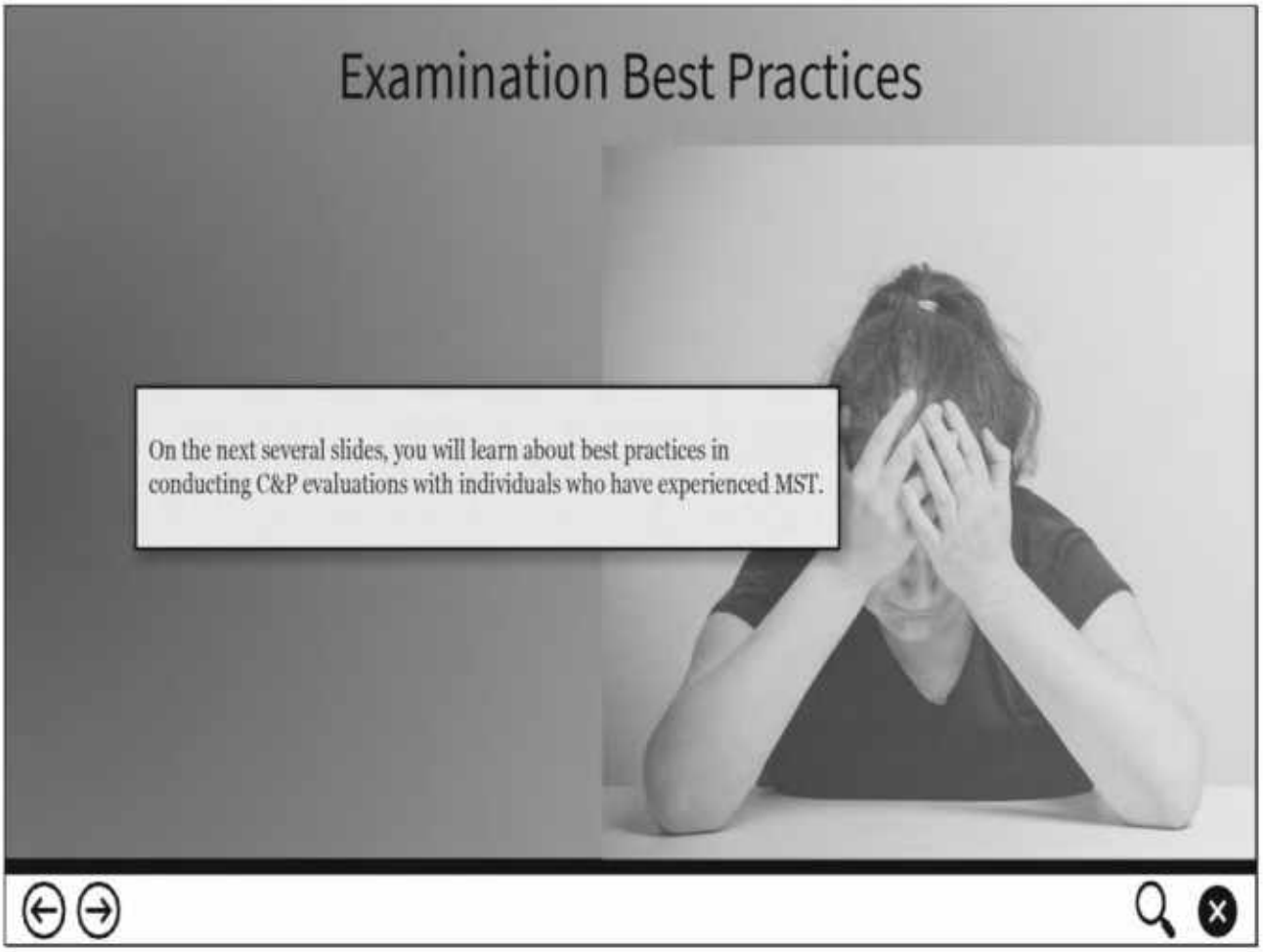
VHA has a universal screening program in which all individuals seen for care are asked whether they experienced MST. Data from that program indicate that when screened by their VA provider, about 1 in 3 women and 1 in 50 men respond "yes," that they experienced MST (August 2022).

Although rates of MST are higher among women, significant numbers of Veterans of all sexes seen in VA have experienced MST.

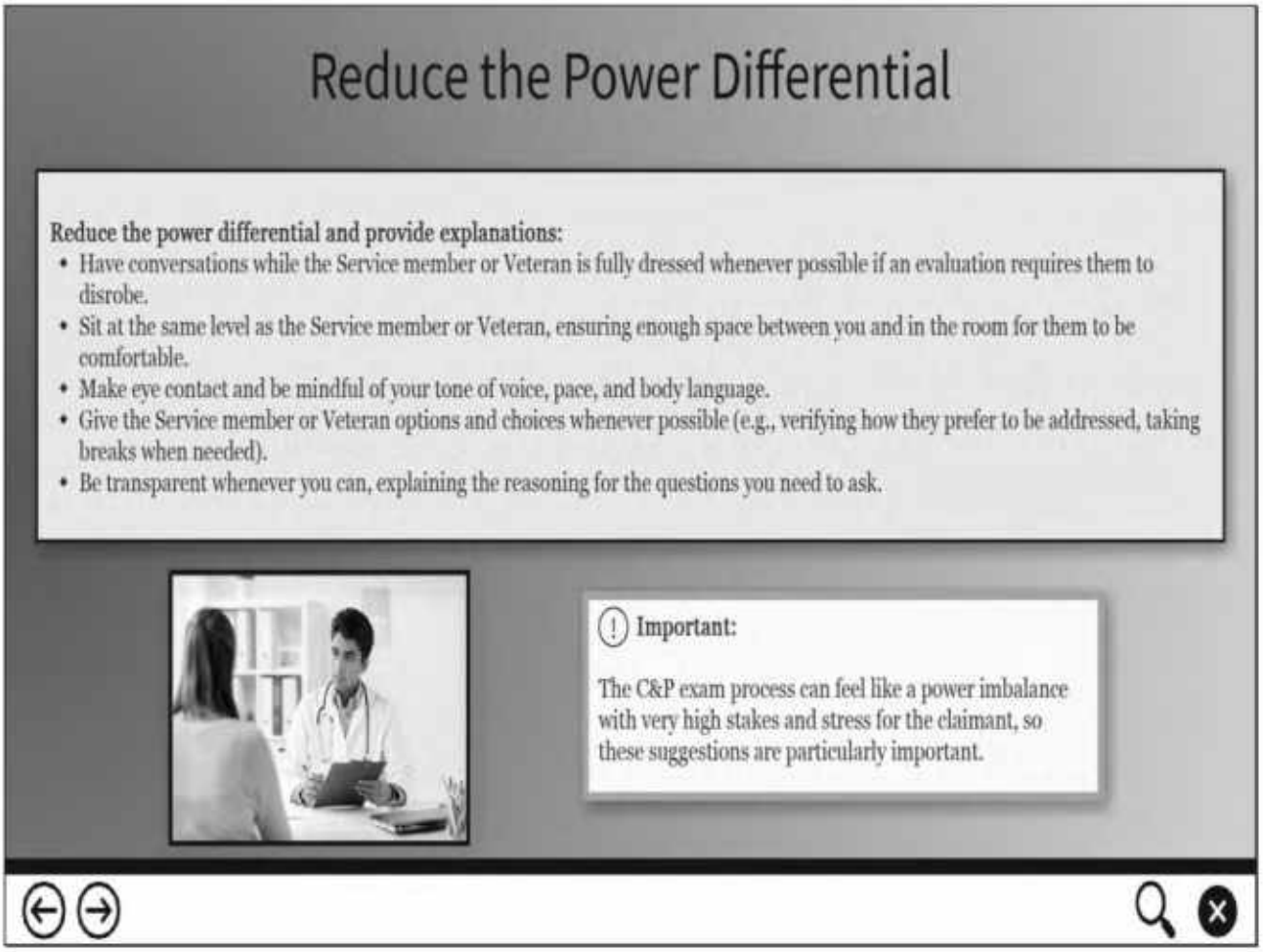


Tip:
This information is found in the Military Sexual Trauma Fact Sheet, one of many resources available at VA's Mental Health: Military Sexual Trauma web page.

Slide 8 - Best Practices



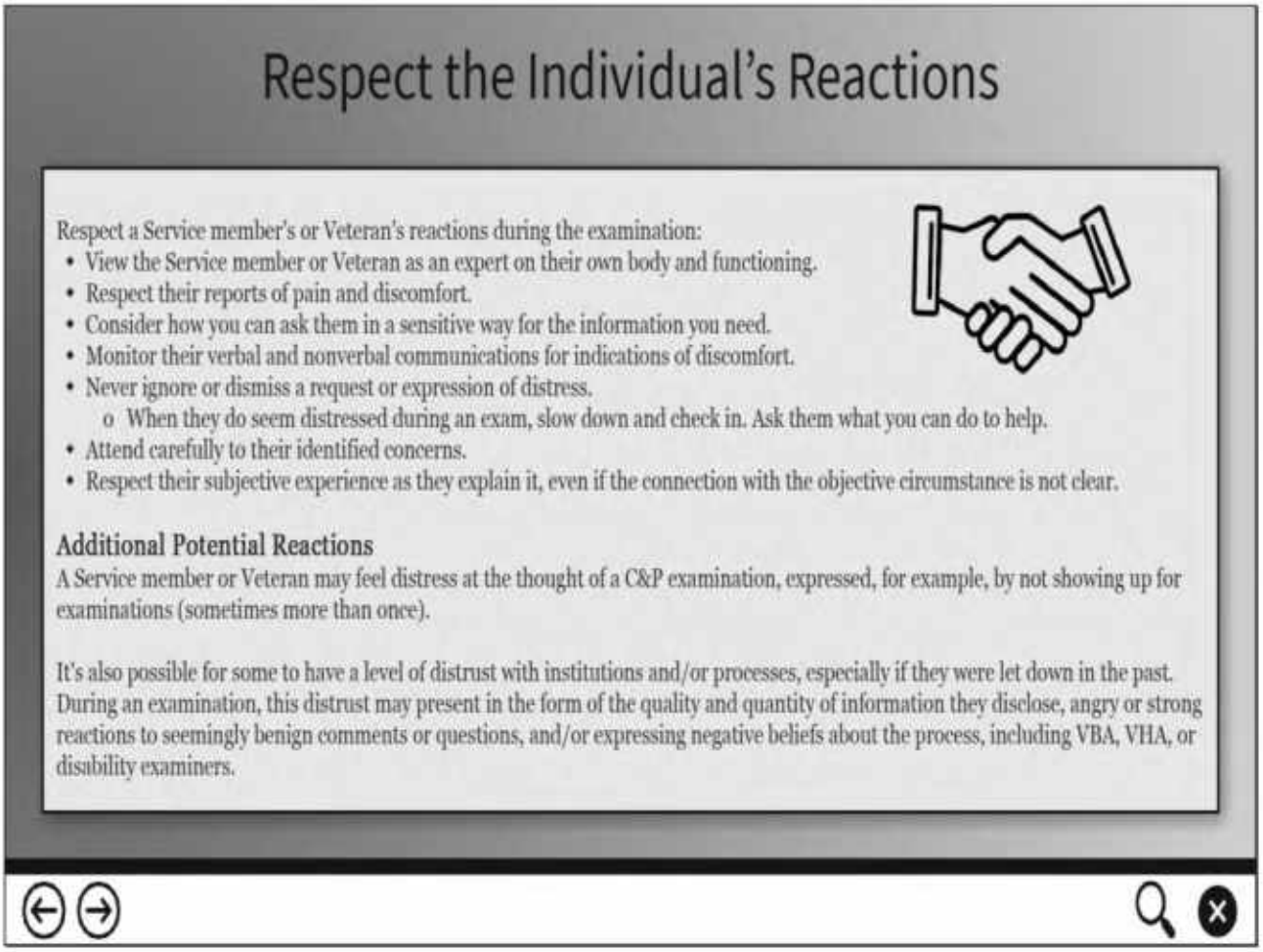
Slide 9 - Reduce the Power Differential



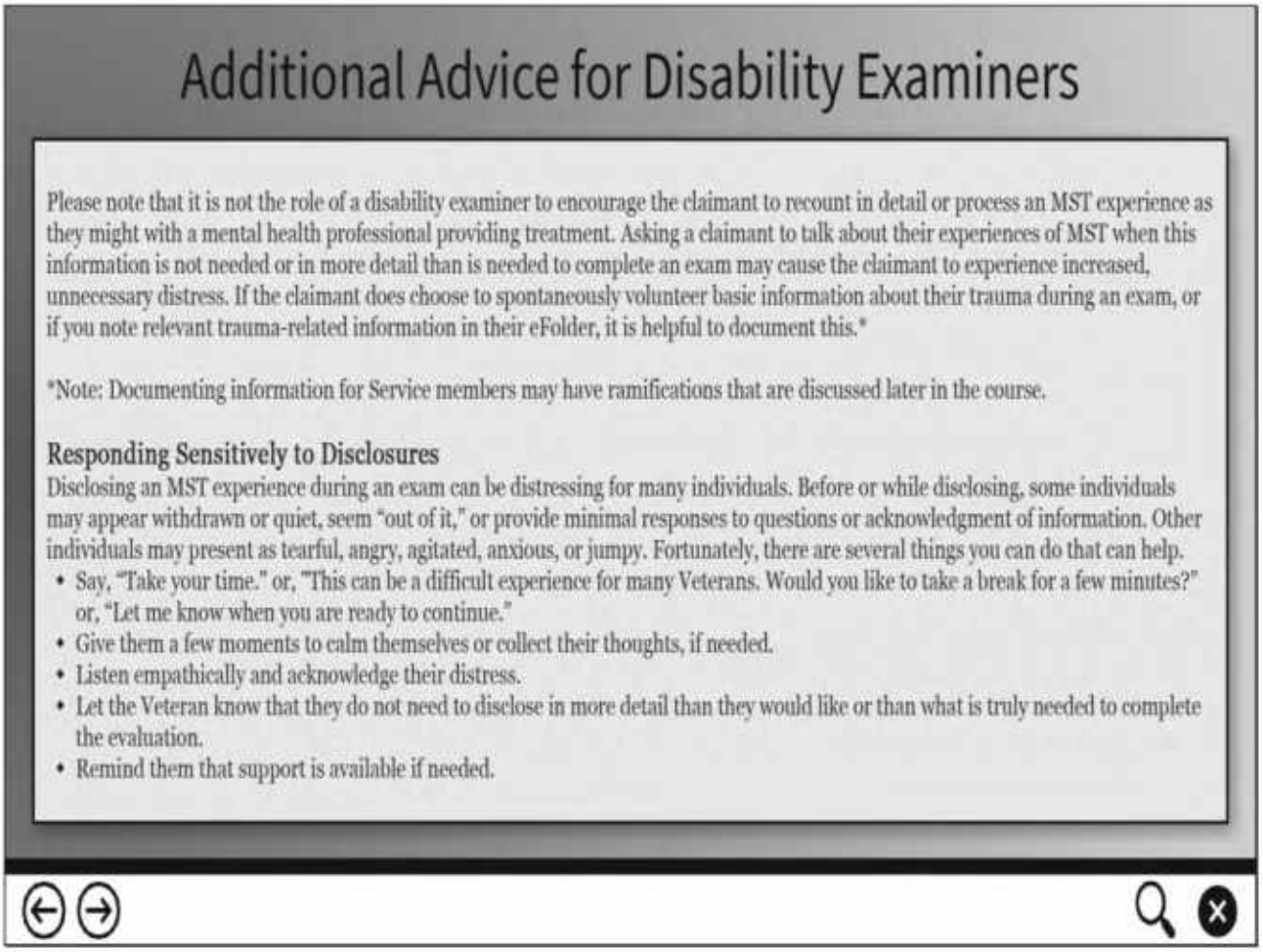
Slide 10 - Help the Individual



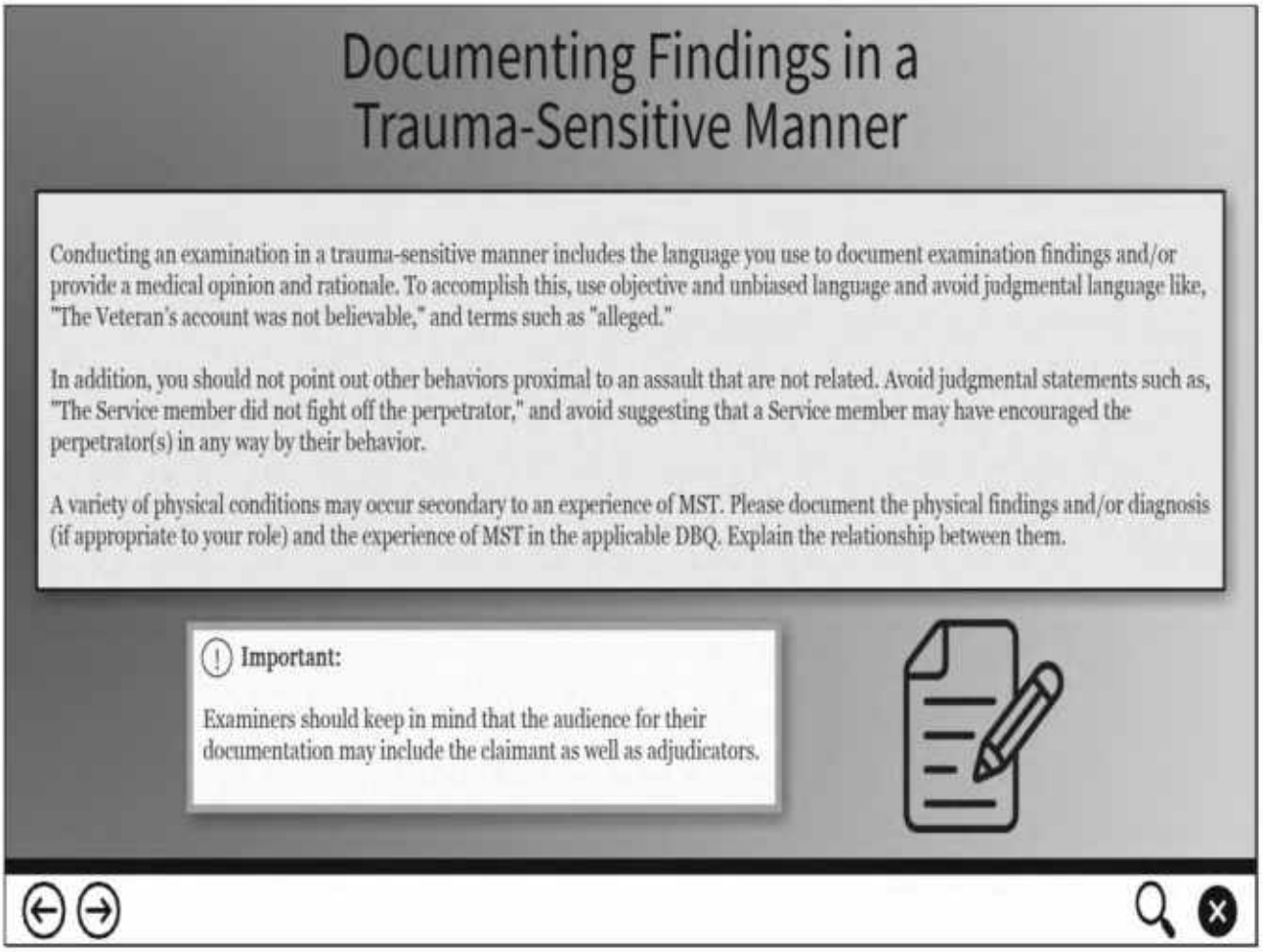
Slide 11 - Respect the Individual



Slide 12 - Additional Addvice for Examiners



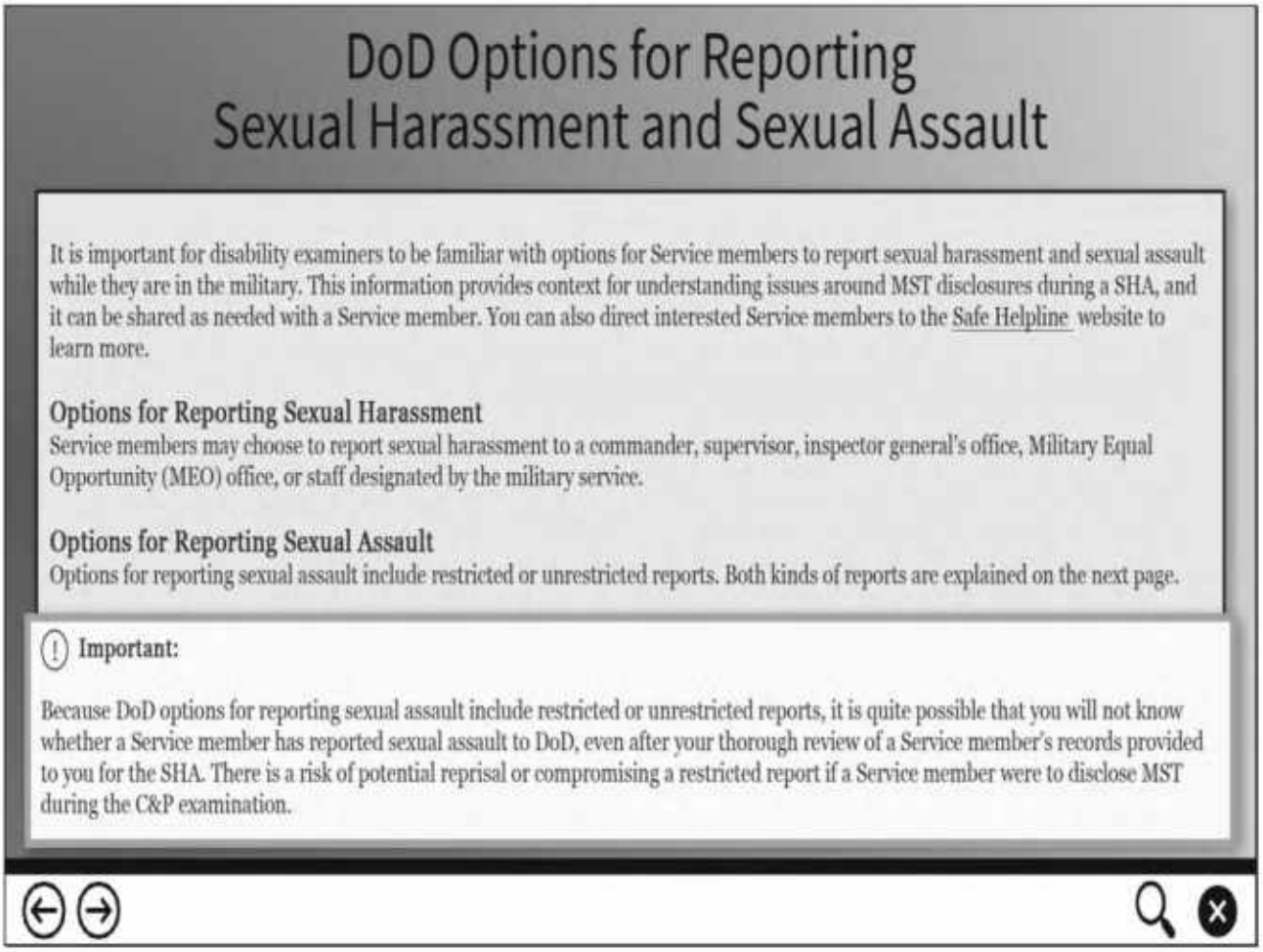
Slide 13 - Documenting Findings



Slide 14 - MST and SHA



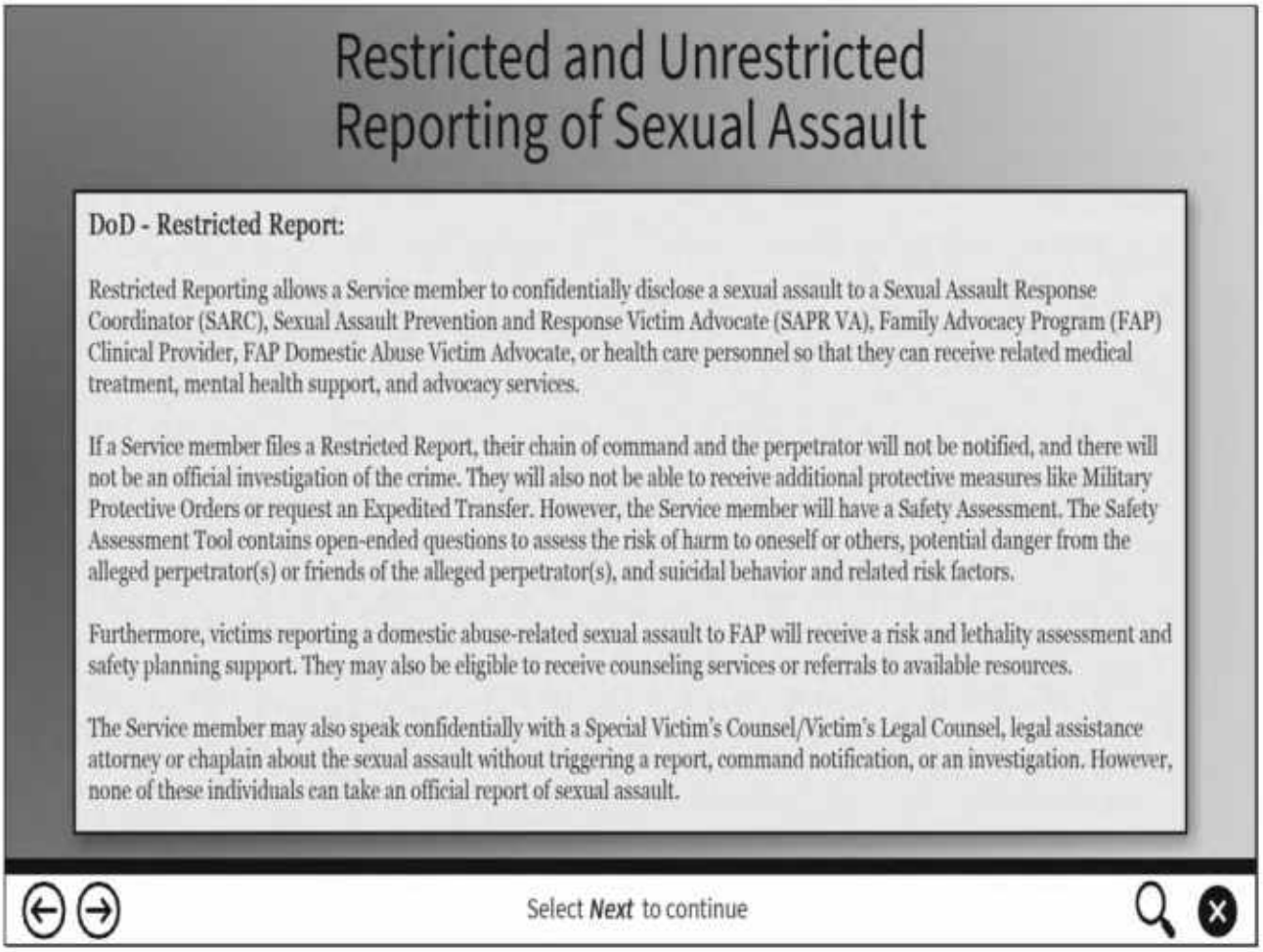
Slide 15 - DoD Options for Reporting



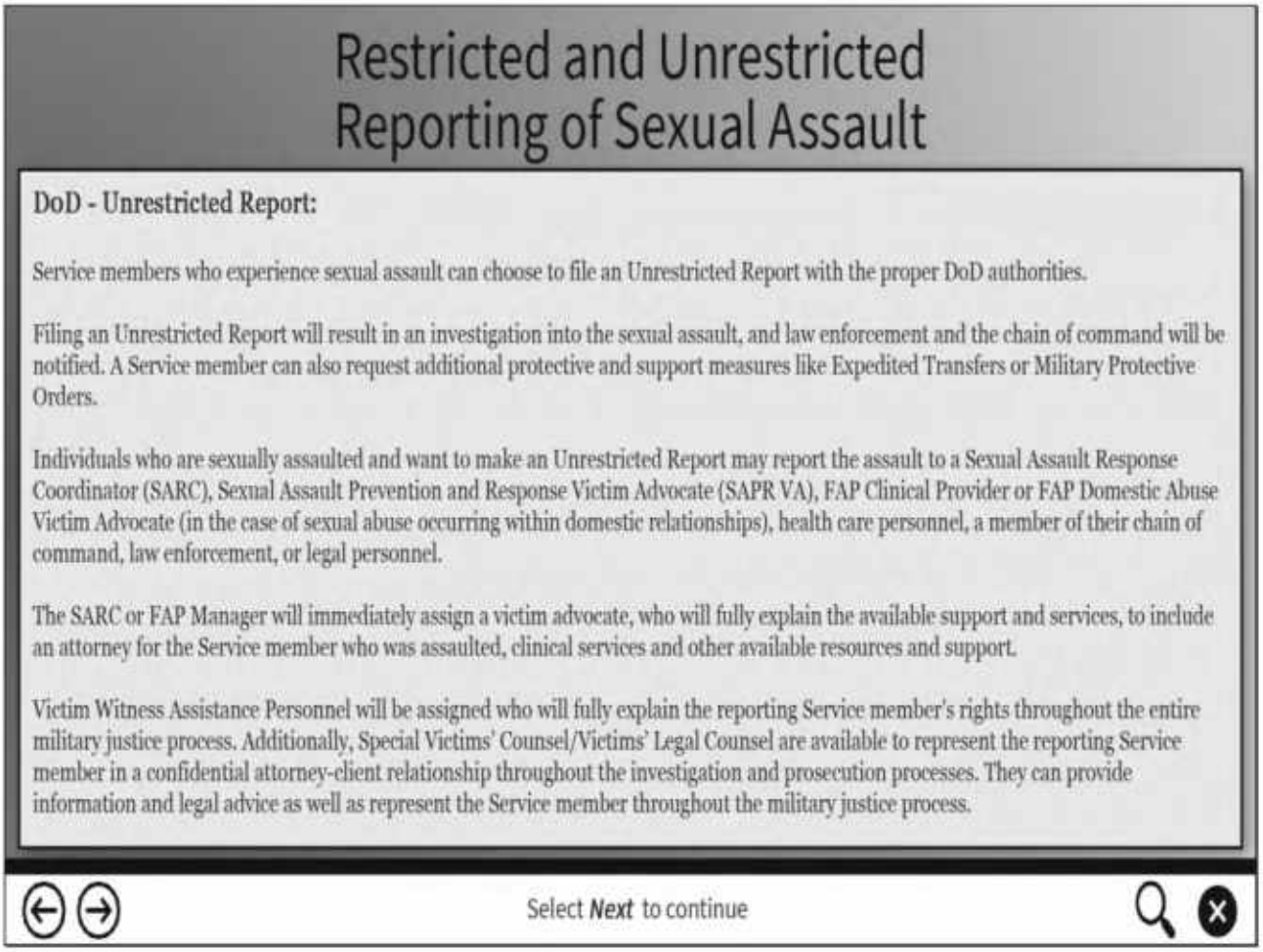
Slide 16 - Reporting Sexual Assault



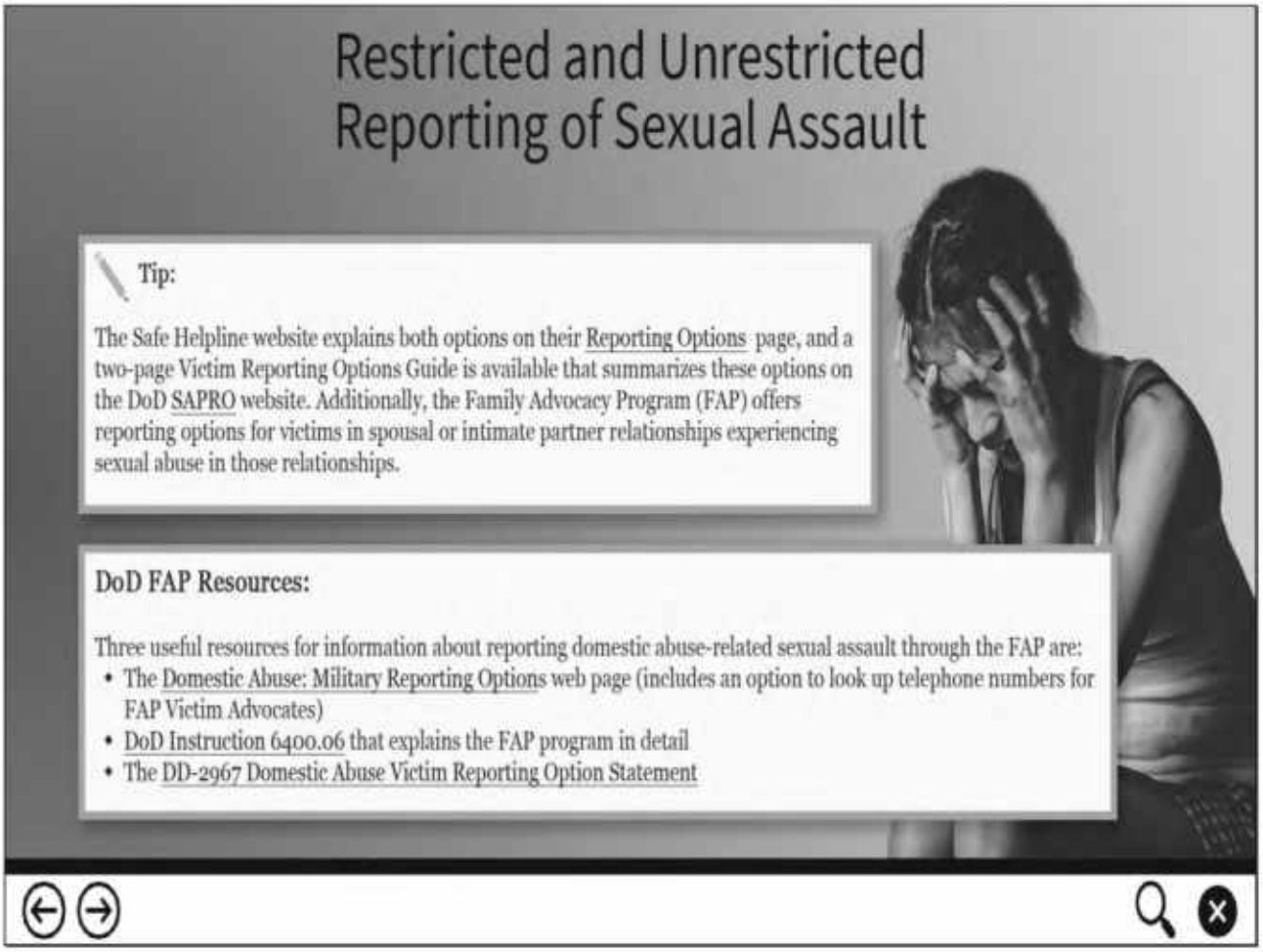
Slide 17 - Restricted Report



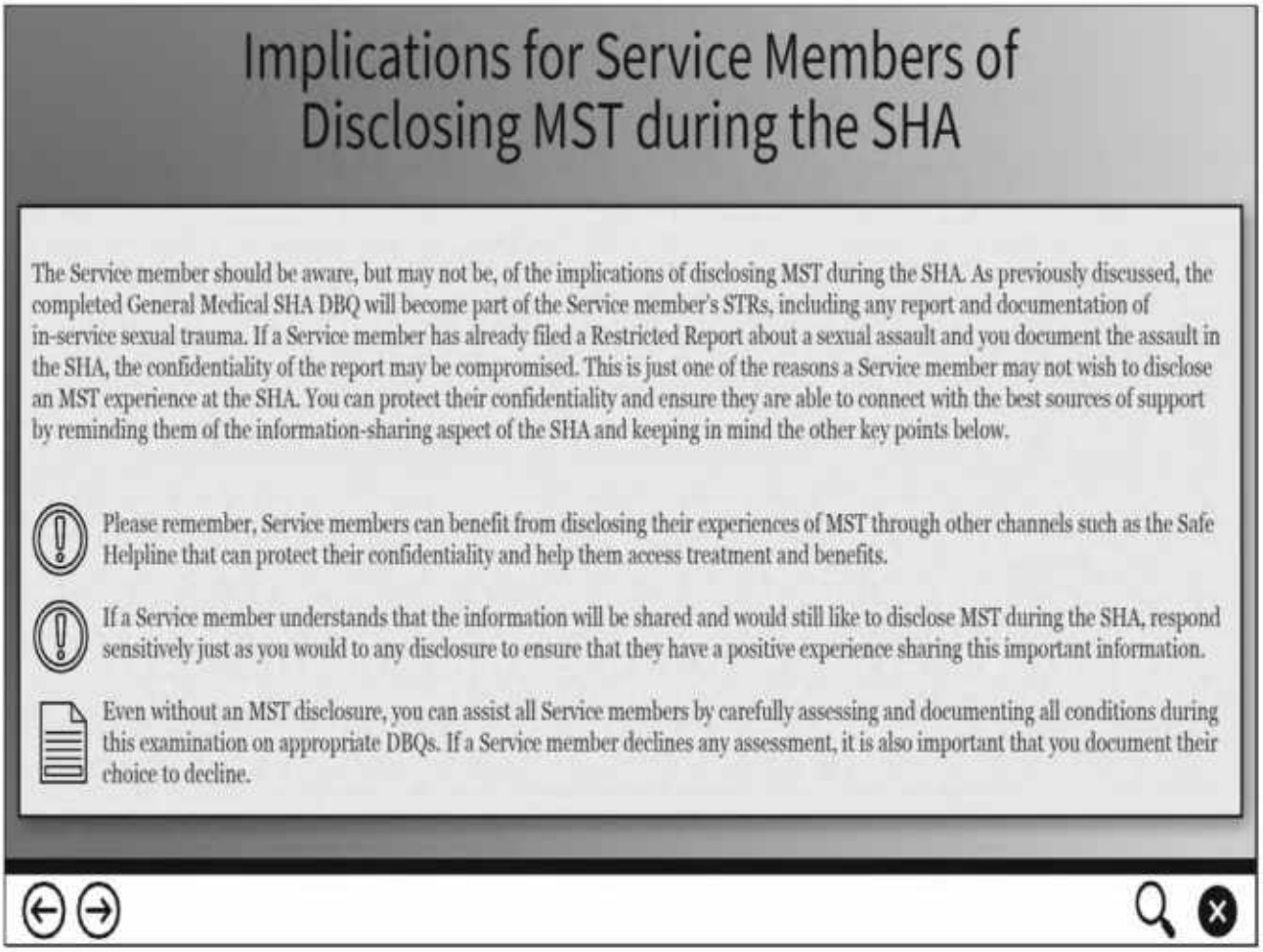
Slide 18 - Unresticted Report



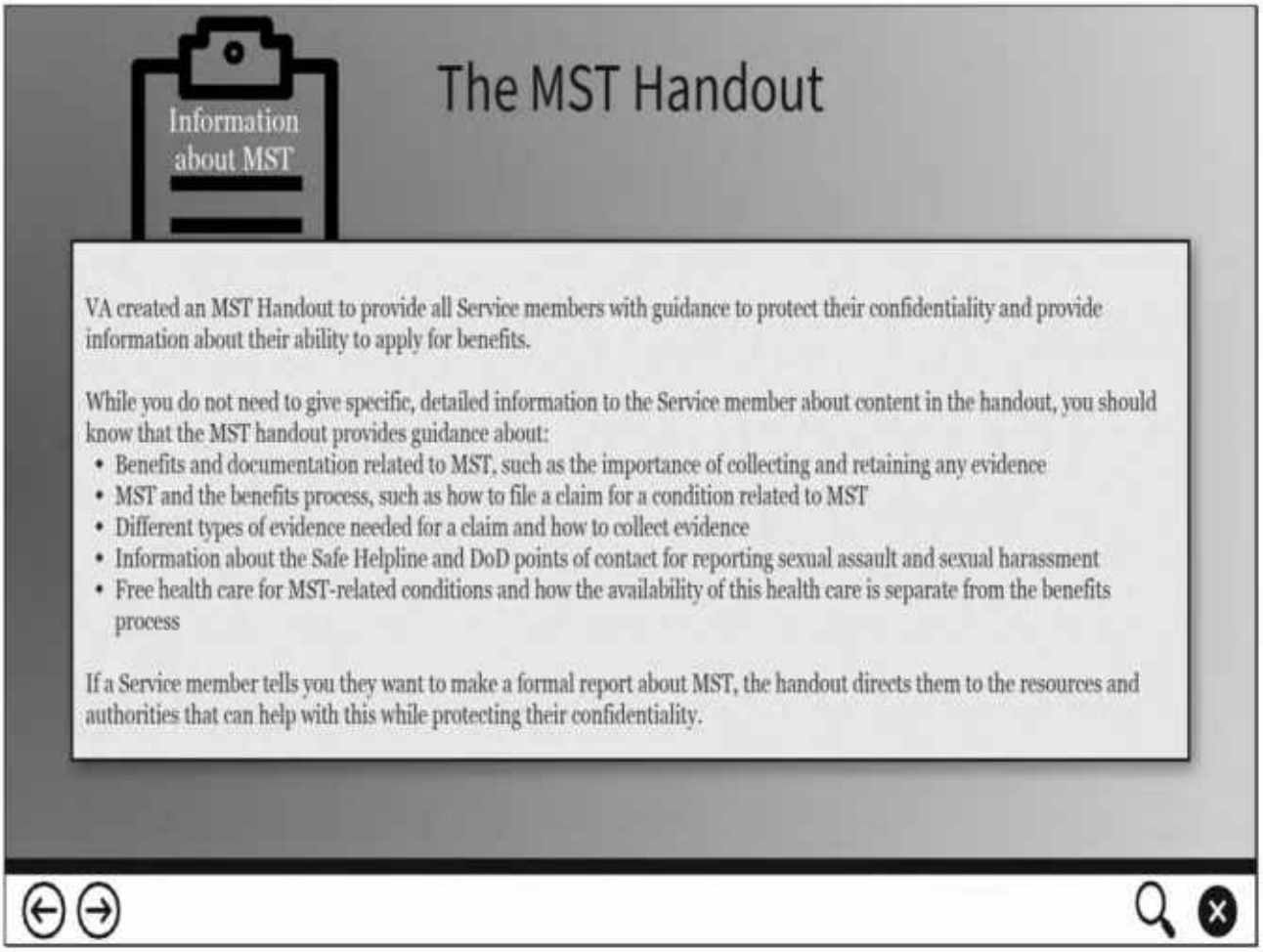
Slide 19 - Reporting Options



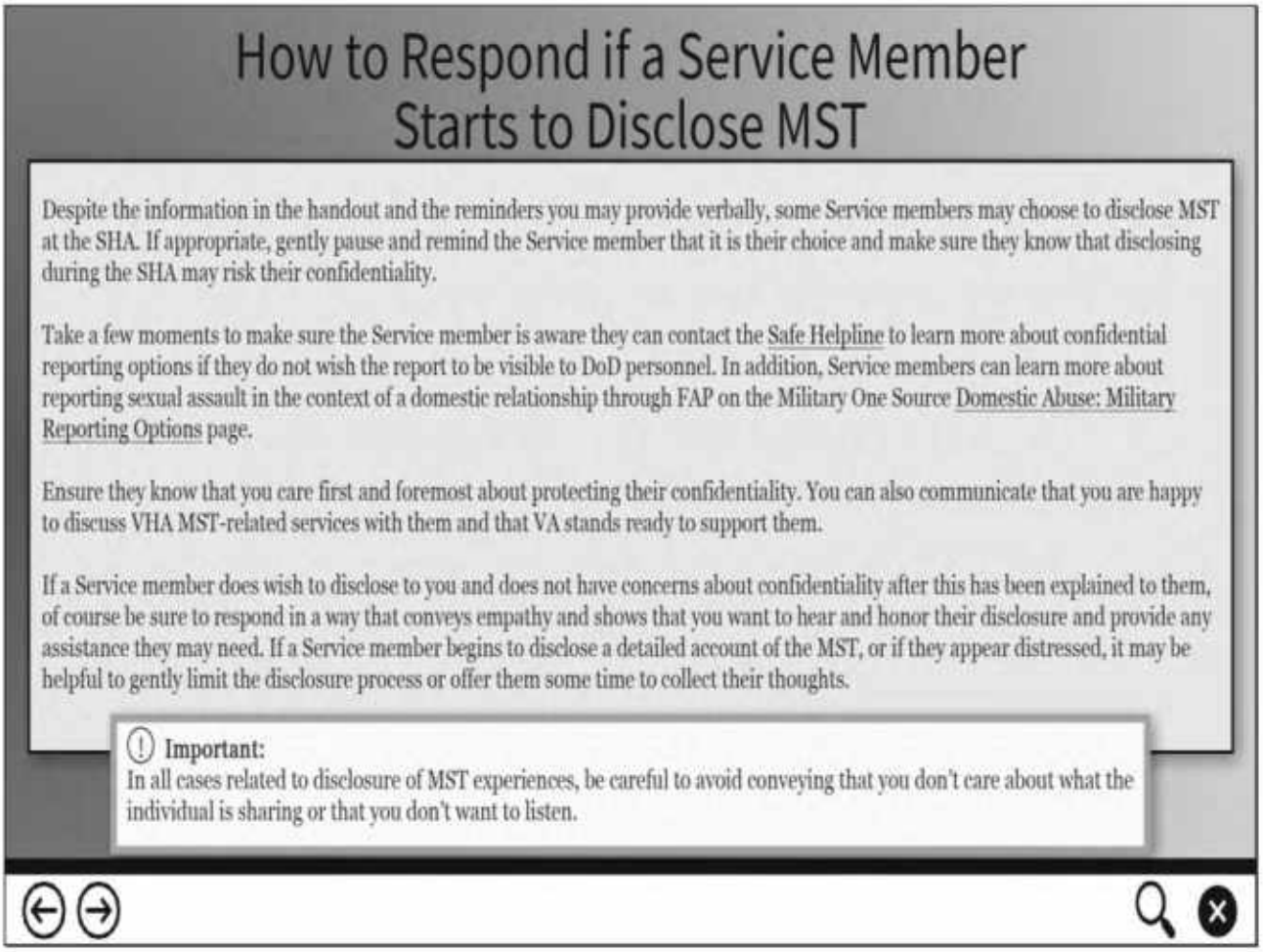
Slide 20 - Implications of MST during SHA



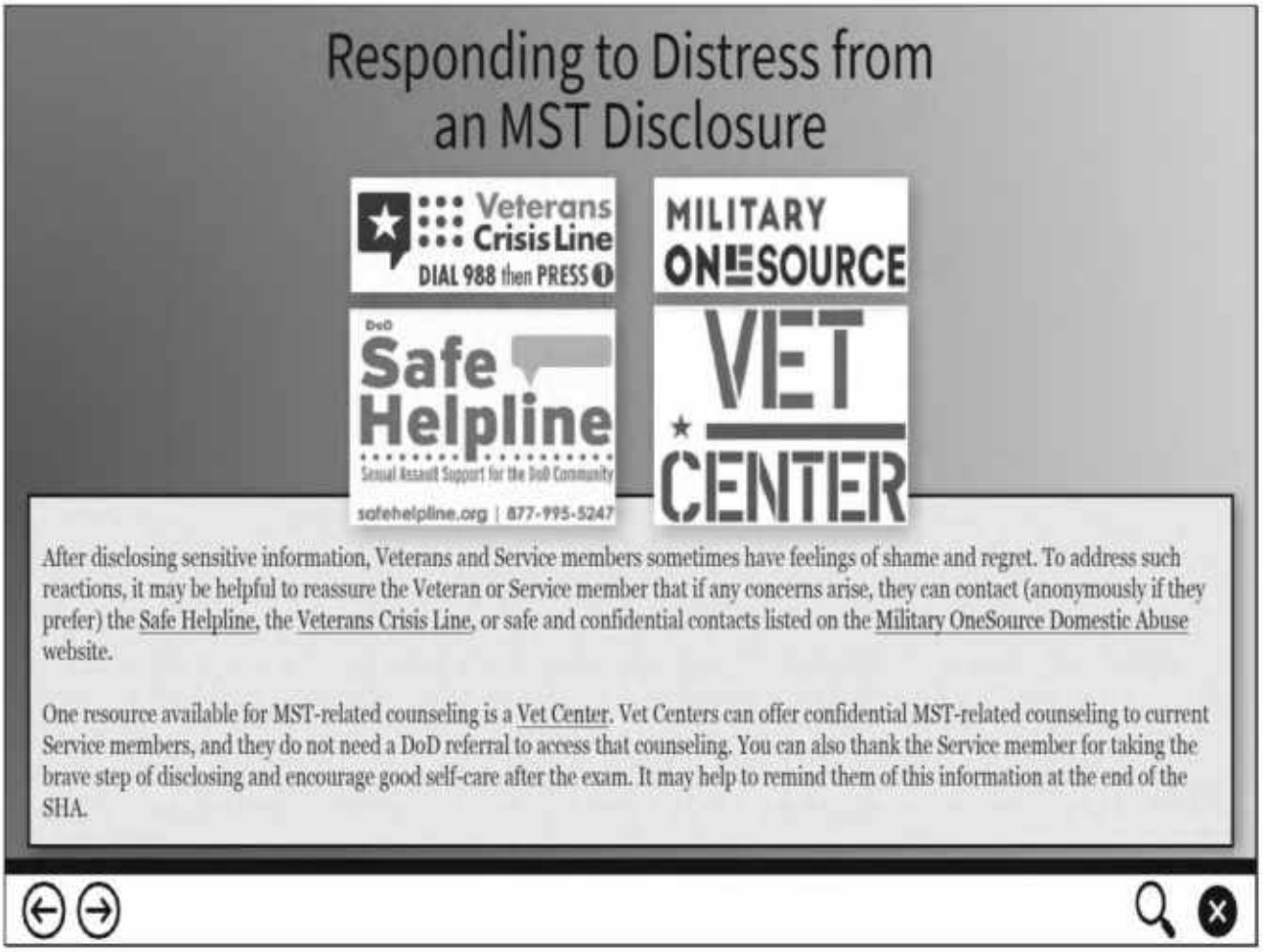
Slide 21 - MST Handout



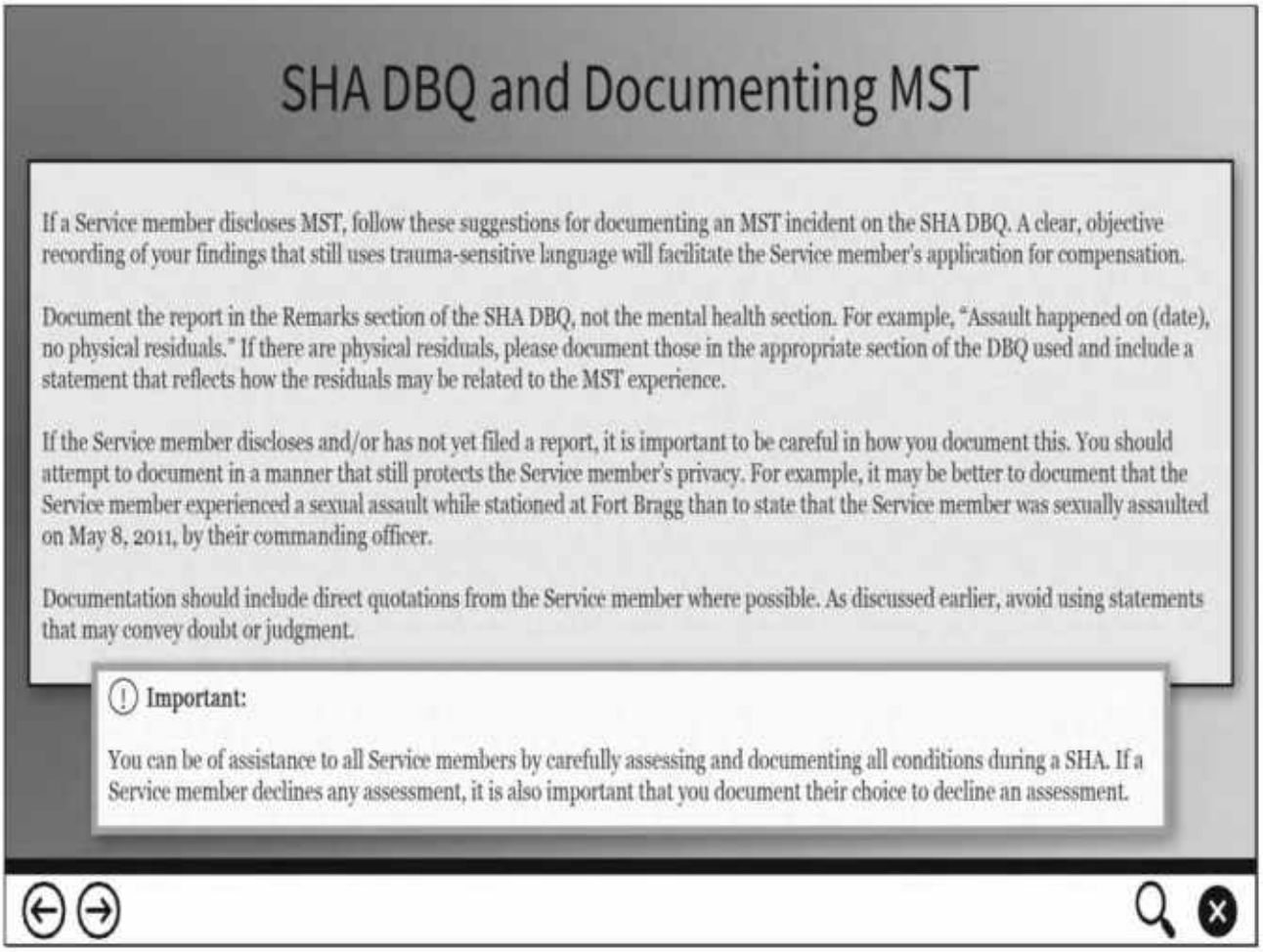
Slide 22 - How to Respond



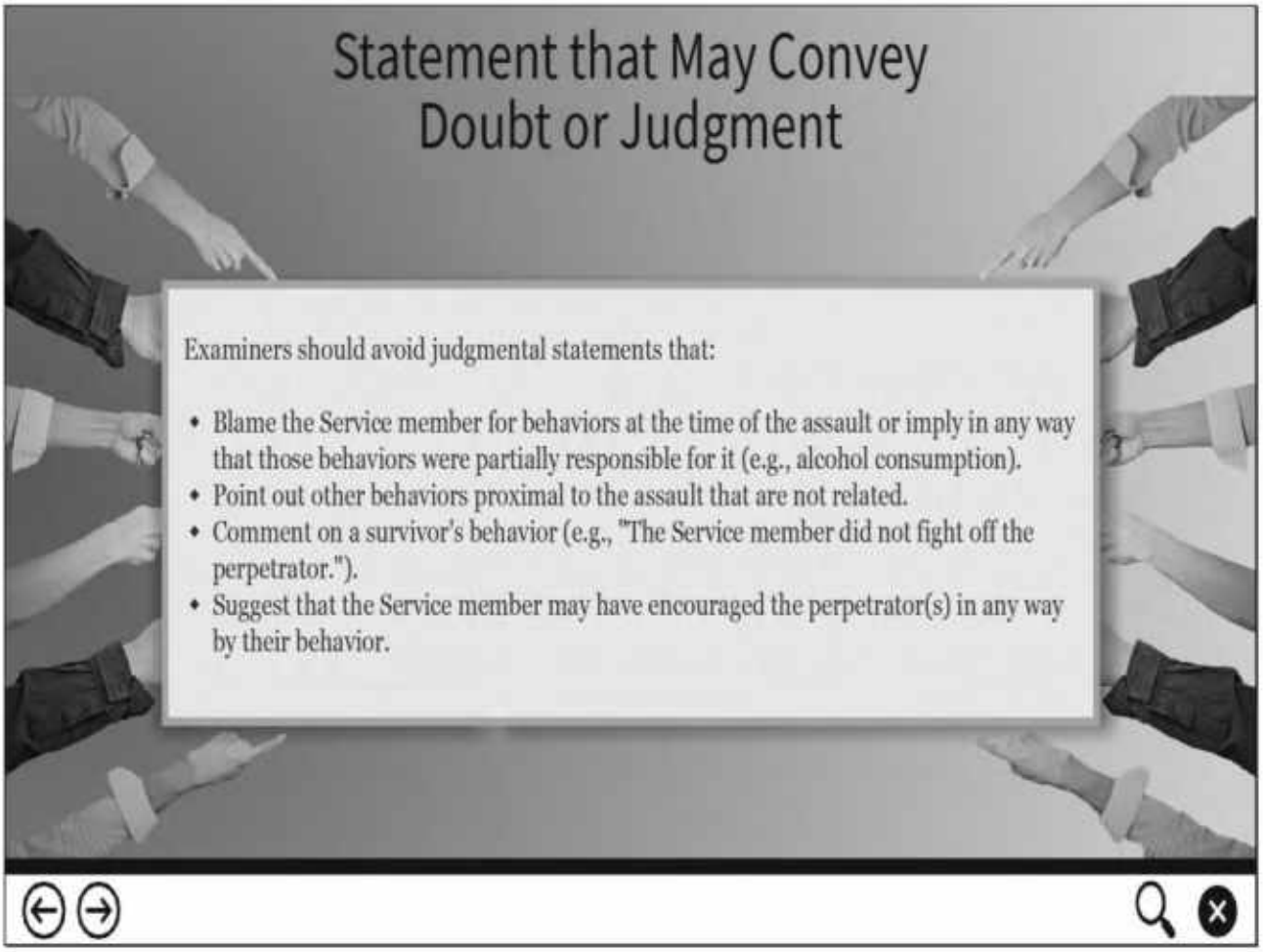
Slide 23 - Responding to Distress



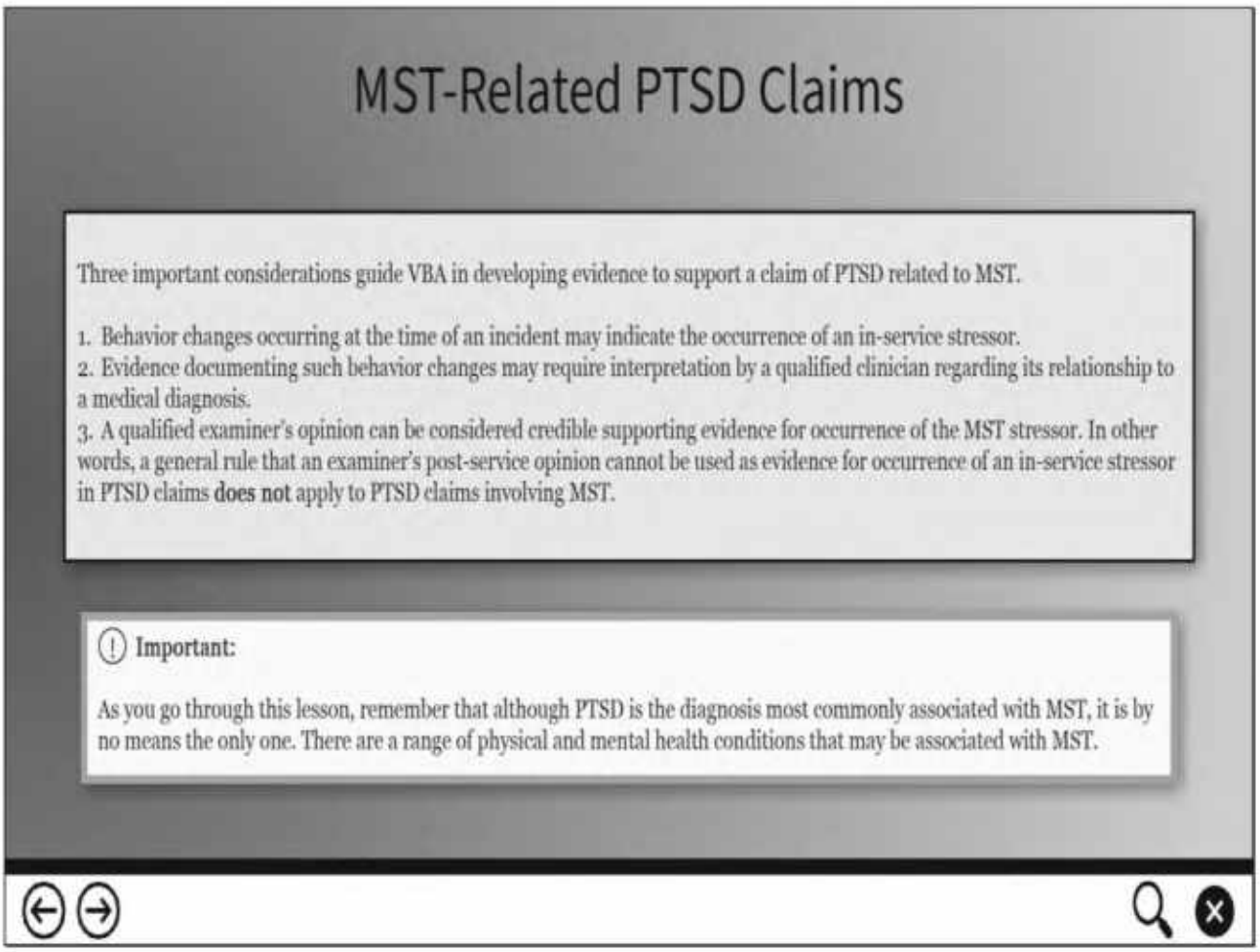
Slide 24 - Documenting MST



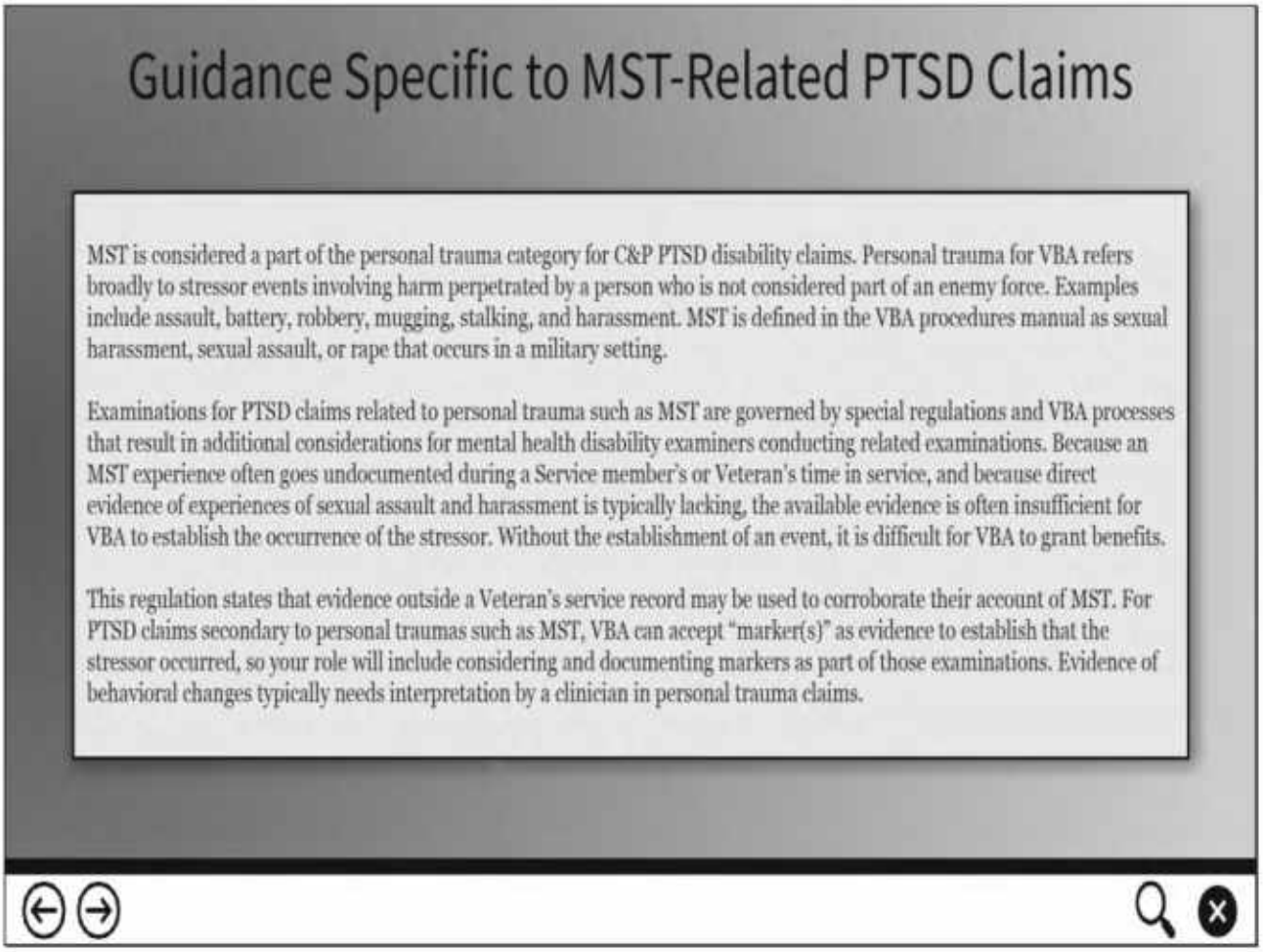
Slide 25 - Documenting MST



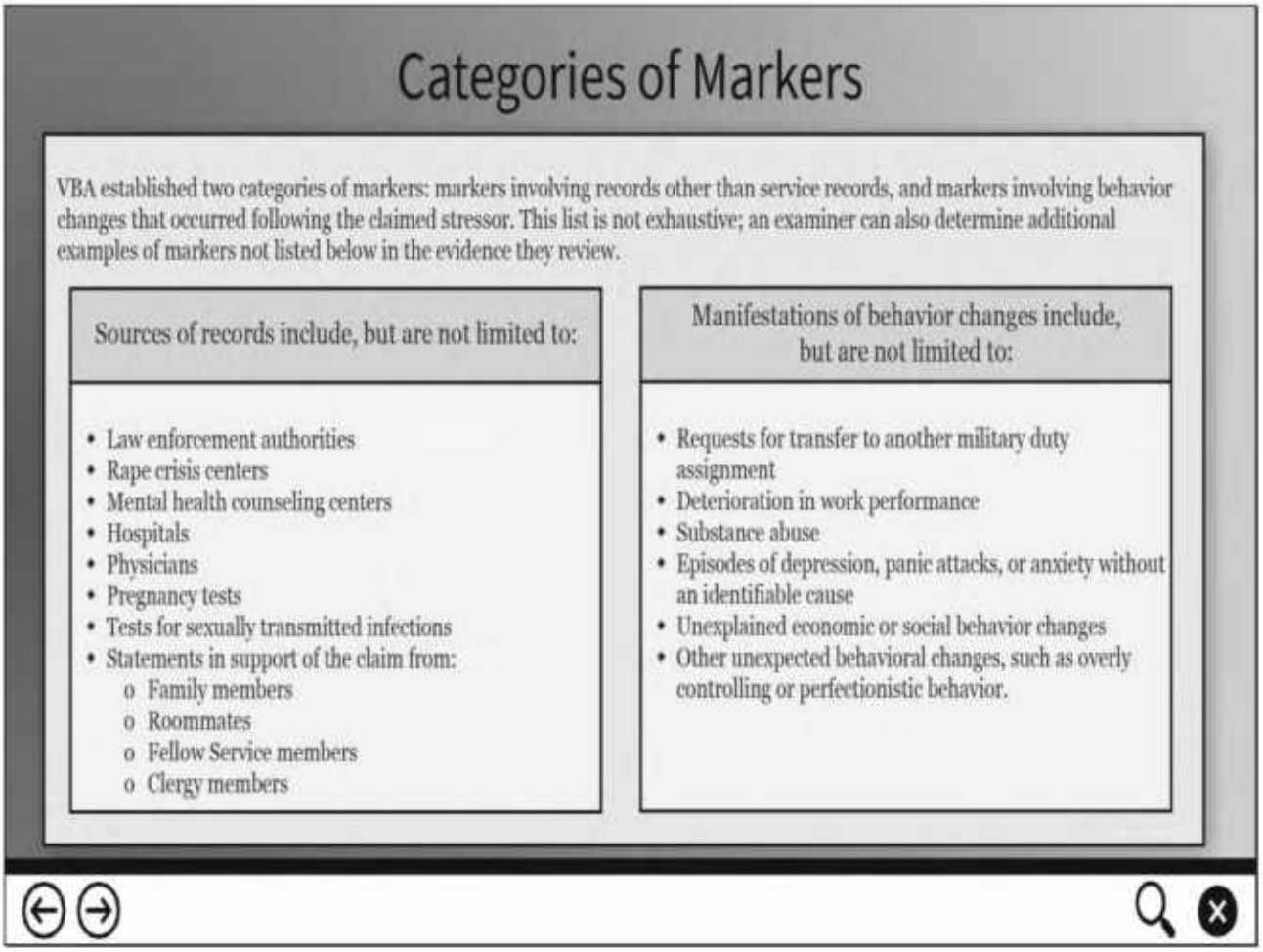
Slide 26 - MST-Related PTSD Claims



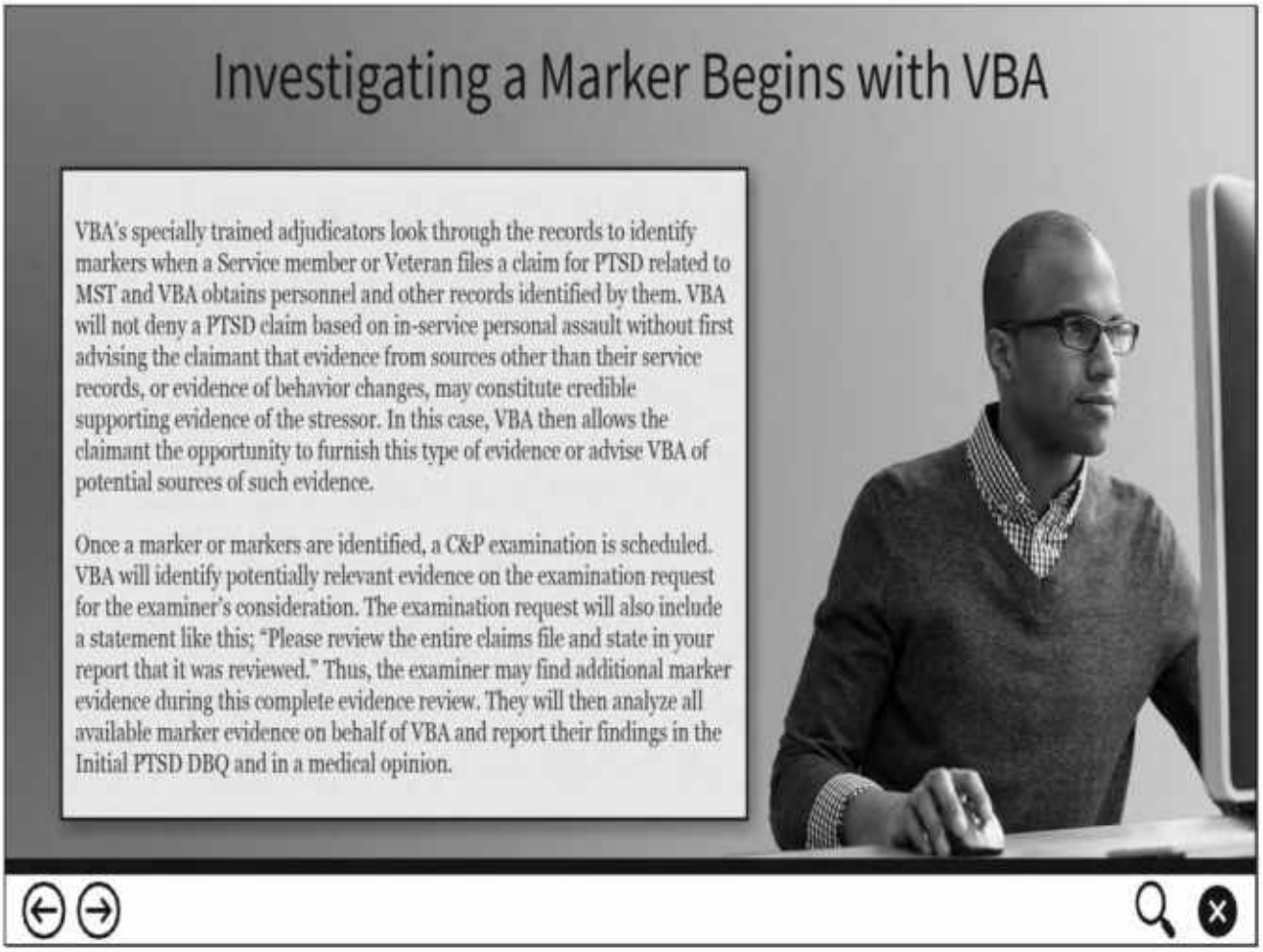
Slide 27 - Guidance Specific to MST PTSD Claims



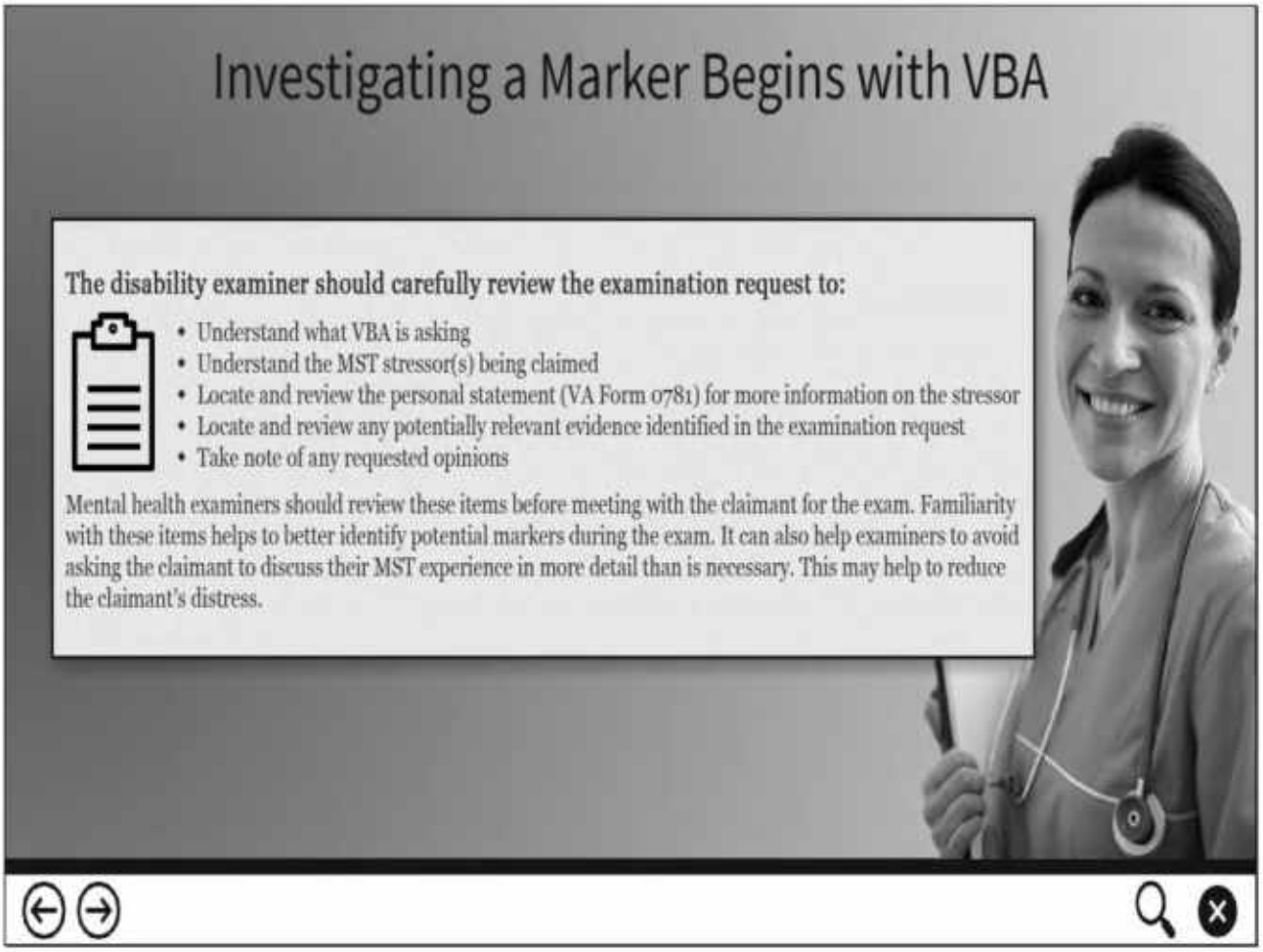
Slide 28 - Categories of Markers



Slide 29 - Investigating a Marker



Slide 30 - Examination Request Review



Slide 31 - The Examiner's Role

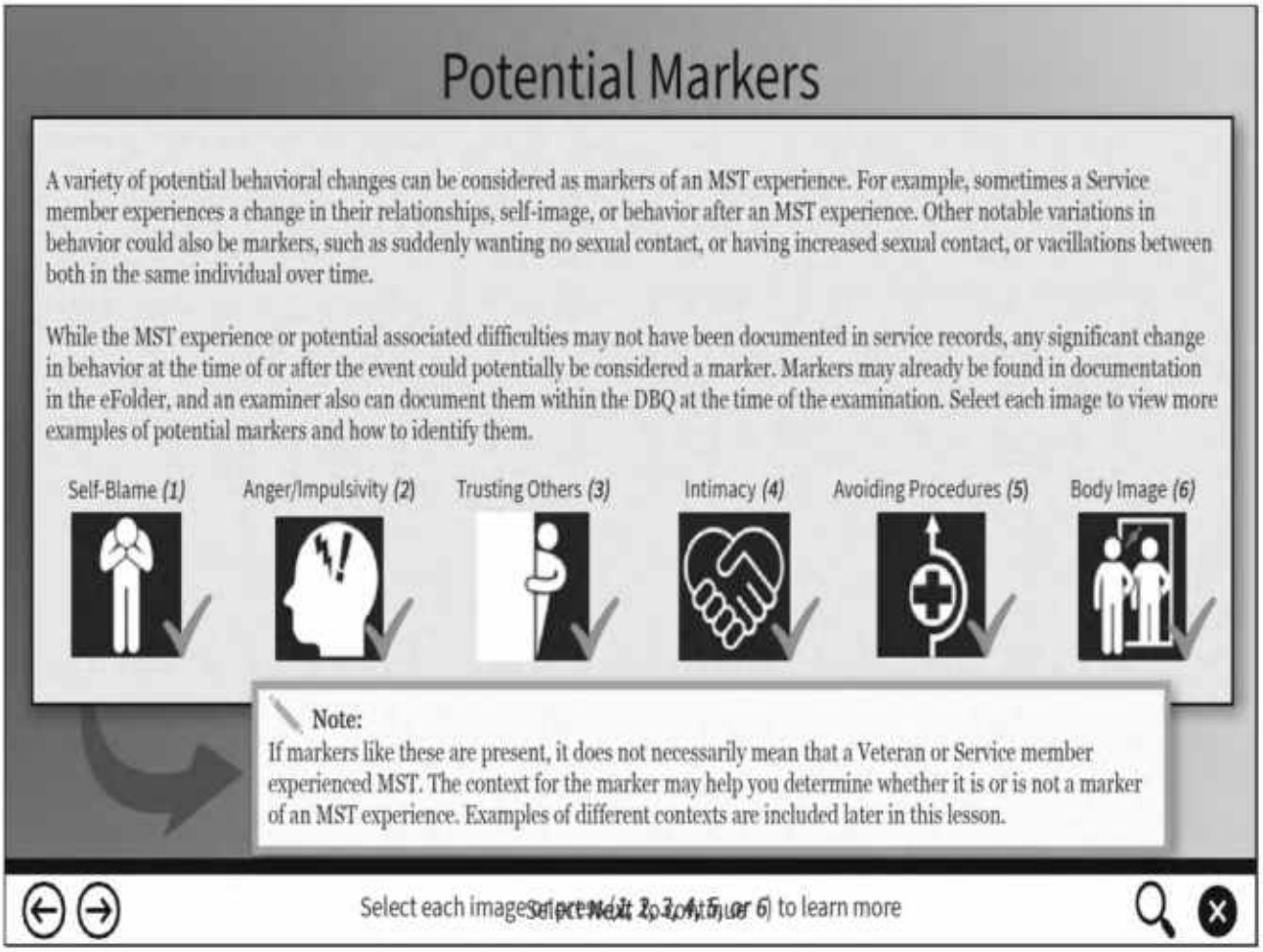
The Examiner's Role in Evaluating Markers



In the case of an MST-related PTSD examination, a marker can be "indirect evidence" that a Veteran or Service member experienced MST. However, because markers may be subtle and indirect rather than direct evidence of an in-service stressful event, they are somewhat open to interpretation and can require a subjective evaluation by an examiner.

For a claim of PTSD related to MST, a mental health disability examiner is not restricted to evaluating marker evidence that VBA indicates. Examiners apply their clinical expertise while reviewing all related evidence for potential markers, including marker evidence identified prior to the exam during the review of the eFolder and markers identified during the exam. In most cases, examiners will also be required to provide medical opinions regarding whether the evidence, including marker(s), is consistent with the occurrence of an MST stressor event(s).

Slide 32 - Potential Markers



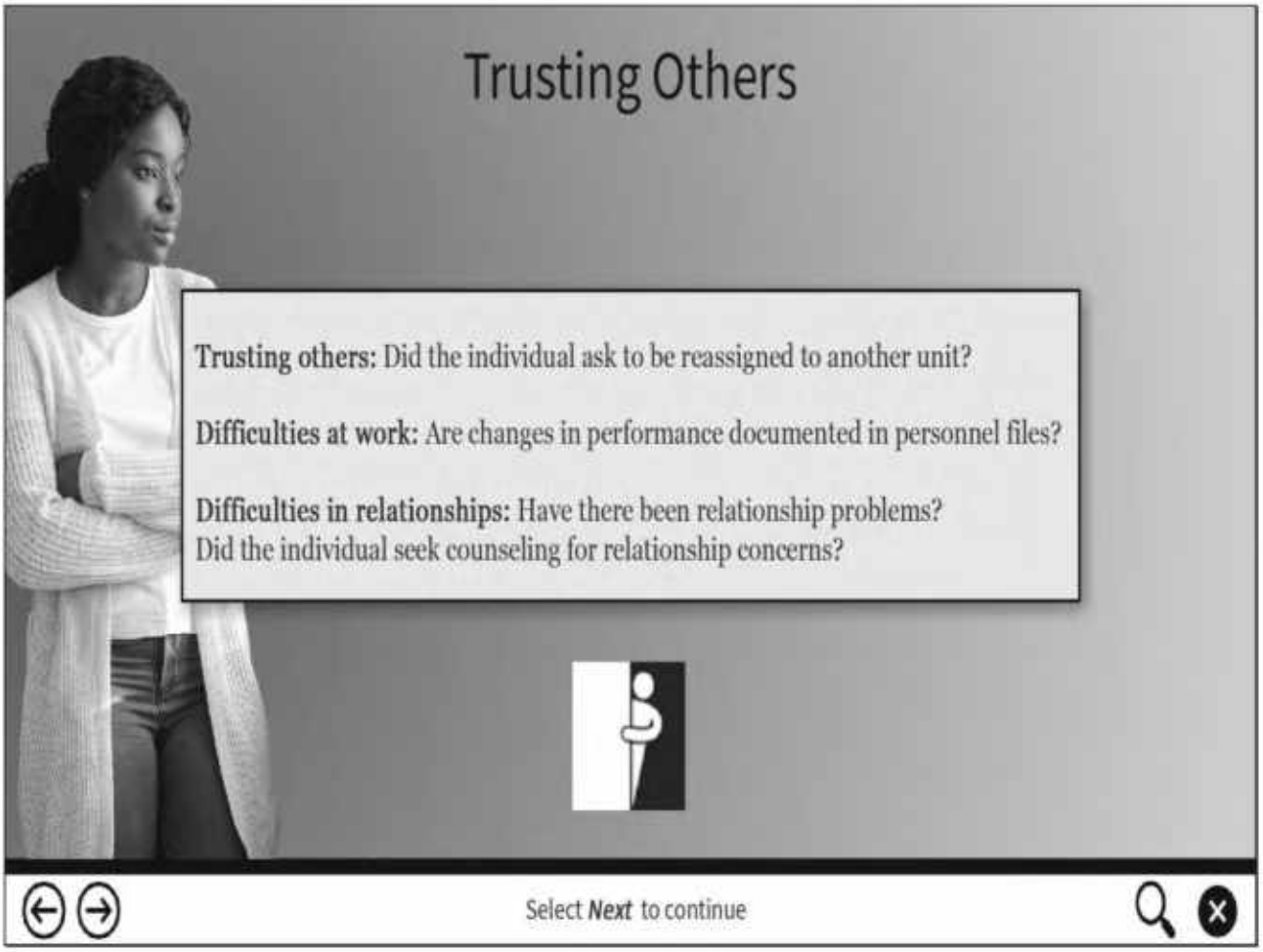
Slide 33 - Self-Blame



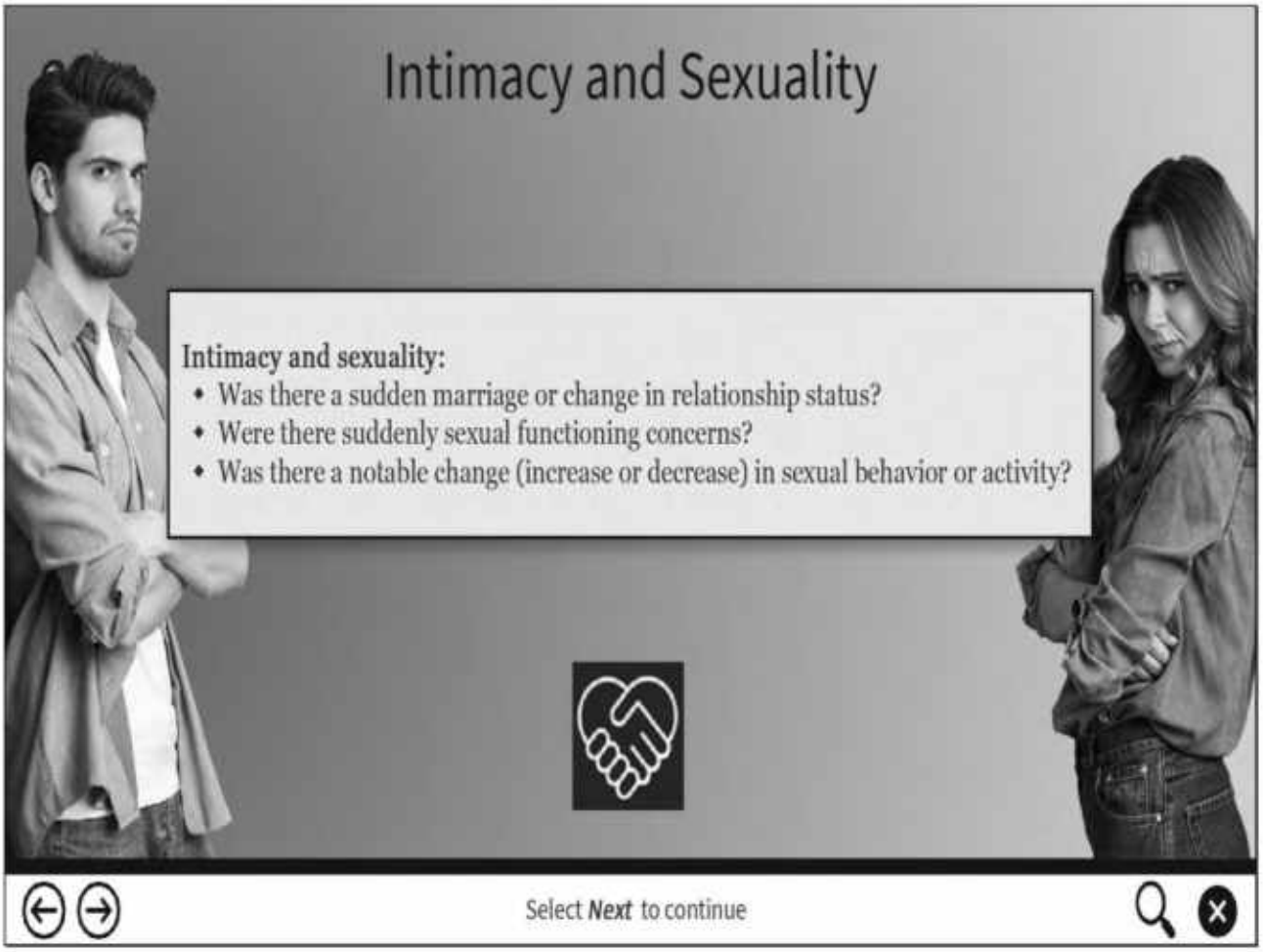
Slide 34 - Anger Impulsivity



Slide 35 - Trusting Others



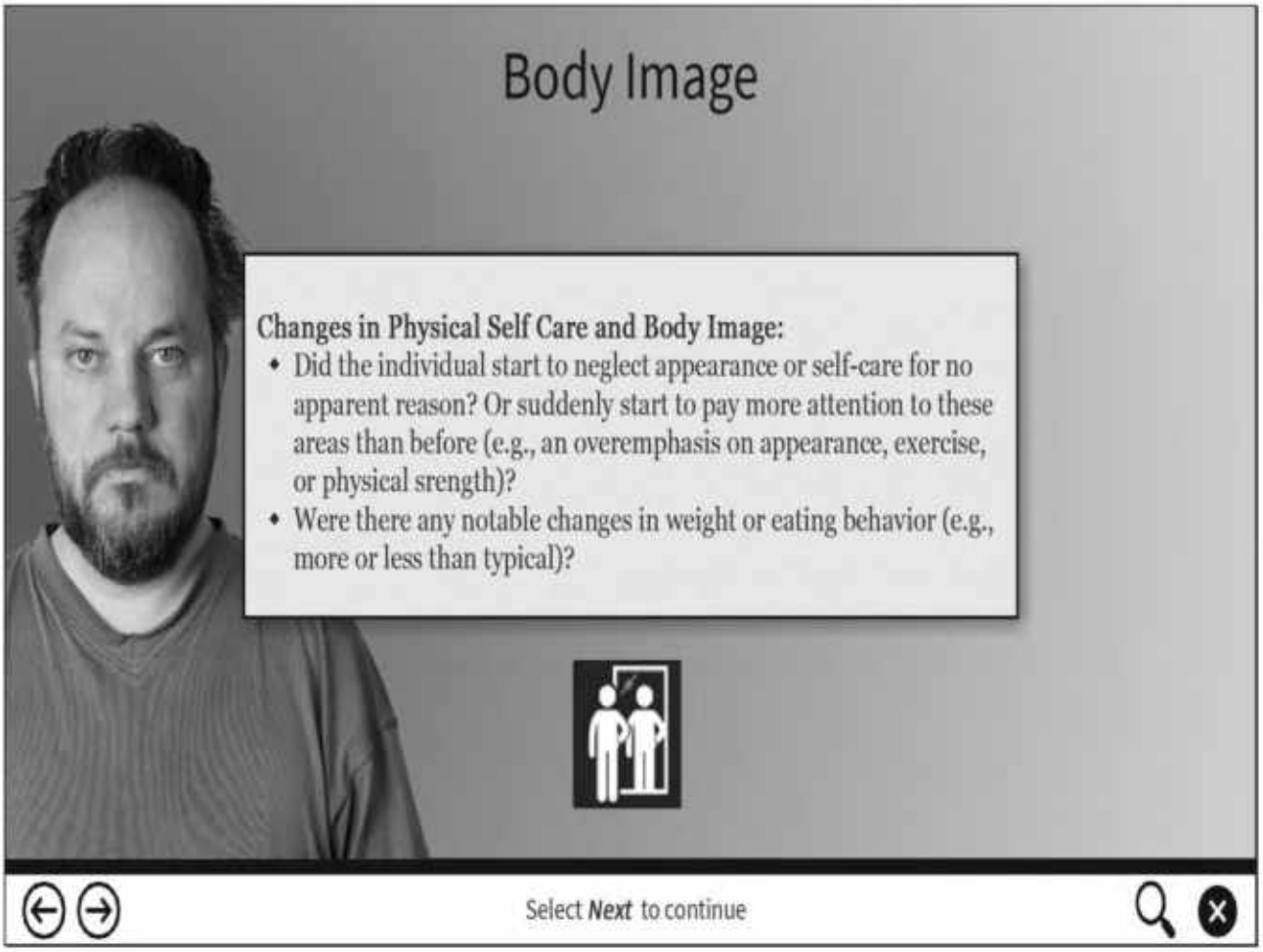
Slide 36 - Intimacy and Sexuality



Slide 37 - Avoiding Procedures



Slide 38 - Body Image



Slide 39 - The Role of Markers

The Role of Markers in Examinations for PTSD Related to MST



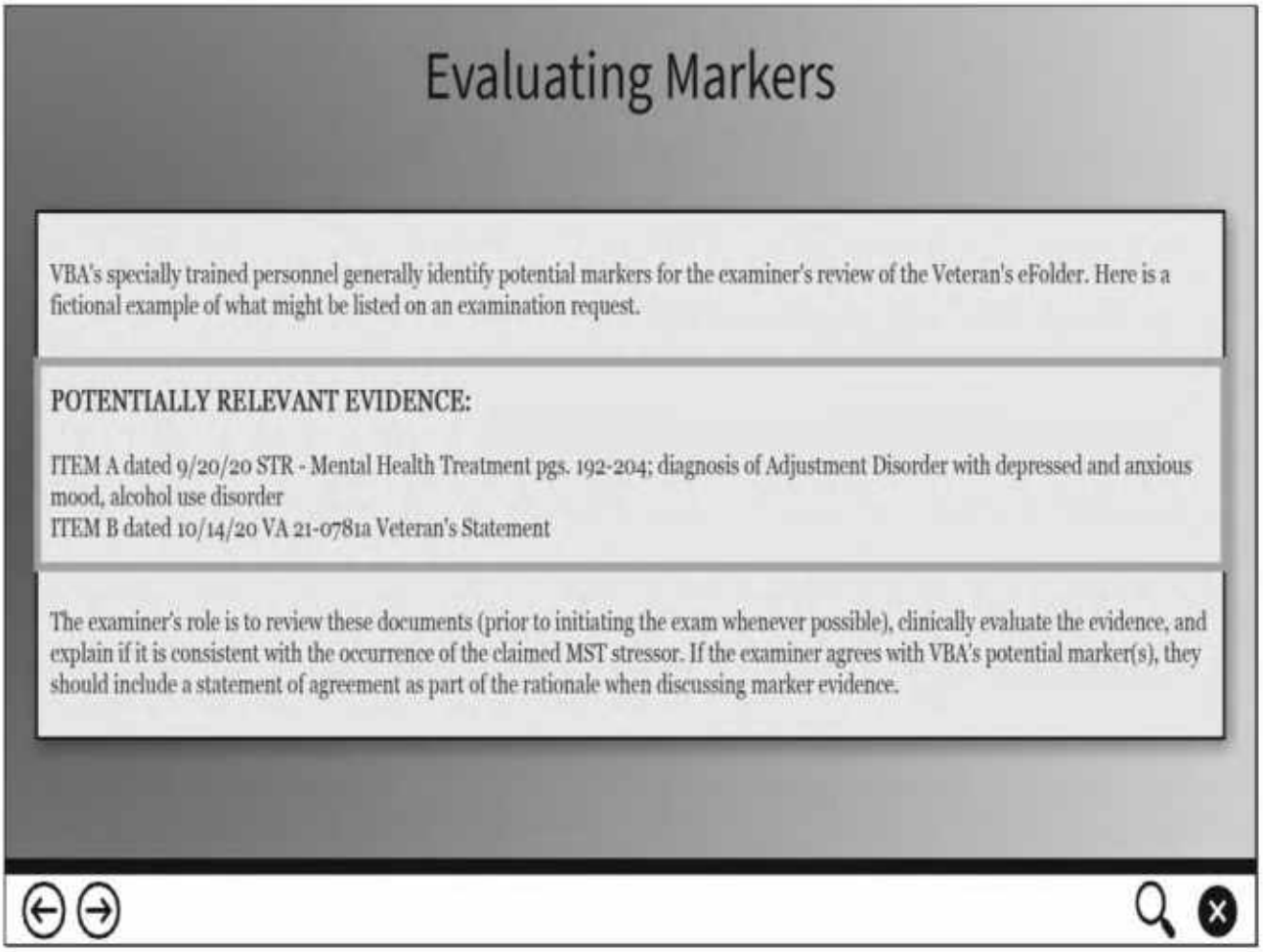
What part do markers have in a C&P examination for PTSD related to MST?

During the C&P examination, the mental health disability examiner will conduct an interview with the claimant to assess:

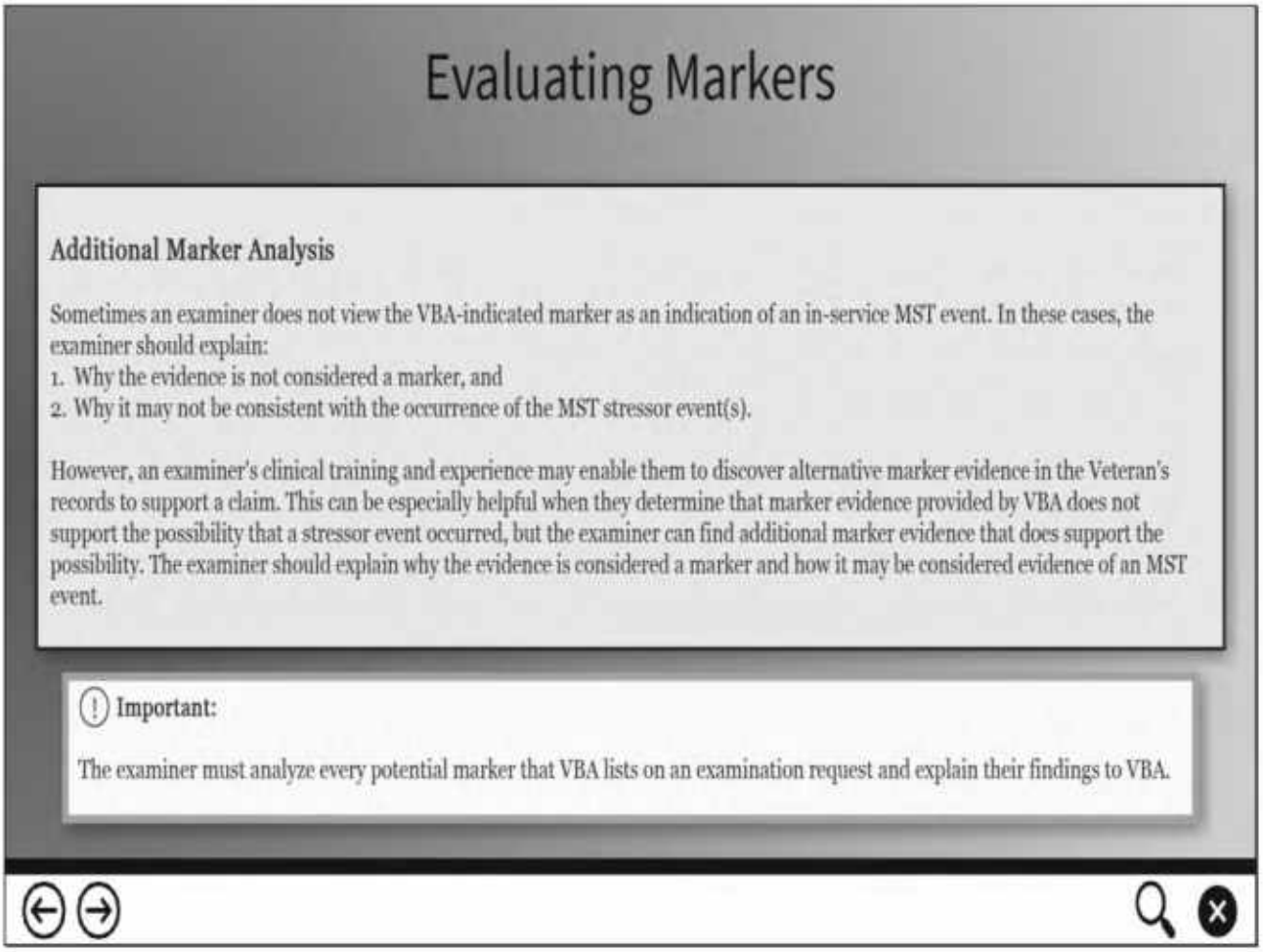
1. whether the Veteran has a diagnosis of PTSD,
2. whether one or more markers are found in the individual's records or self-report indicative of one or more MST-related incidents during service, and
3. whether the examiner can support a relationship between the diagnosis of PTSD and the MST experience.

VBA will generally ask for a medical opinion and rationale to assist the adjudicator with determining whether the marker evidence could be consistent with the MST experience(s) described by the Veteran or Service member, and whether the MST experience(s) would be sufficient to result in PTSD.

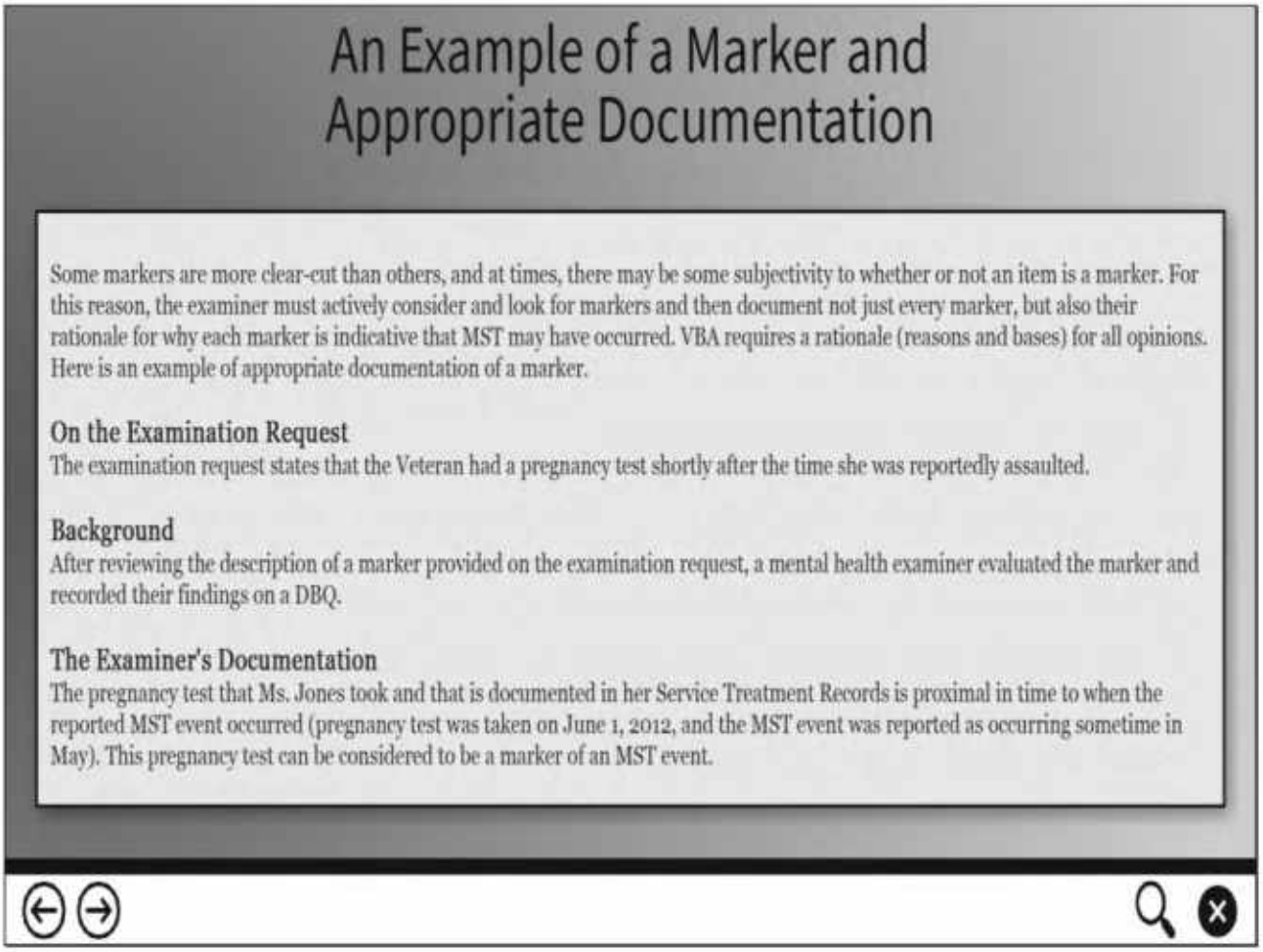
Slide 40 - Evaluating Markers



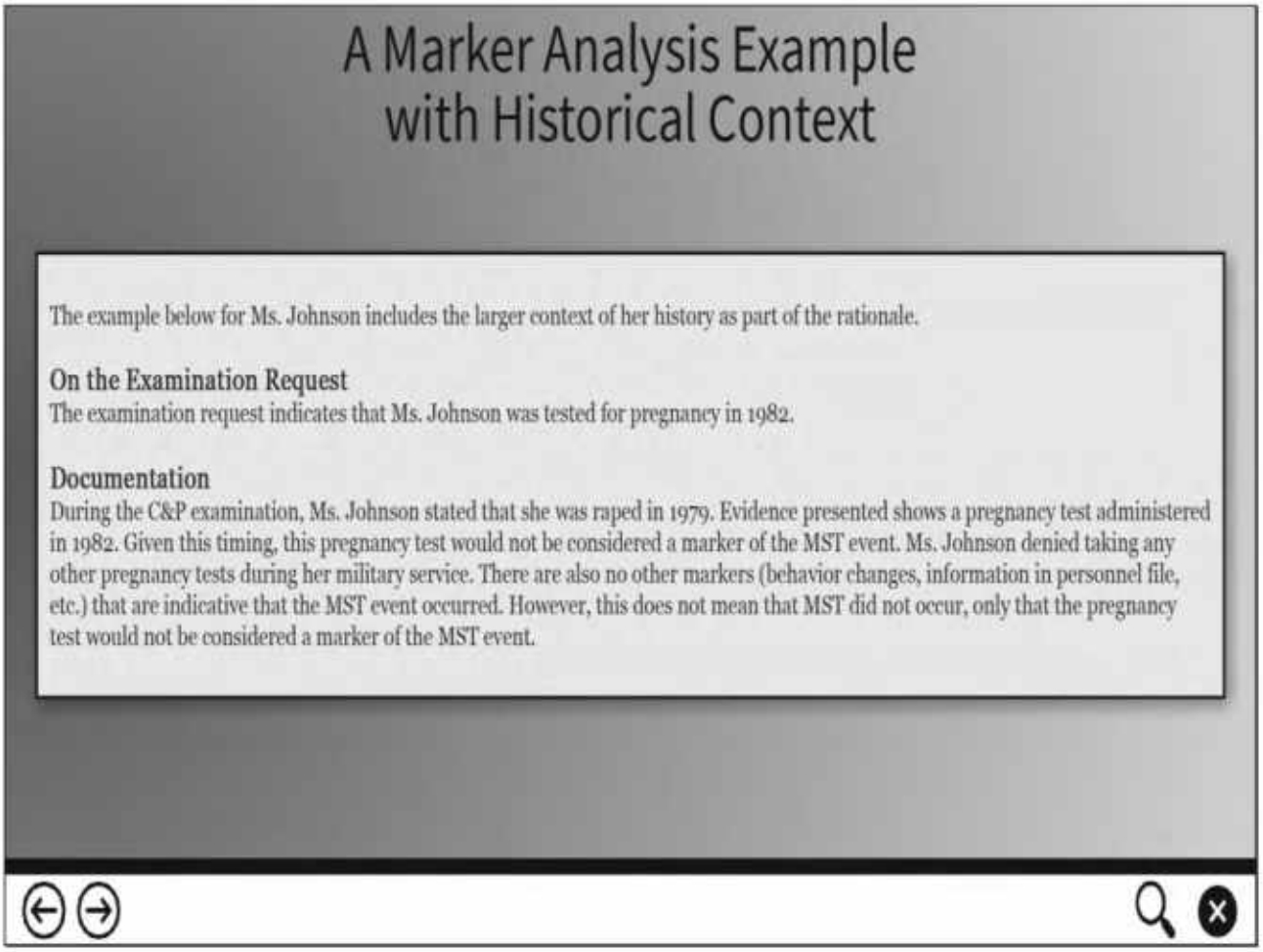
Slide 41 - Additional Marker Analysis



Slide 42 - An Example of a Marker Documenation

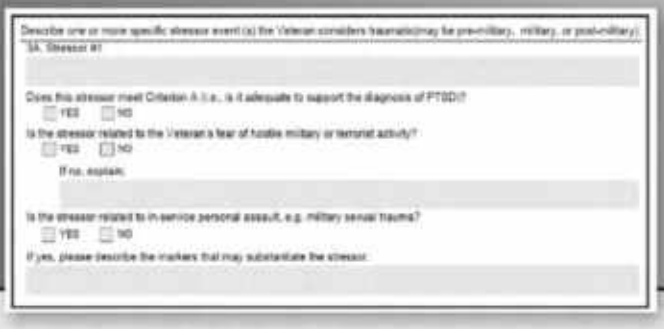


Slide 43 - A Marker Analysis Example with Historical Context



Slide 44 - Documenting Stressors on PTSD Protocol

Documenting Stressors and Markers on the Initial PTSD Documentation Protocol

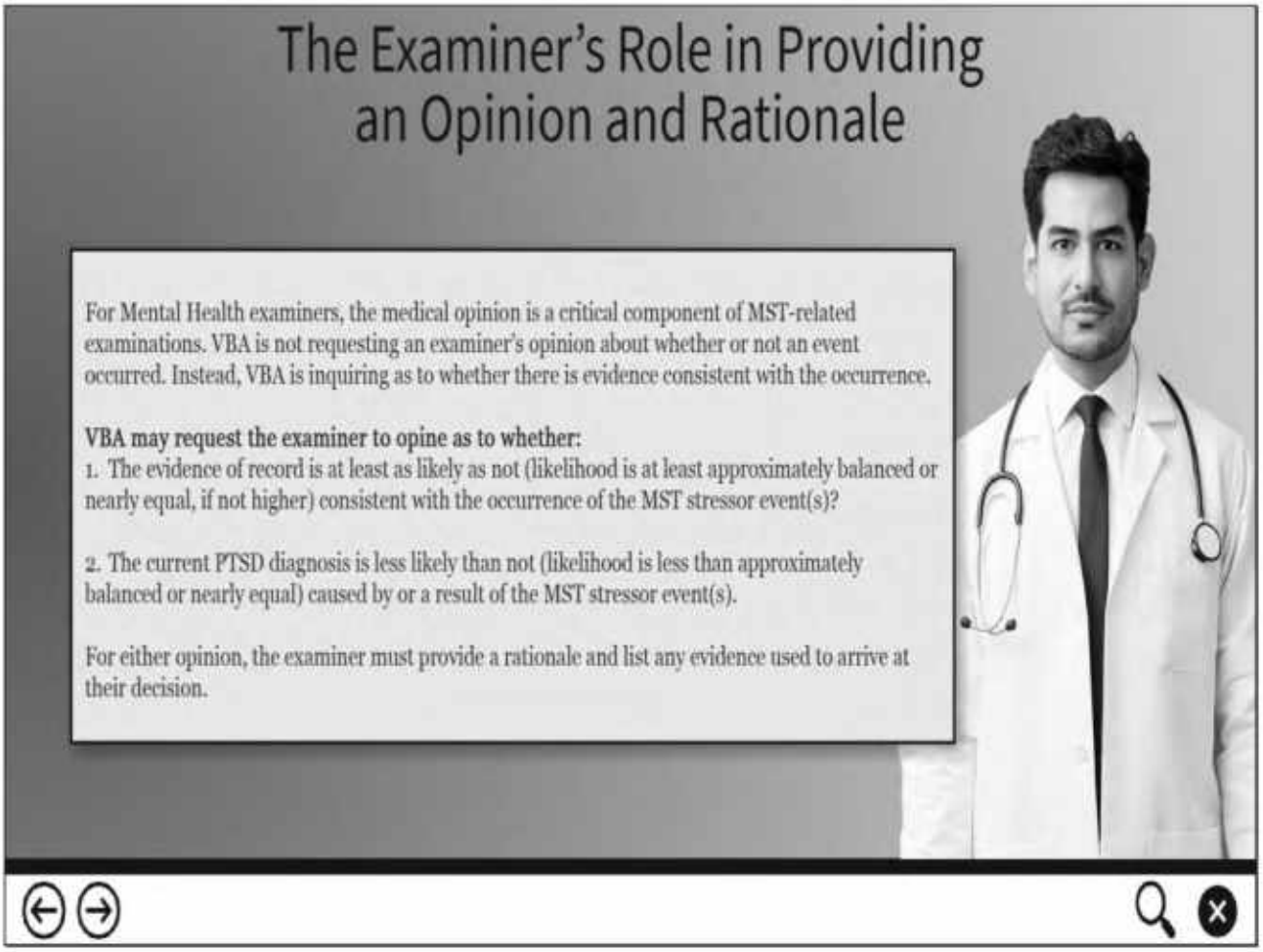


For Mental Health examiners there is a place on the Initial PSTD DBQ for examiners to document stressor(s) and provide additional information, including markers related to MST. After describing each stressor, the examiner indicates if the stressor meets Criterion A per the current Diagnostic and Statistical Manual of Mental Disorders (DSM). The examiner should keep these key points in mind:

- 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 (per the DSM).
- If the MST stressor does not meet the DSM definition of a Criterion A trauma, then the diagnosis cannot be PTSD.

The examiner also indicates if the stressor is related to MST, and if yes, describes the markers that may substantiate the stressor in the area provided (see bottom of image). The examiner should address all potentially relevant evidence noted in the examination request as well as evidence they discover from a thorough review of the eFolder and the examination.

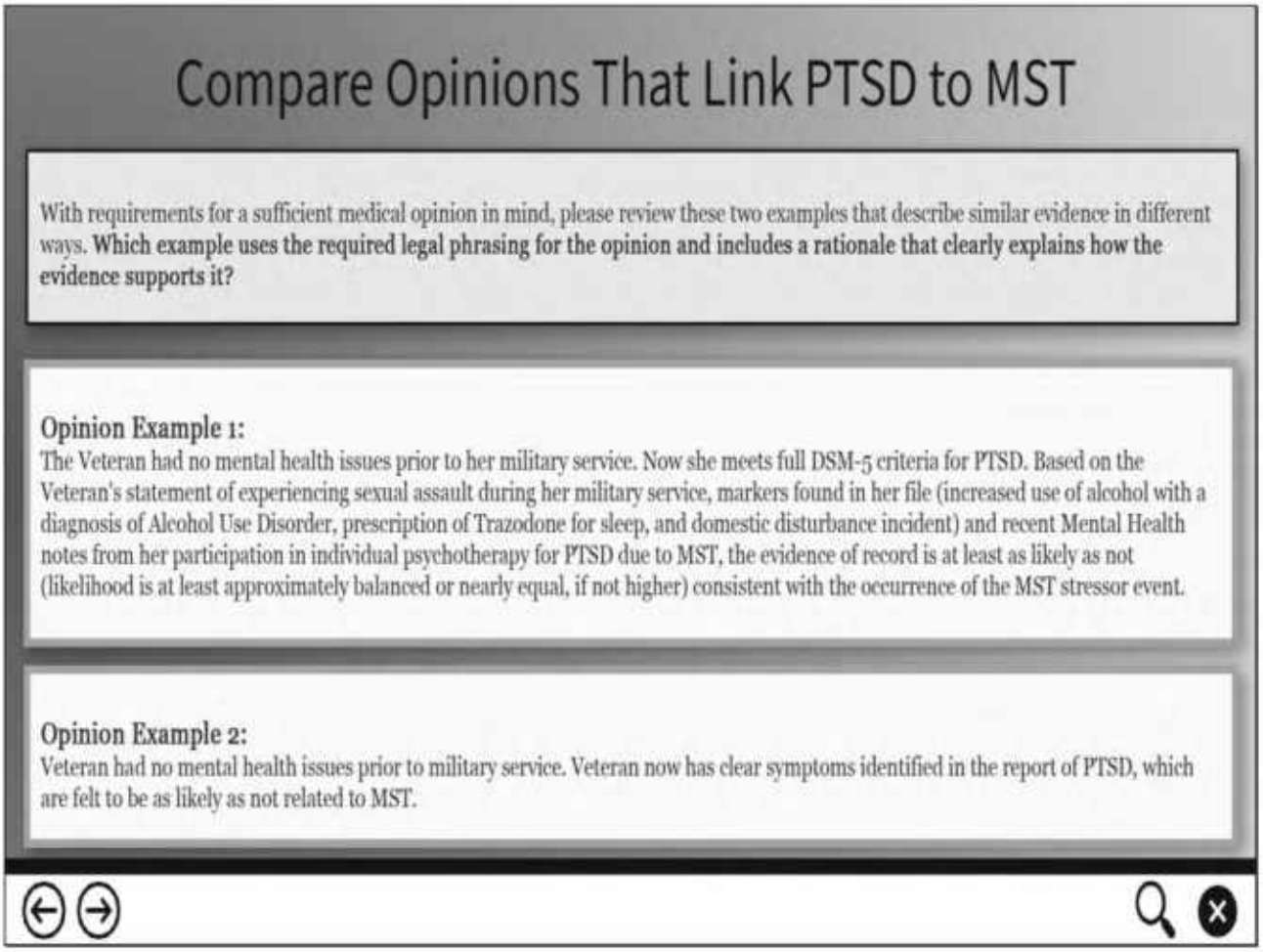
Slide 45 - The Examiner's Role in Providing Opinion



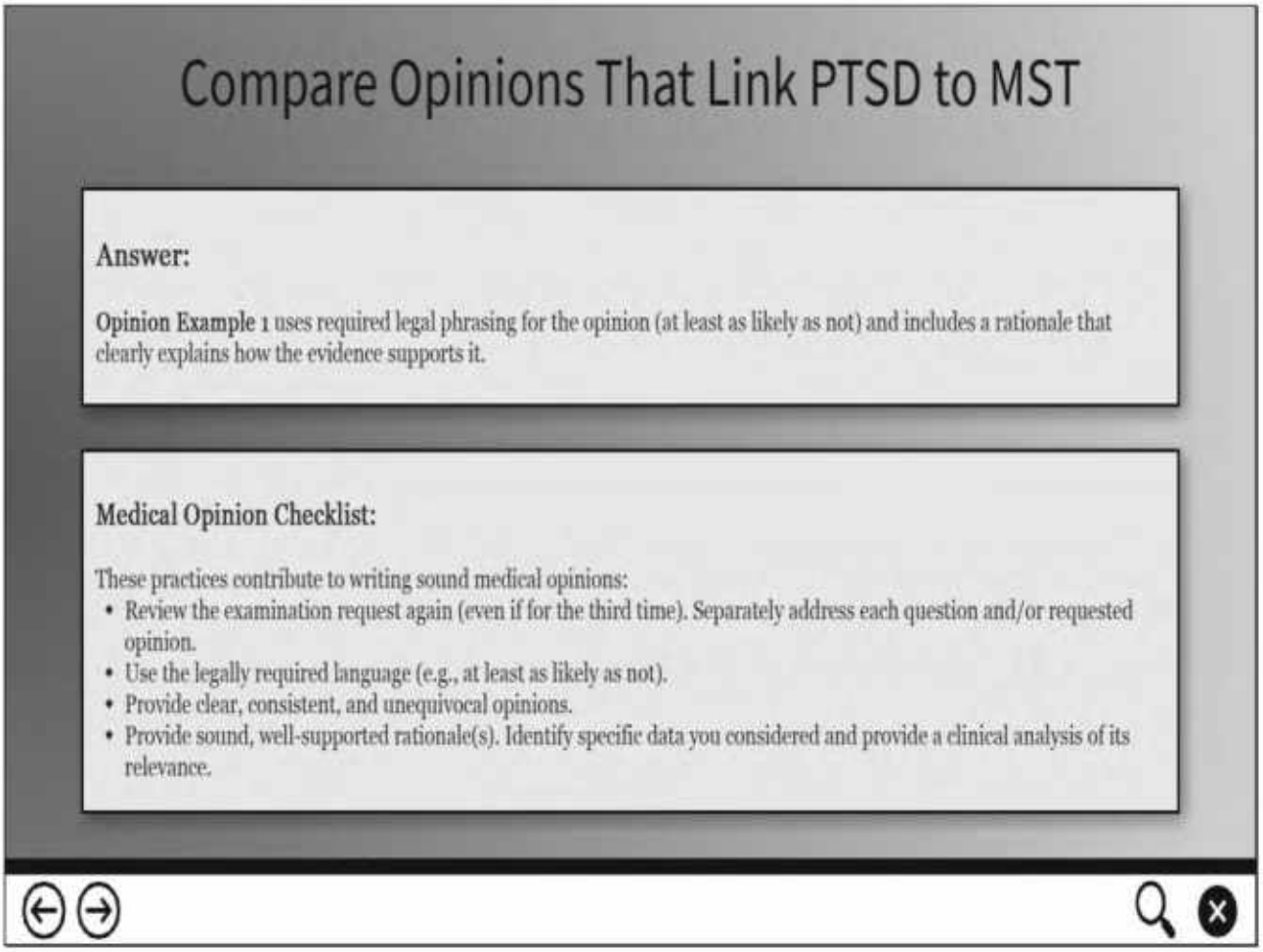
Slide 46 - Components of a Sufficient Medical Opinion



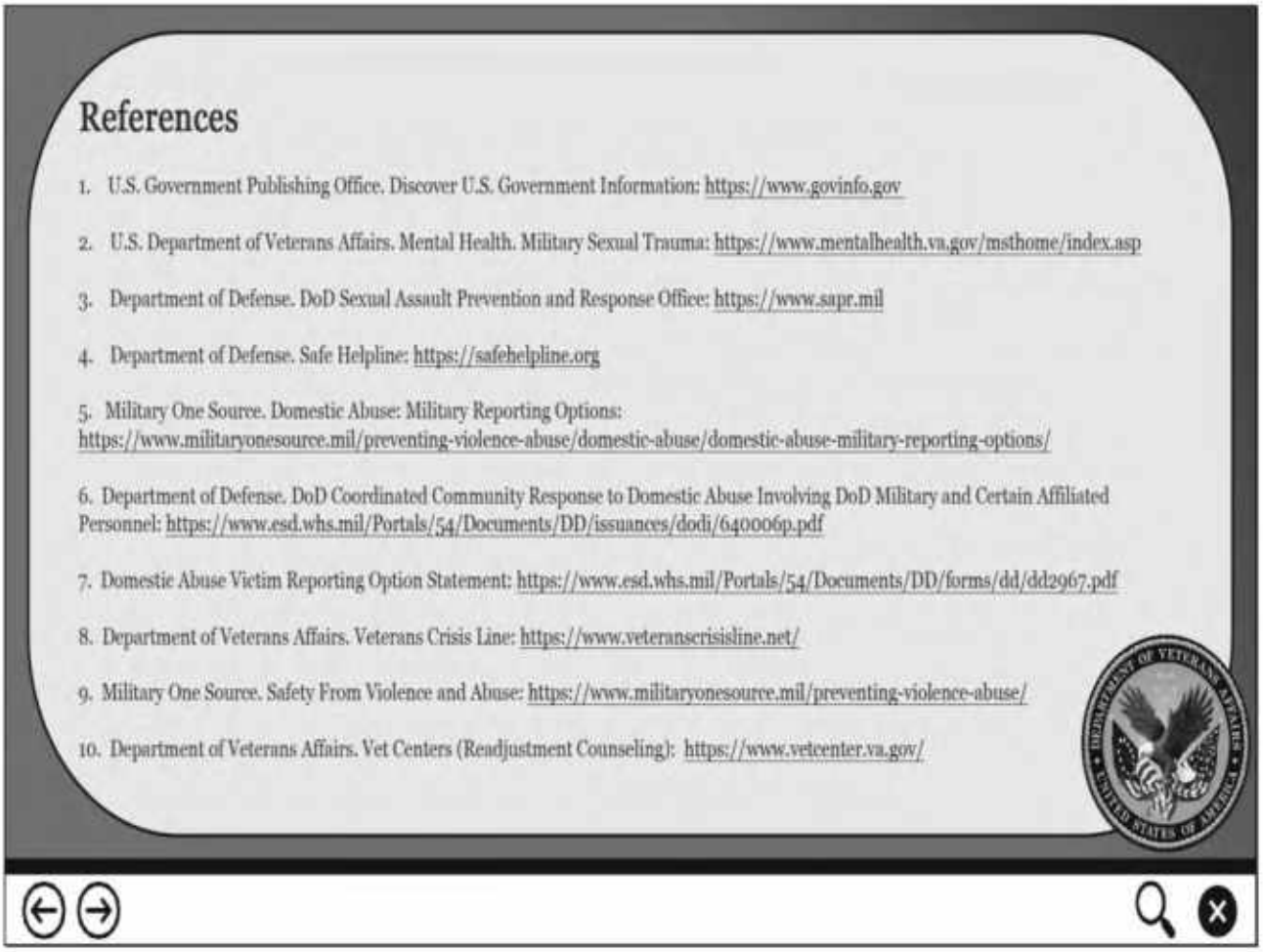
Slide 47 - Compare Opinions that Ling PTSD to MST



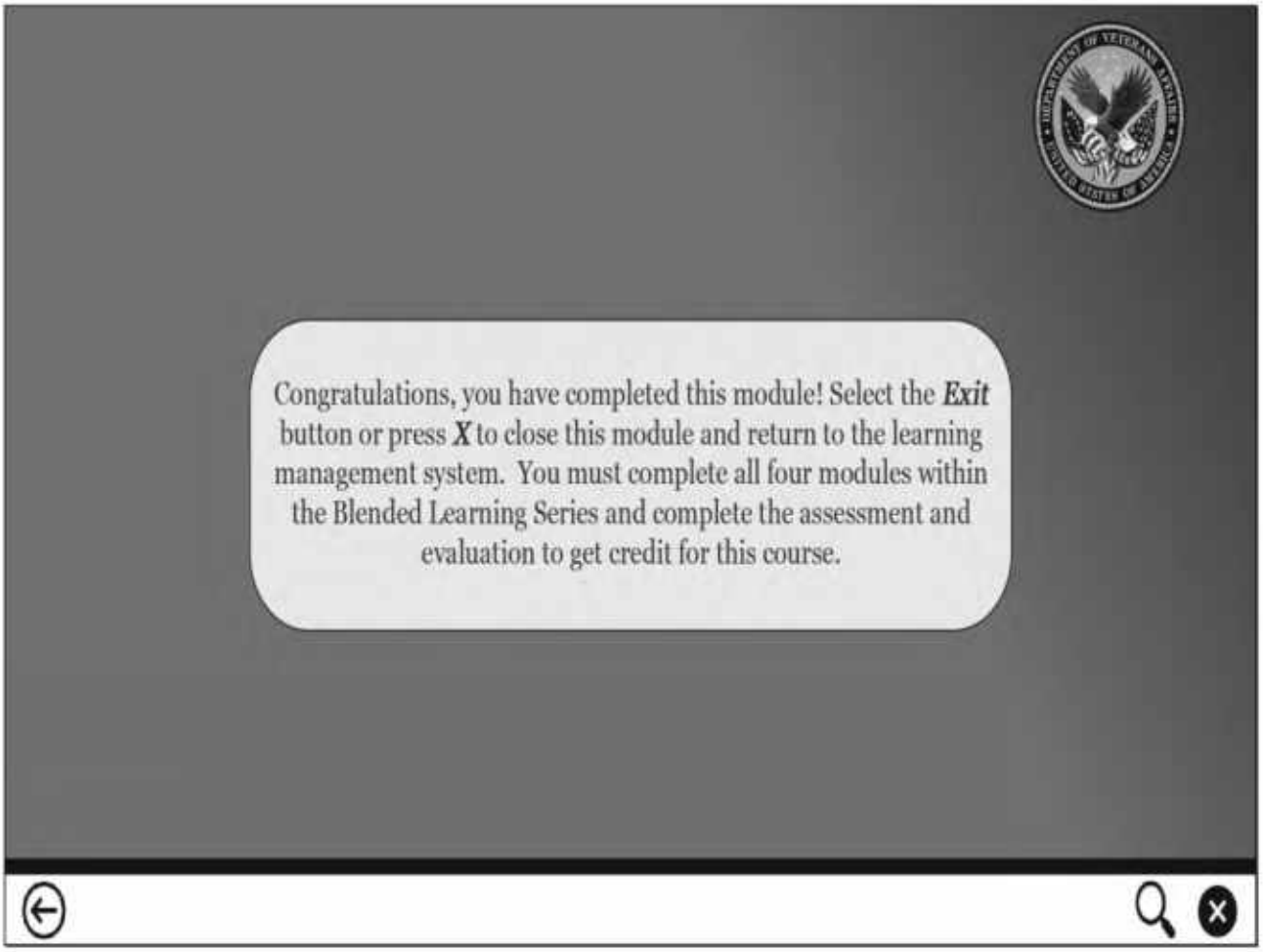
Slide 48 - Medical Opinion Checklist



Slide 49 - Reference Slide



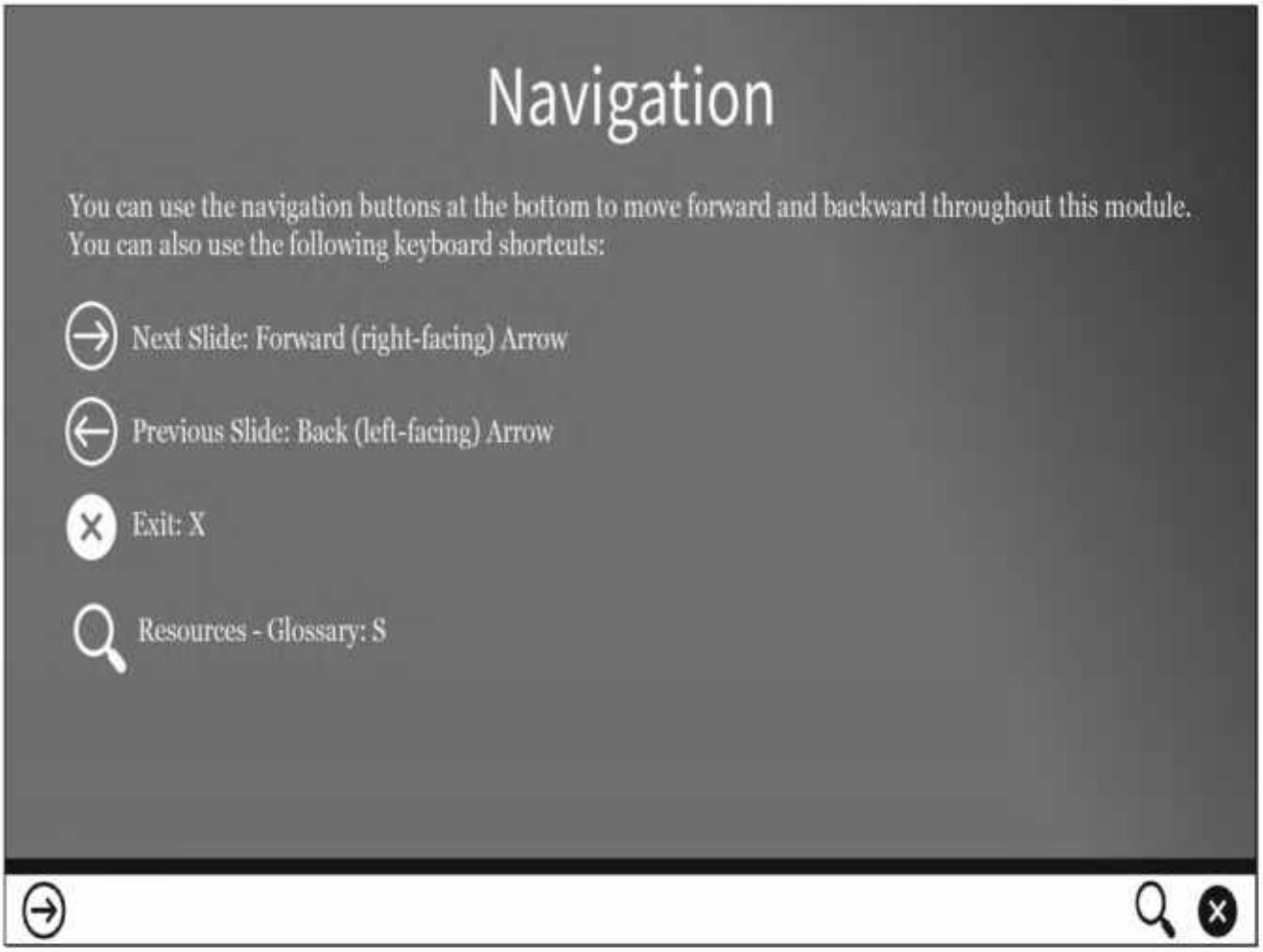
Slide 50 - Congratulations



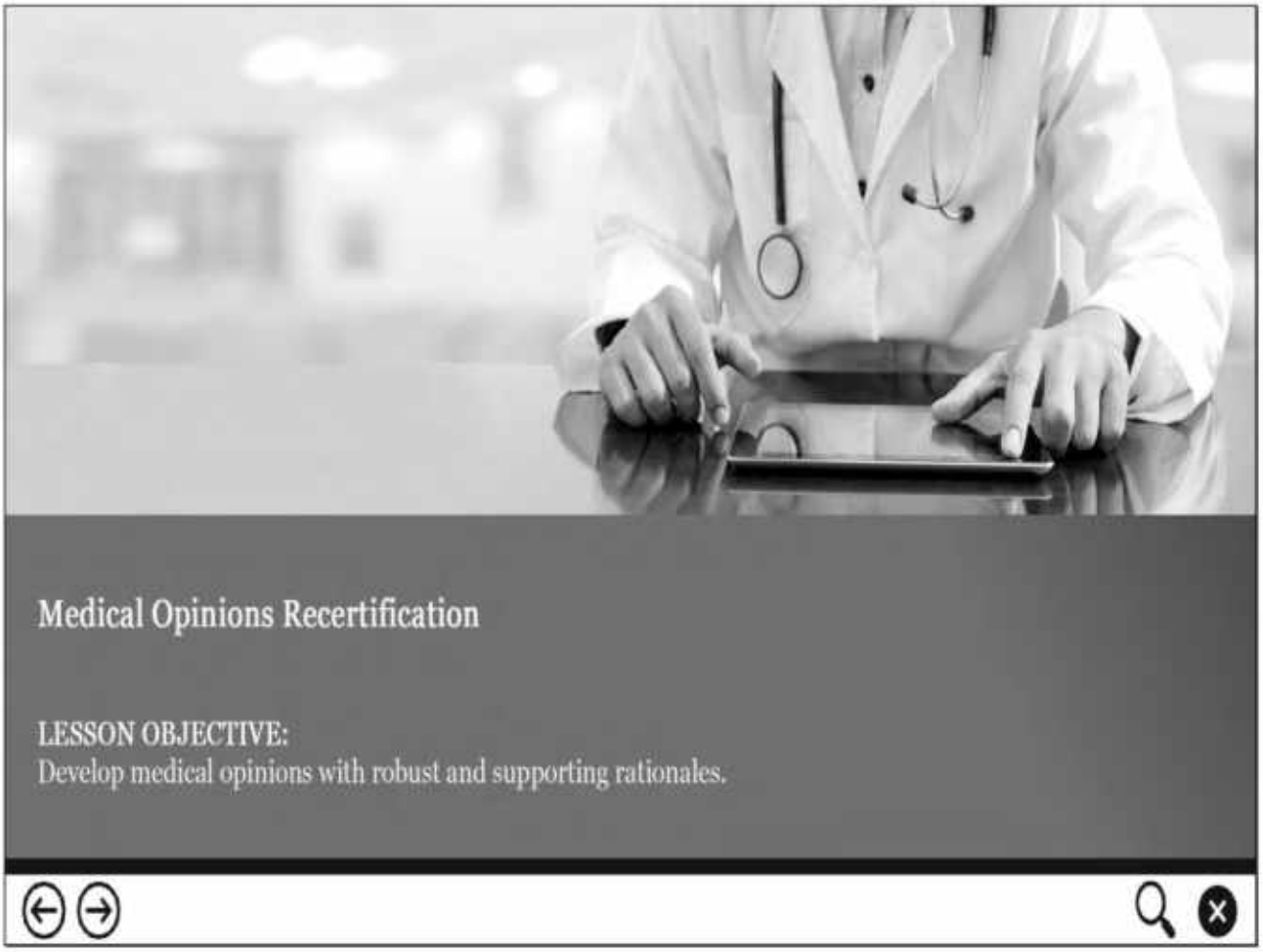
Slide 1 - Title Slide



Slide 2 - Navigation



Slide 3 - Objectives



Slide 4 - Medical Opinion Defined

A C&P Medical Opinion Defined



For C&P purposes, a medical opinion is a conclusion expressed by an examiner in legally required language and based on current medical knowledge and available evidence for a Veteran's or Service member's disability claim.

All medical opinions must be accompanied by a well-supported rationale that is both consistent with the evidence of record for a Veteran's or Service member's claim and consistent with widely accepted standards and knowledge of the medical community at large. You can think of a medical opinion as having two parts: the opinion and a rationale that explains and supports it.

Note: Because C&P clinicians apply their individual judgment, experience, and medical knowledge when assessing the pertinent facts of a case, it is possible that different medical opinions could be formed based on a review of the same evidence.

Slide 5 - Audience and Purposes of MO

The Audience and Purposes of Medical Opinions

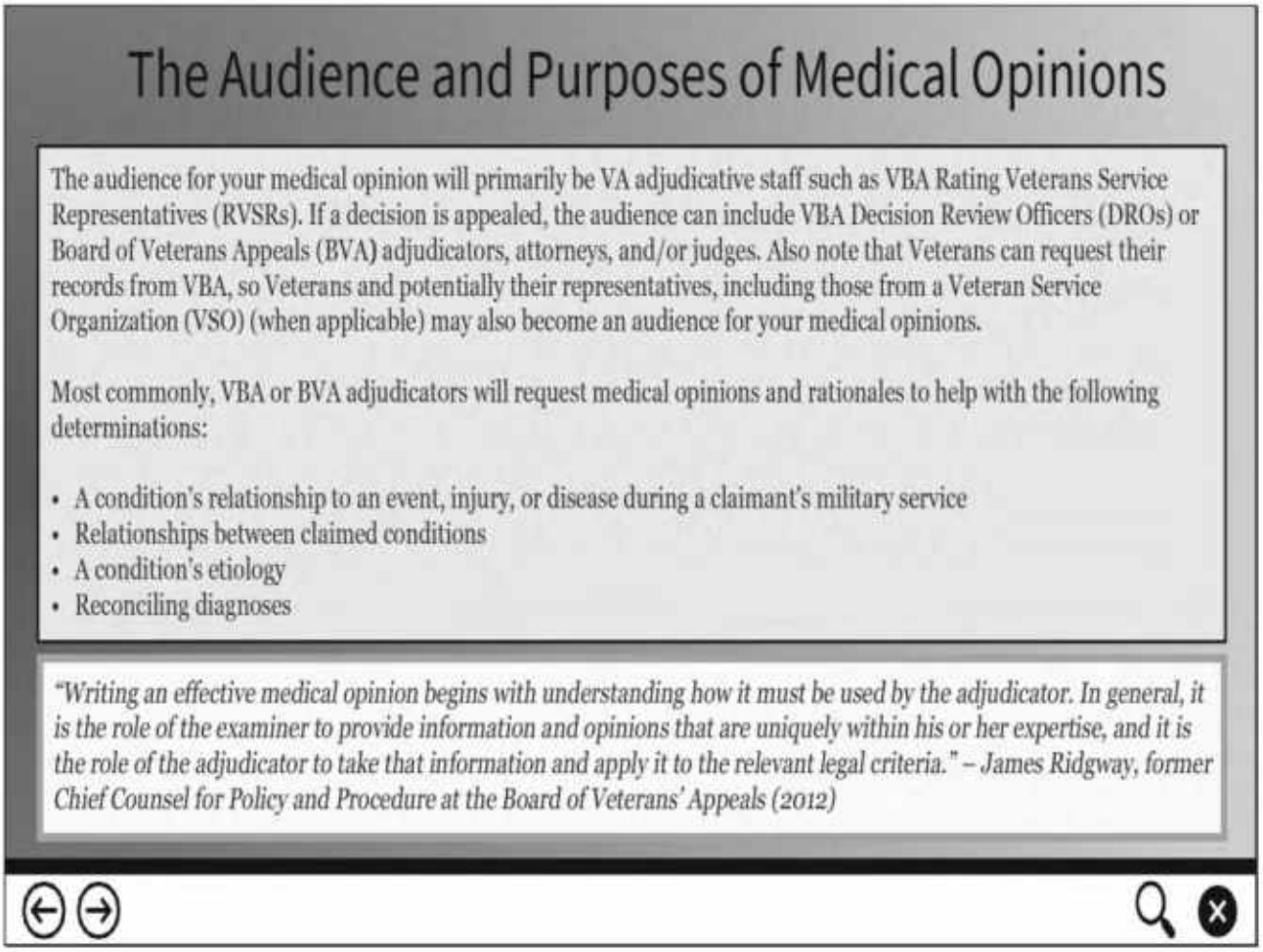


Adjudicators do not need an examination or a medical opinion for every C&P claim. However, VBA may request an examination and/or medical opinion when a claimant's record:

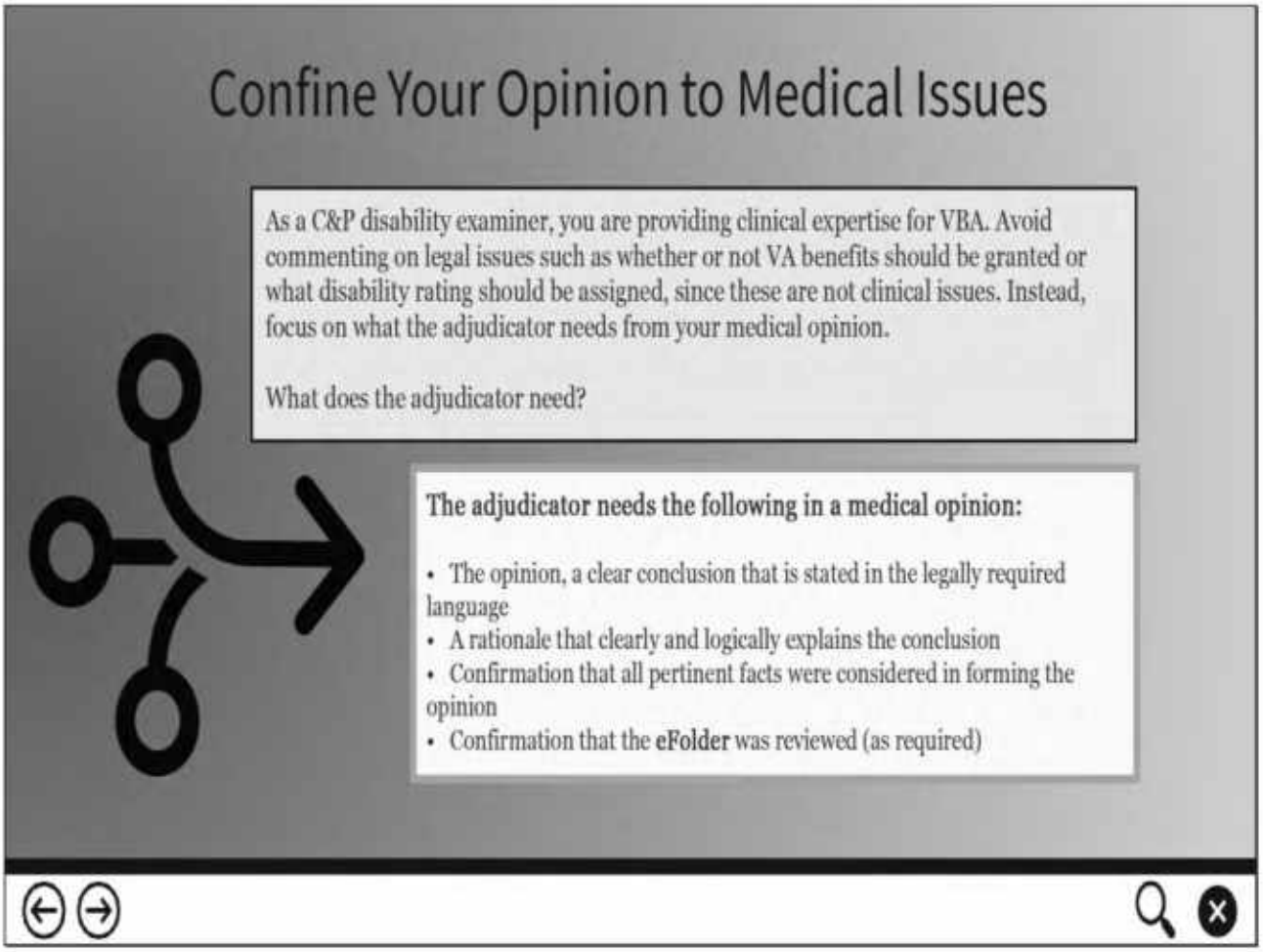
- Contains competent evidence that the claimant has a current disability or persistent signs or symptoms of a current disability.
- Indicates that the disability or signs and symptoms of disability may be associated with active service.
- Does not contain sufficient information to make a decision on the claim.

Note: VBA has a low threshold per the duty to assist for requesting an opinion regarding whether a condition is related to service.

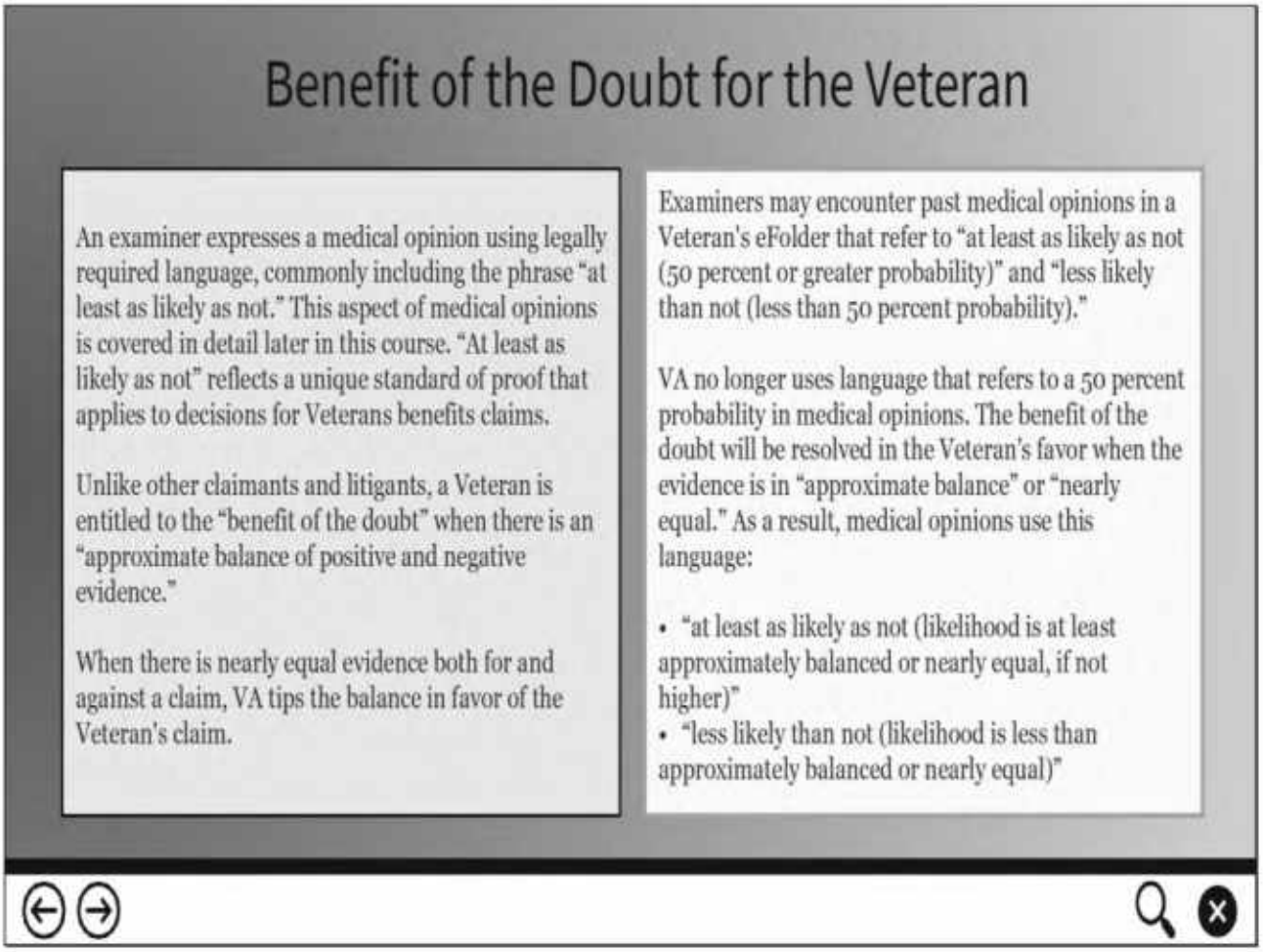
Slide 6 - Purpose of MO continued



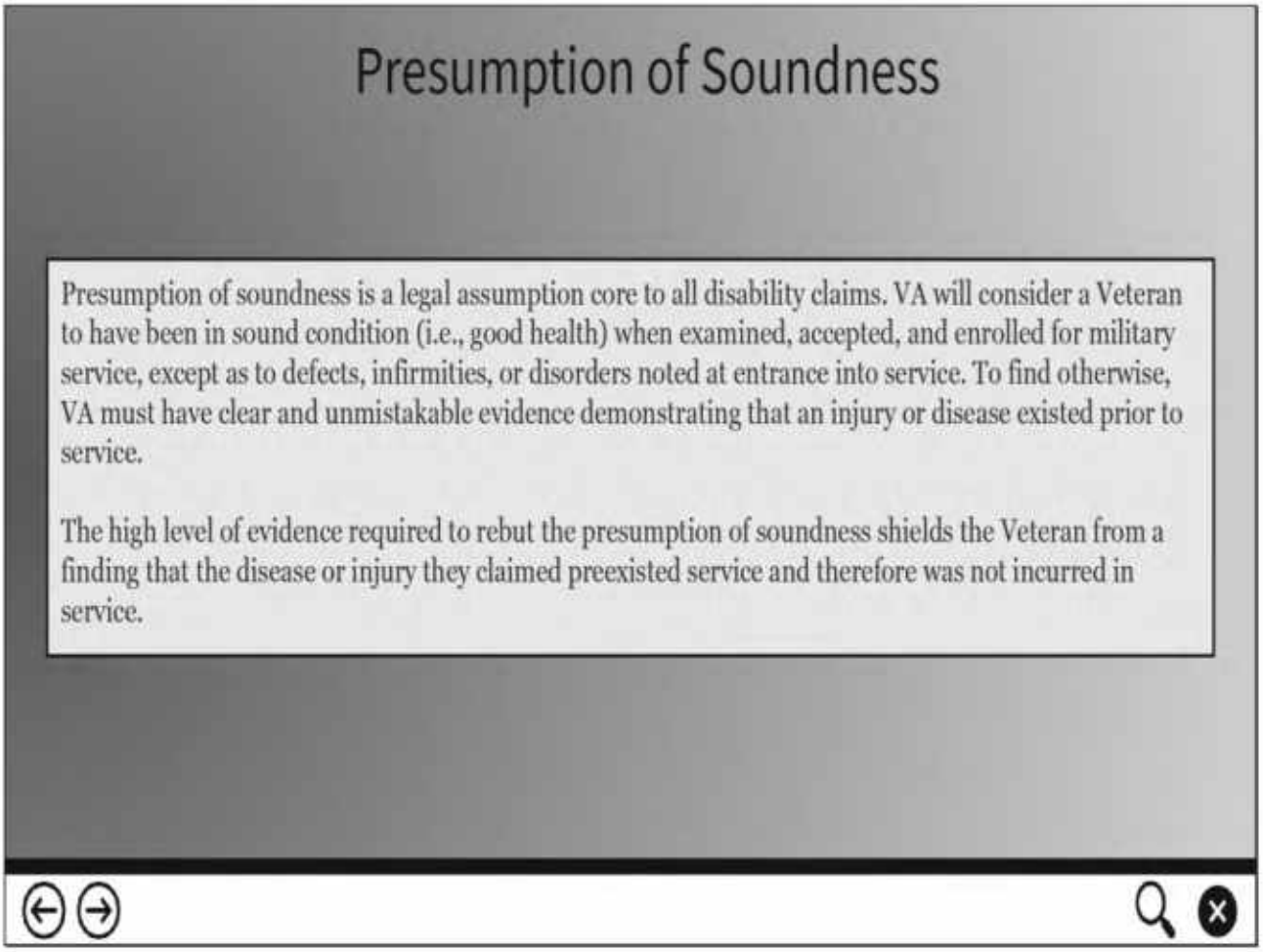
Slide 7 - Confine your opinion to medical issues



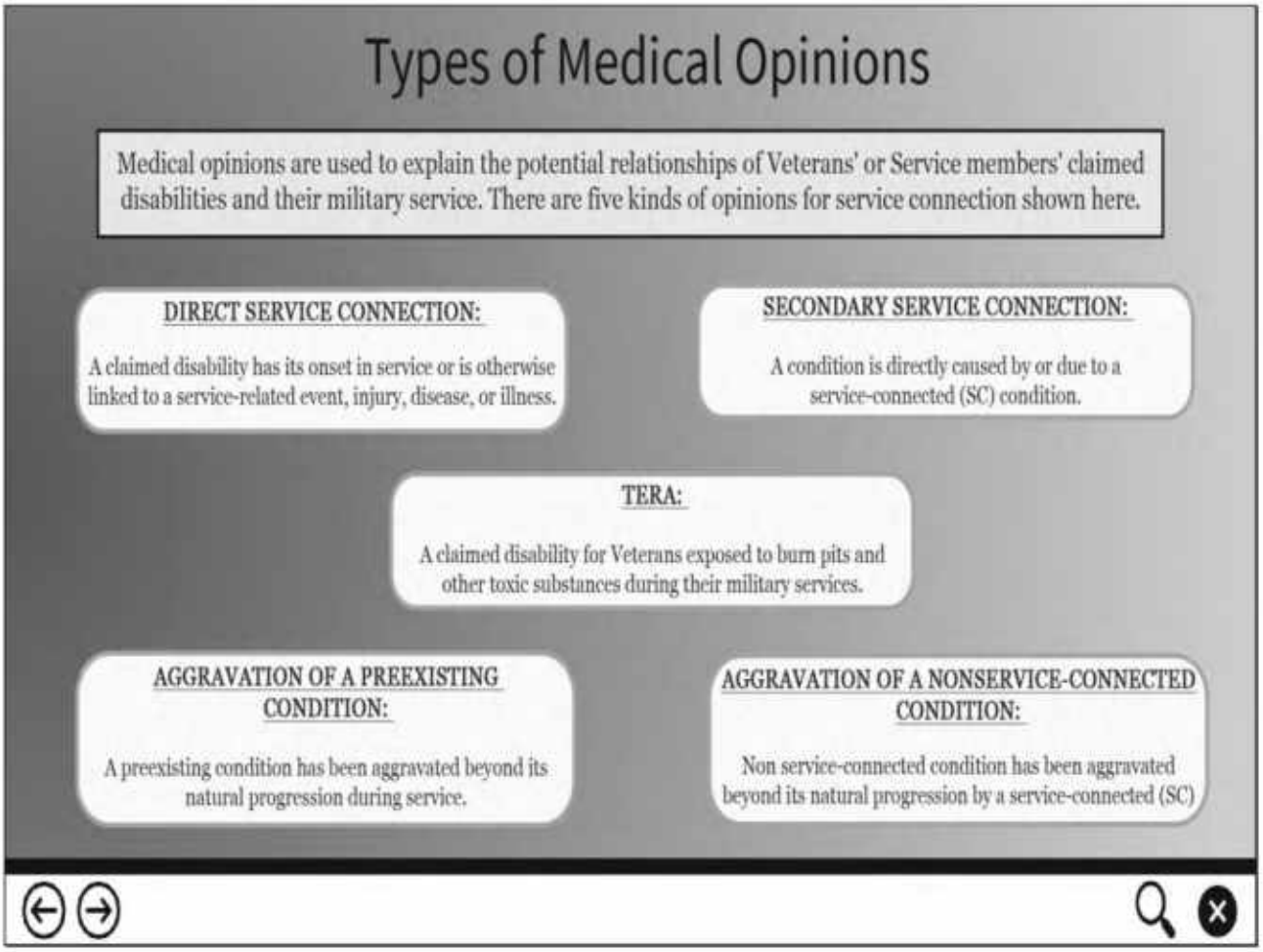
Slide 8 - Benefit of the Doubt for the Veteran



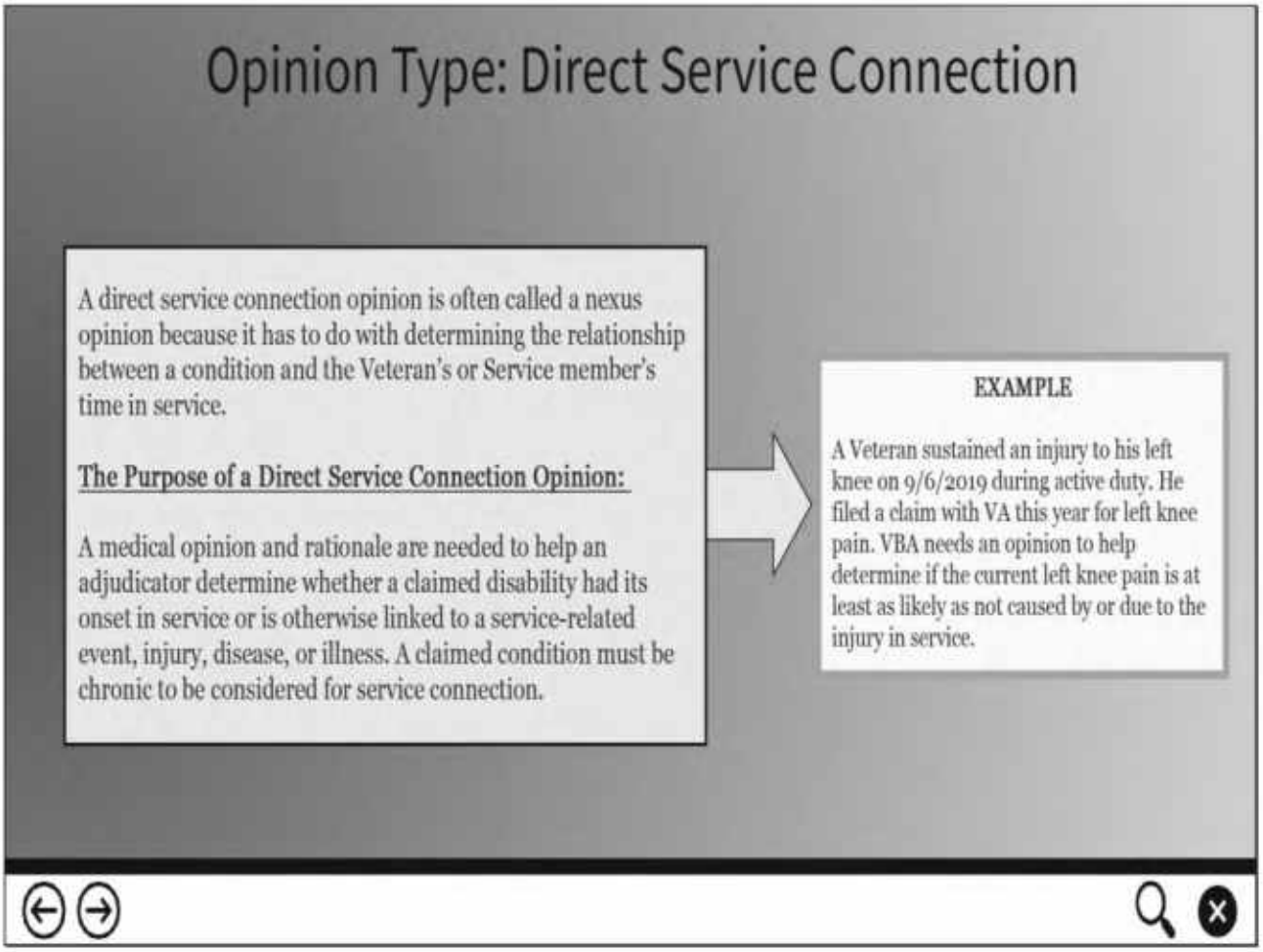
Slide 9 - presumption of Soundness



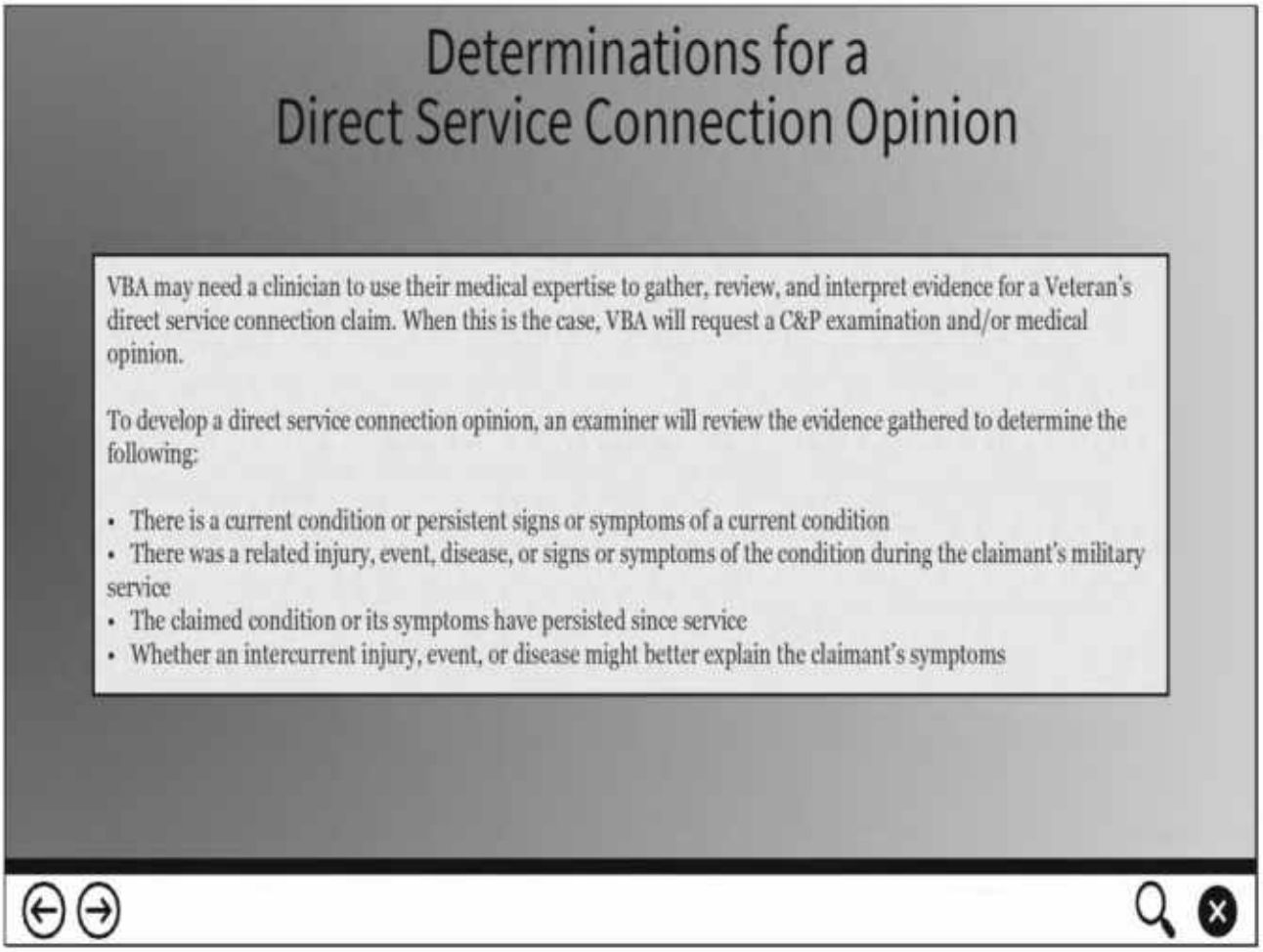
Slide 10 - types of Medical Opinions



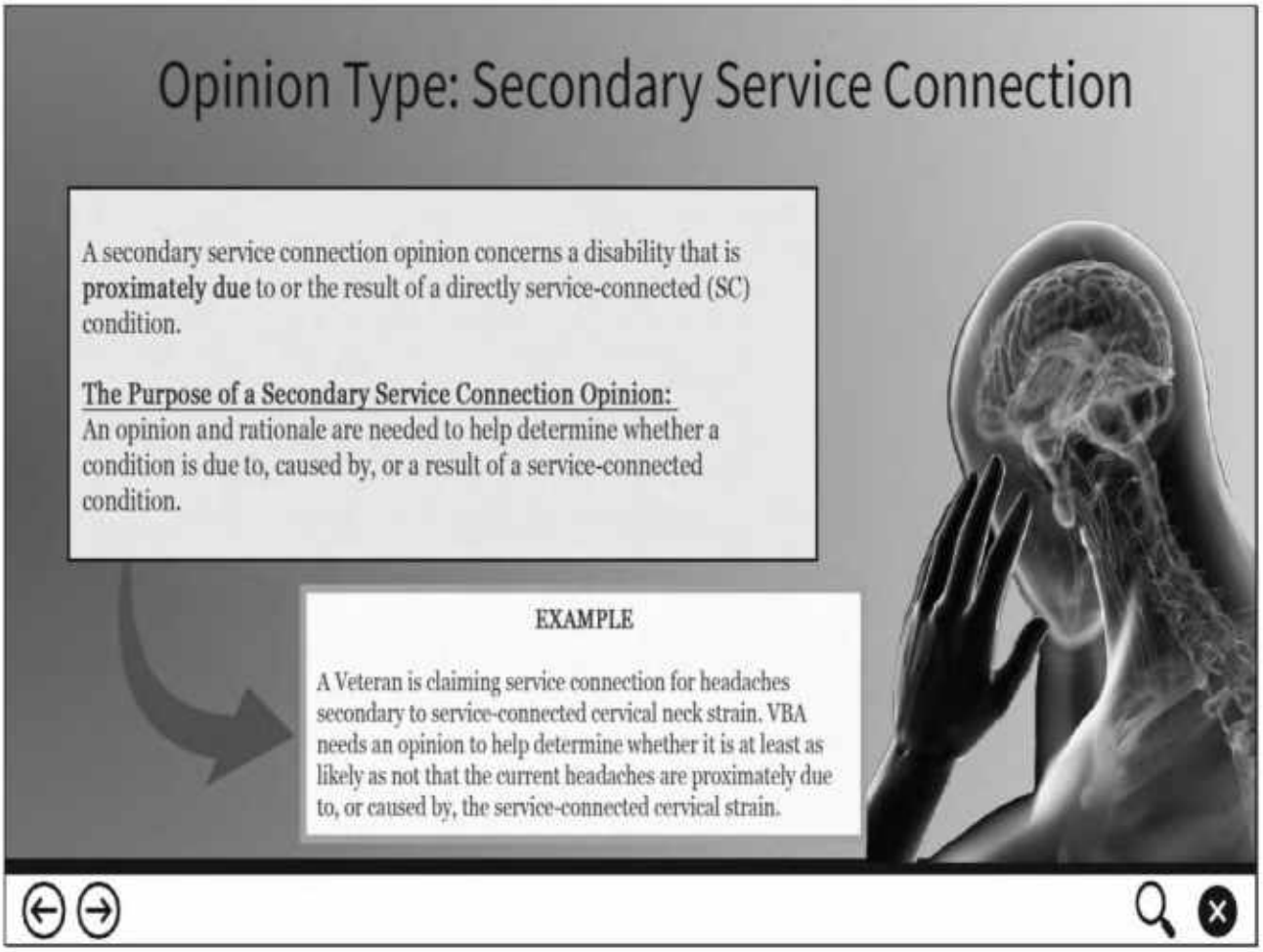
Slide 11 - Direct Service Connection



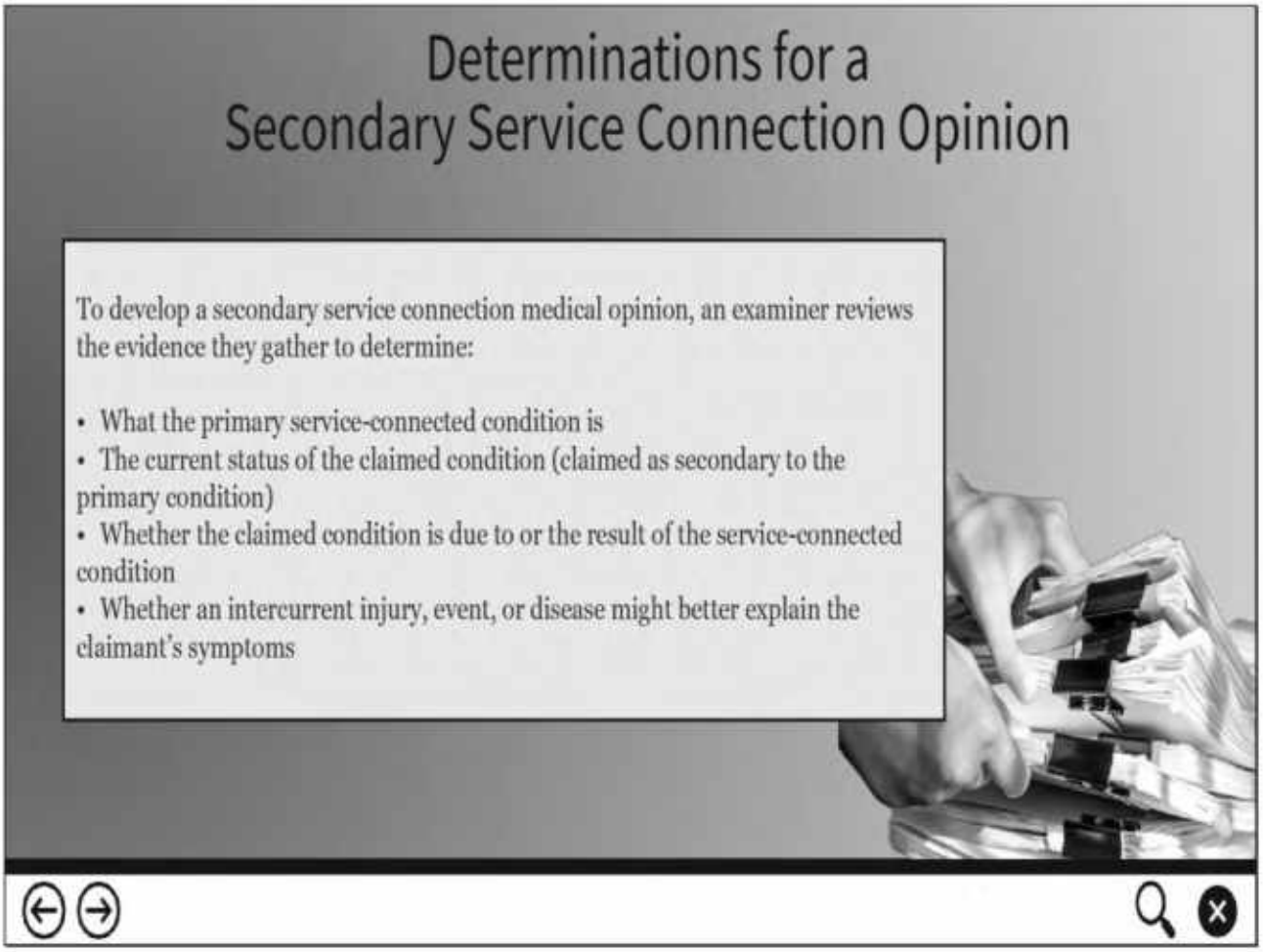
Slide 12 - determinations for direct opinions



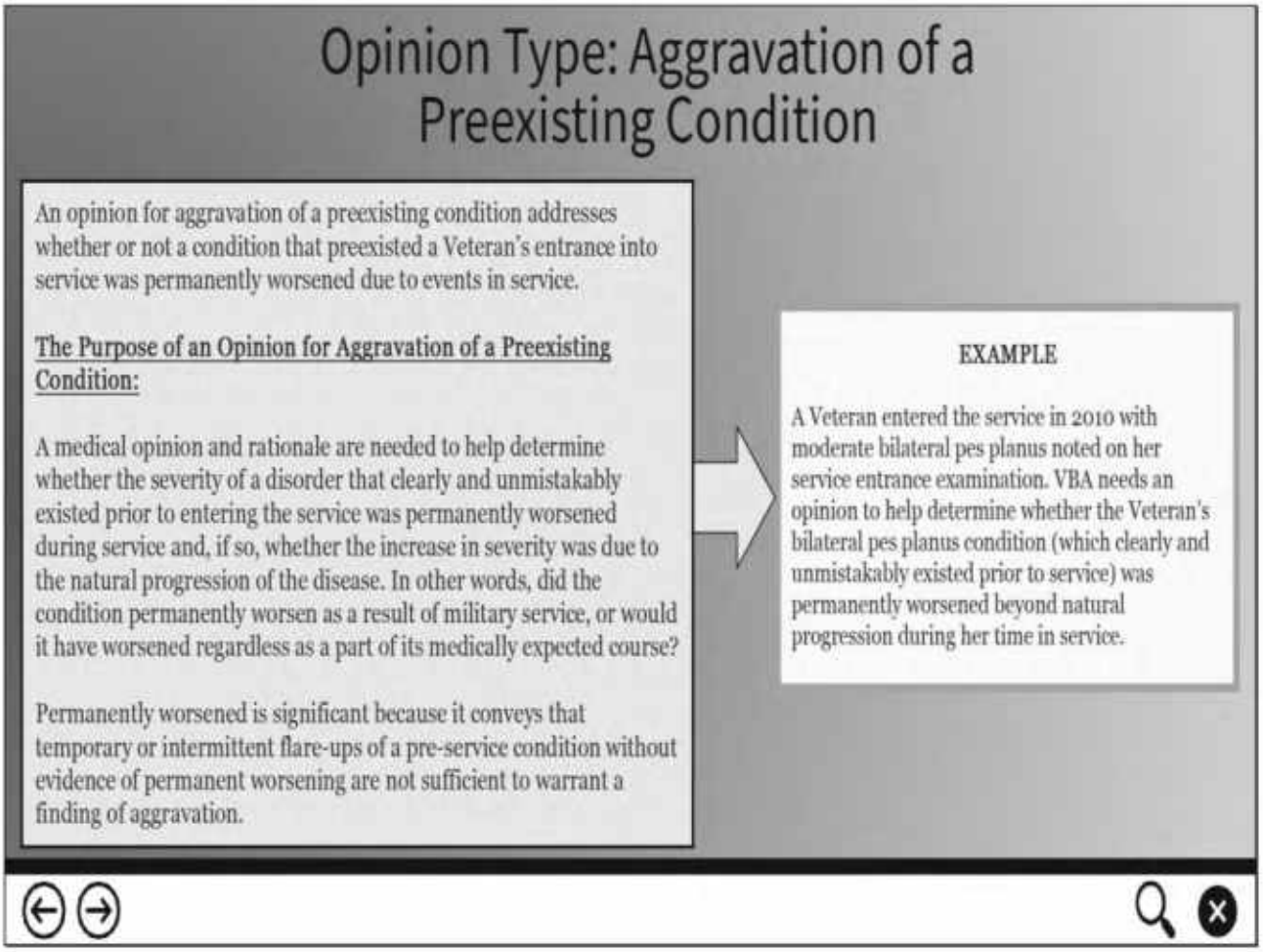
Slide 13 - Secondary Service Connection



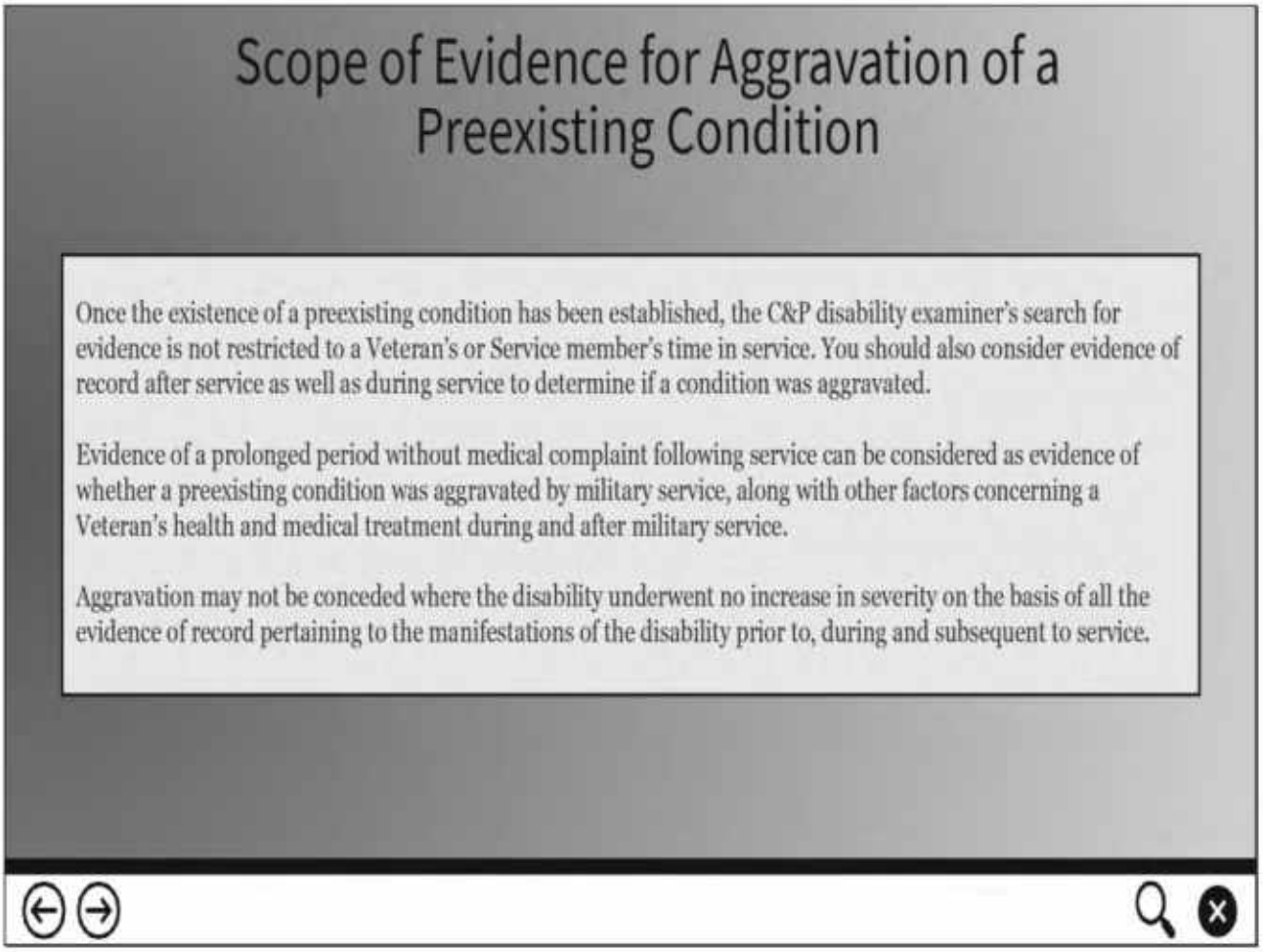
Slide 14 - determinations for Secondary Medical Opinions



Slide 15 - Aggravation of pre-existing condition



Slide 16 - Scope of evidence for aggravation pre-existing



Slide 17 - natural progression

Natural Progression

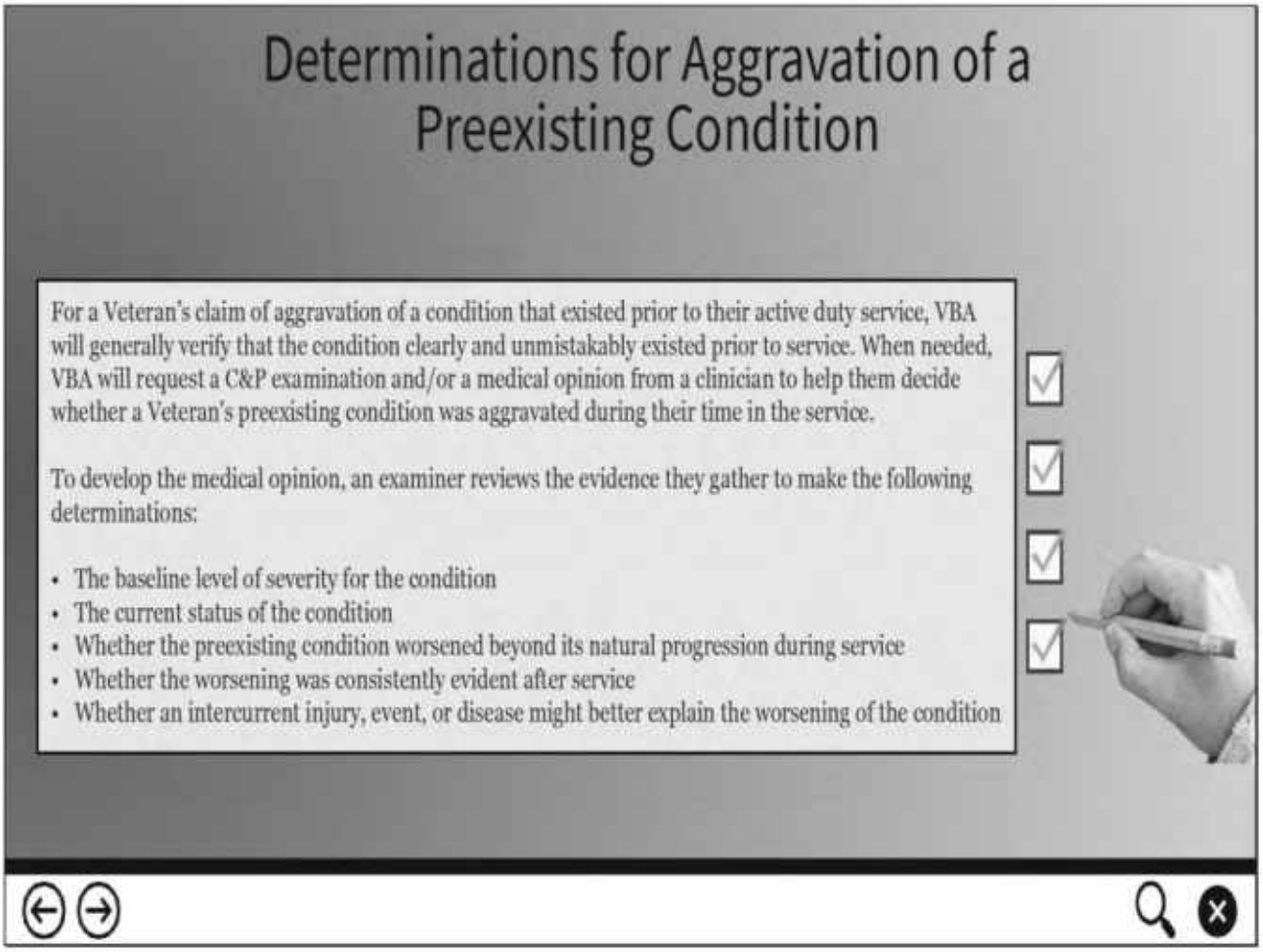
After determining the baseline level of severity for the condition, you will need to determine if there has been any worsening. If so, you will need to decide if the worsening is due to aggravation or the natural progression of the condition.

Medical knowledge about a condition's natural progression enables clinicians to anticipate the prognosis of a condition and helps to identify factors that may alter its normal course. The natural progression of any condition is usually understood through epidemiological research conducted over an extended period of time. You can consult peer-reviewed medical literature to determine the expected natural course of a condition. Then you can compare the description with the progression of the condition you evaluate for a Veteran.

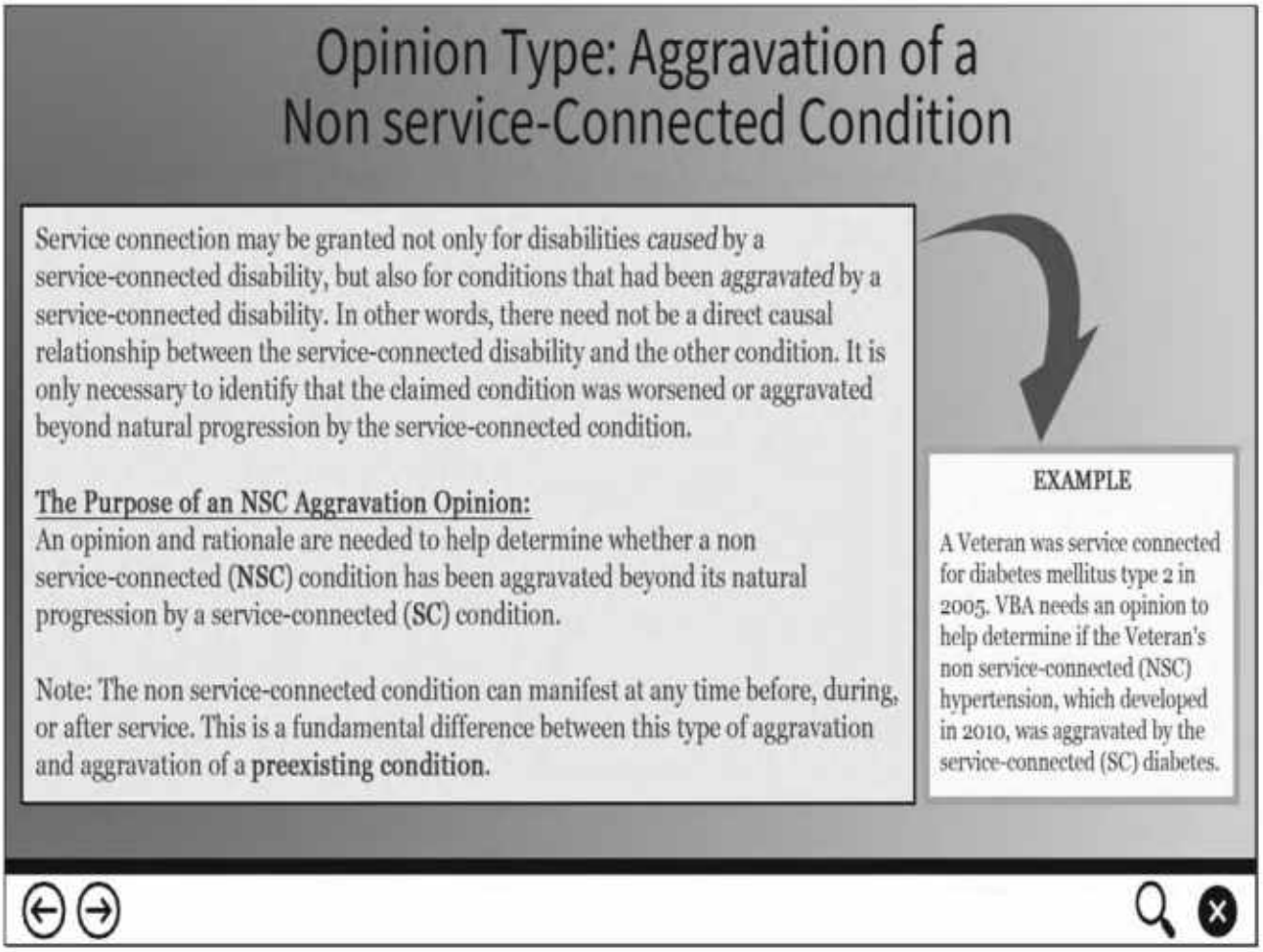
Keep in mind that for C&P purposes, a determination that a condition worsened because of natural progression means that the claimant's military service did not cause aggravation. Therefore, a claim made on that basis may not be decided in a Veteran's favor. For that reason, clinicians' findings that natural progression accounts for the worsening of a condition (and not military service) requires a very high standard of proof.



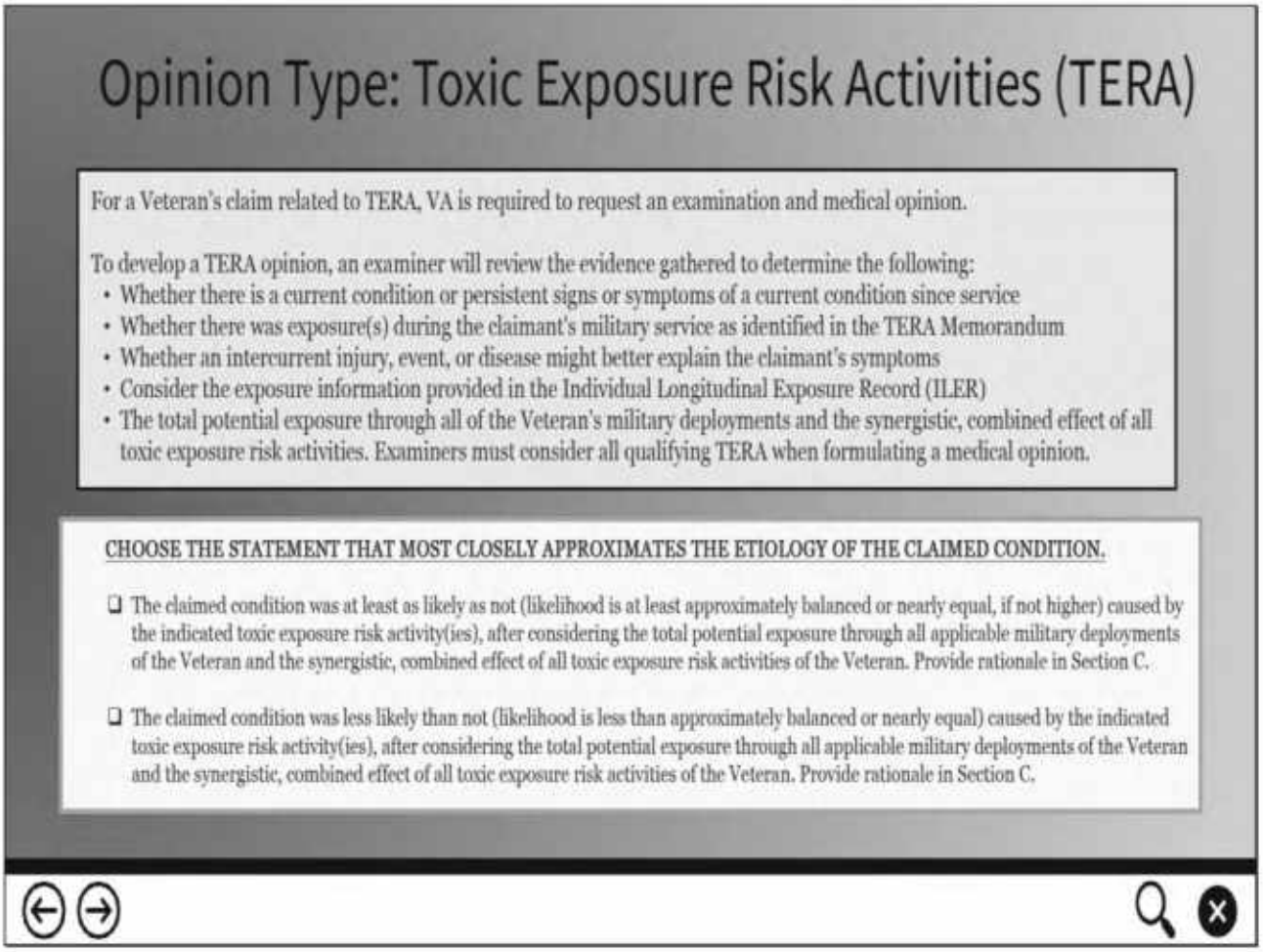
Slide 18 - determinations for aggravation pre-existing



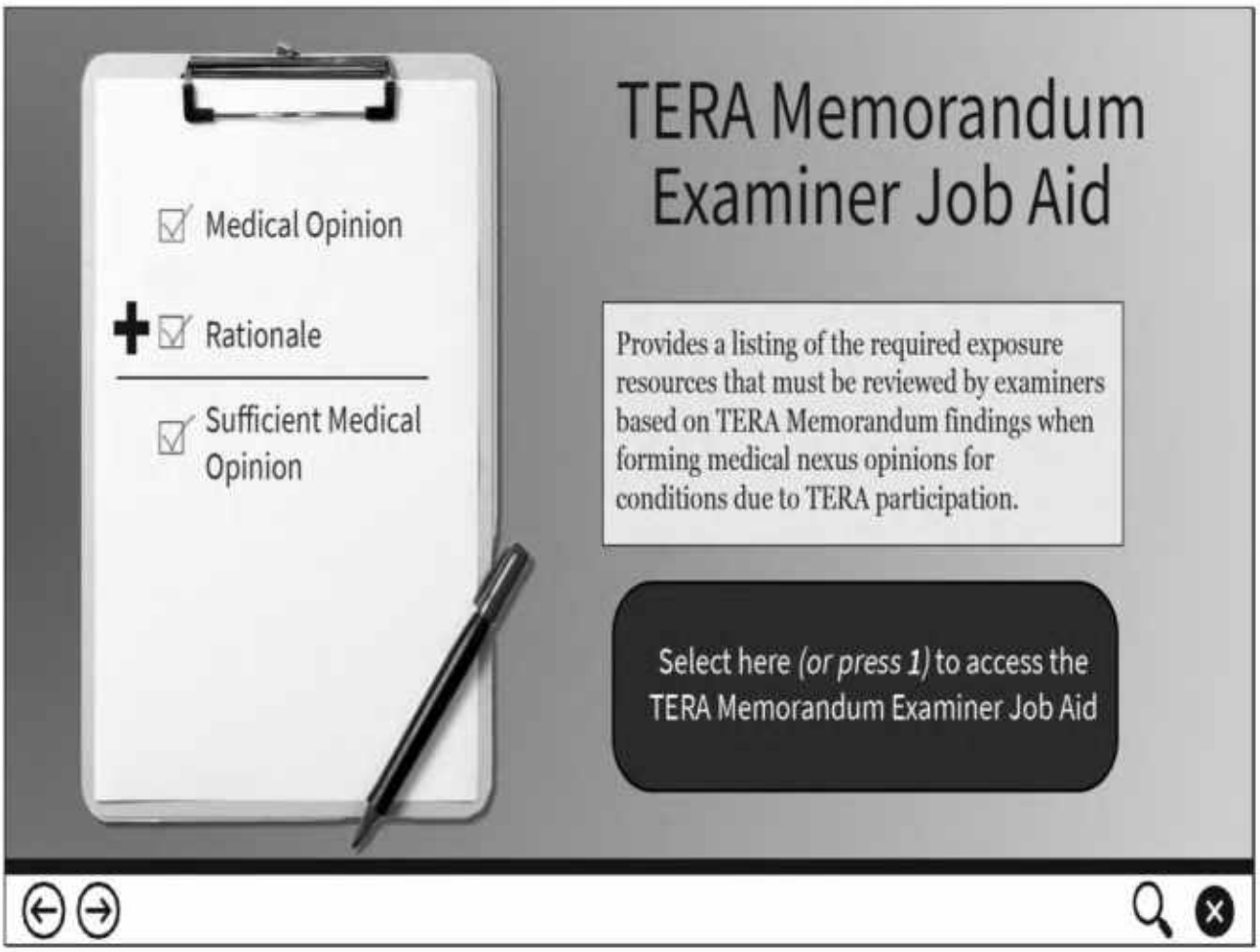
Slide 19 - aggravation of non-service connected condition



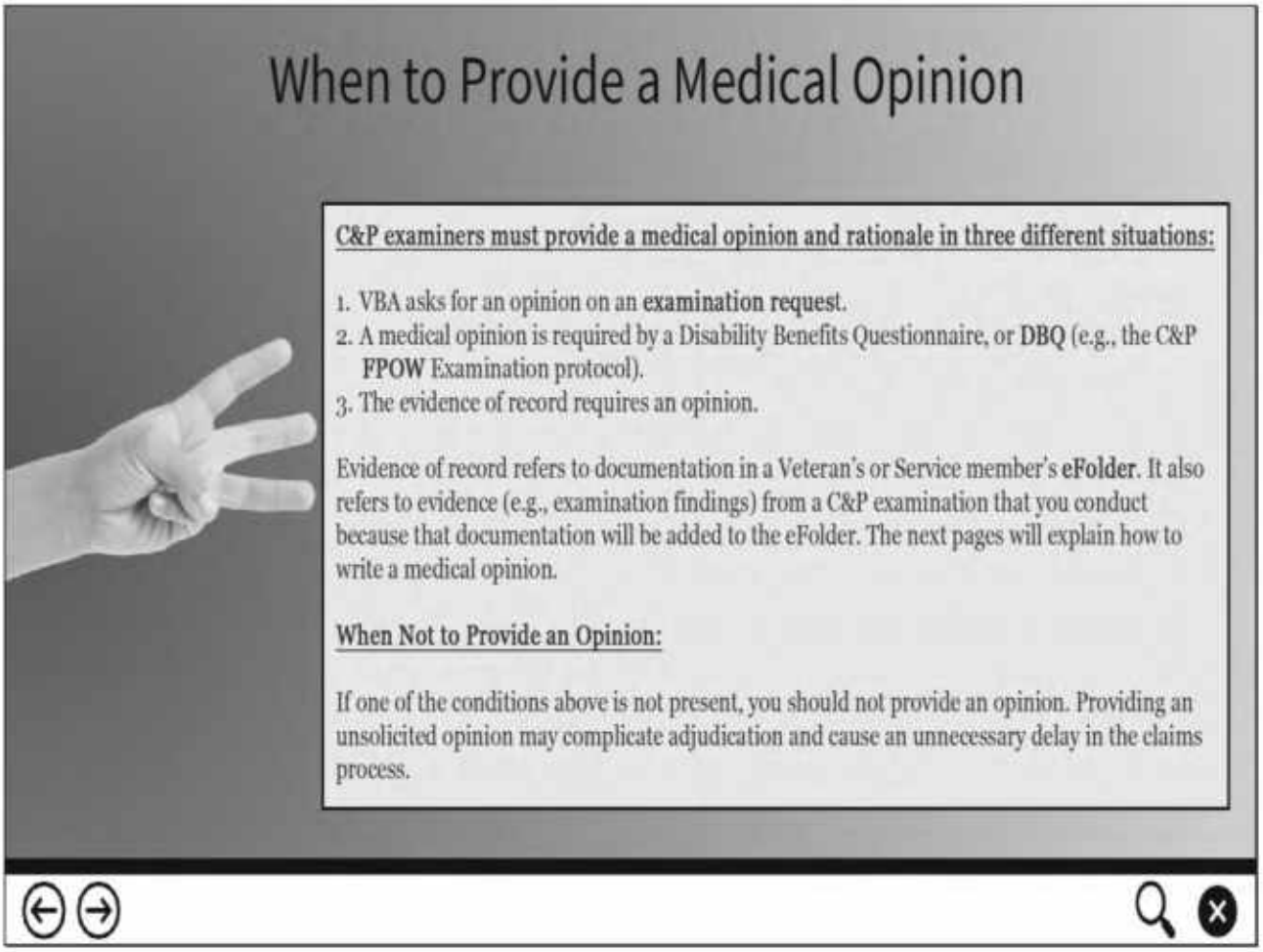
Slide 20 - TERA Opinion



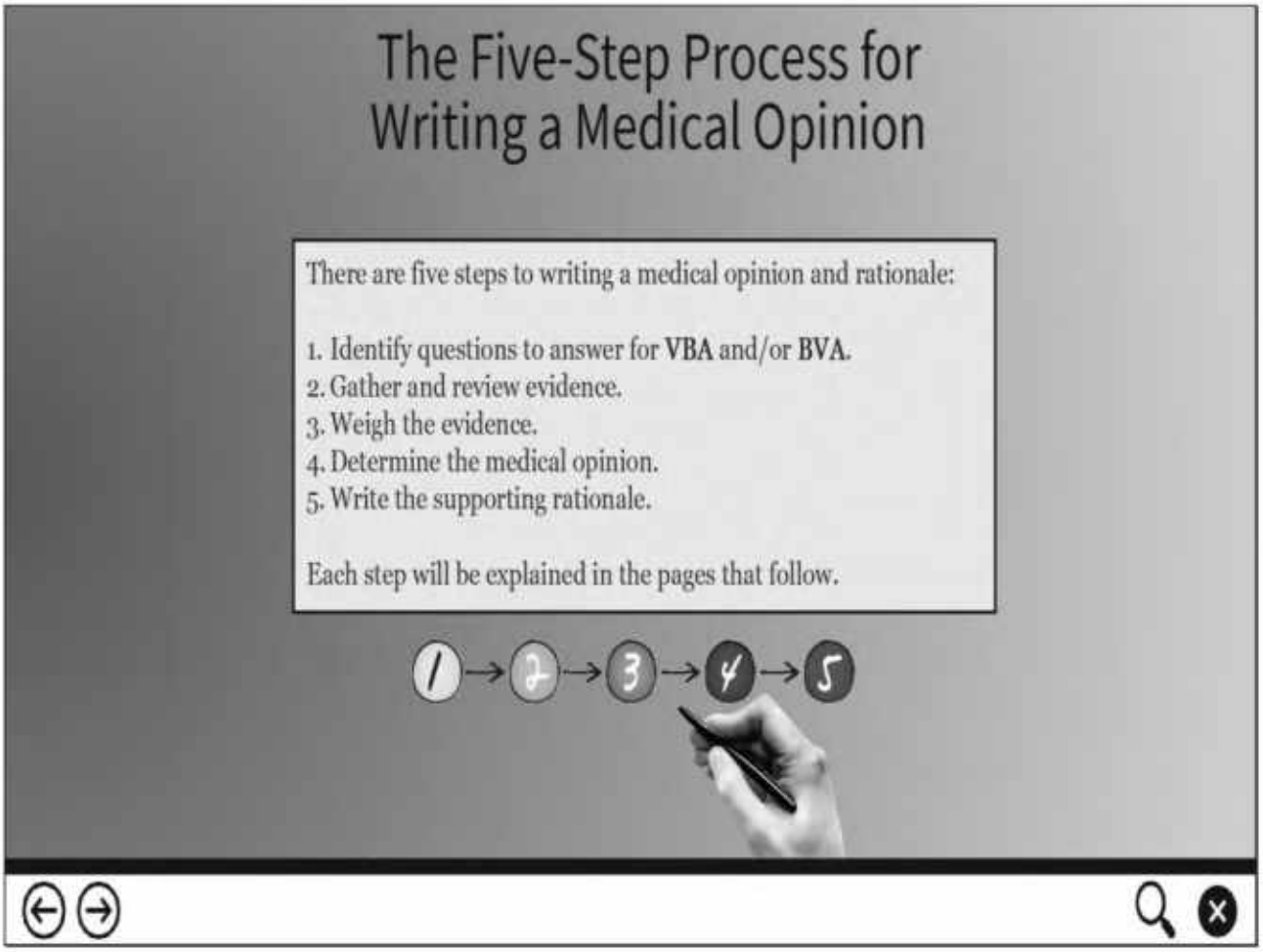
Slide 21 - TERAMemoExaminerJobAid



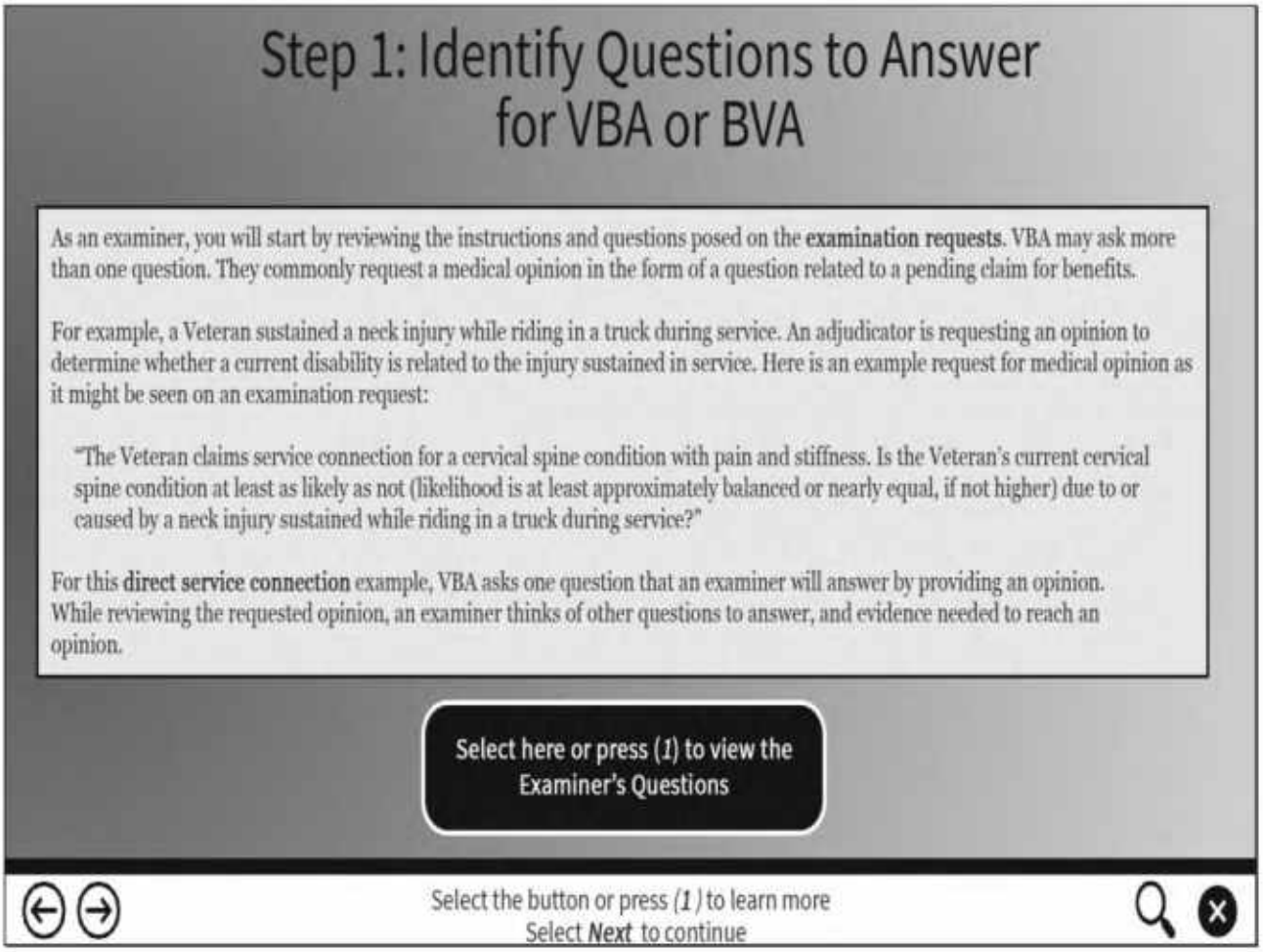
Slide 22 - when to provide MO



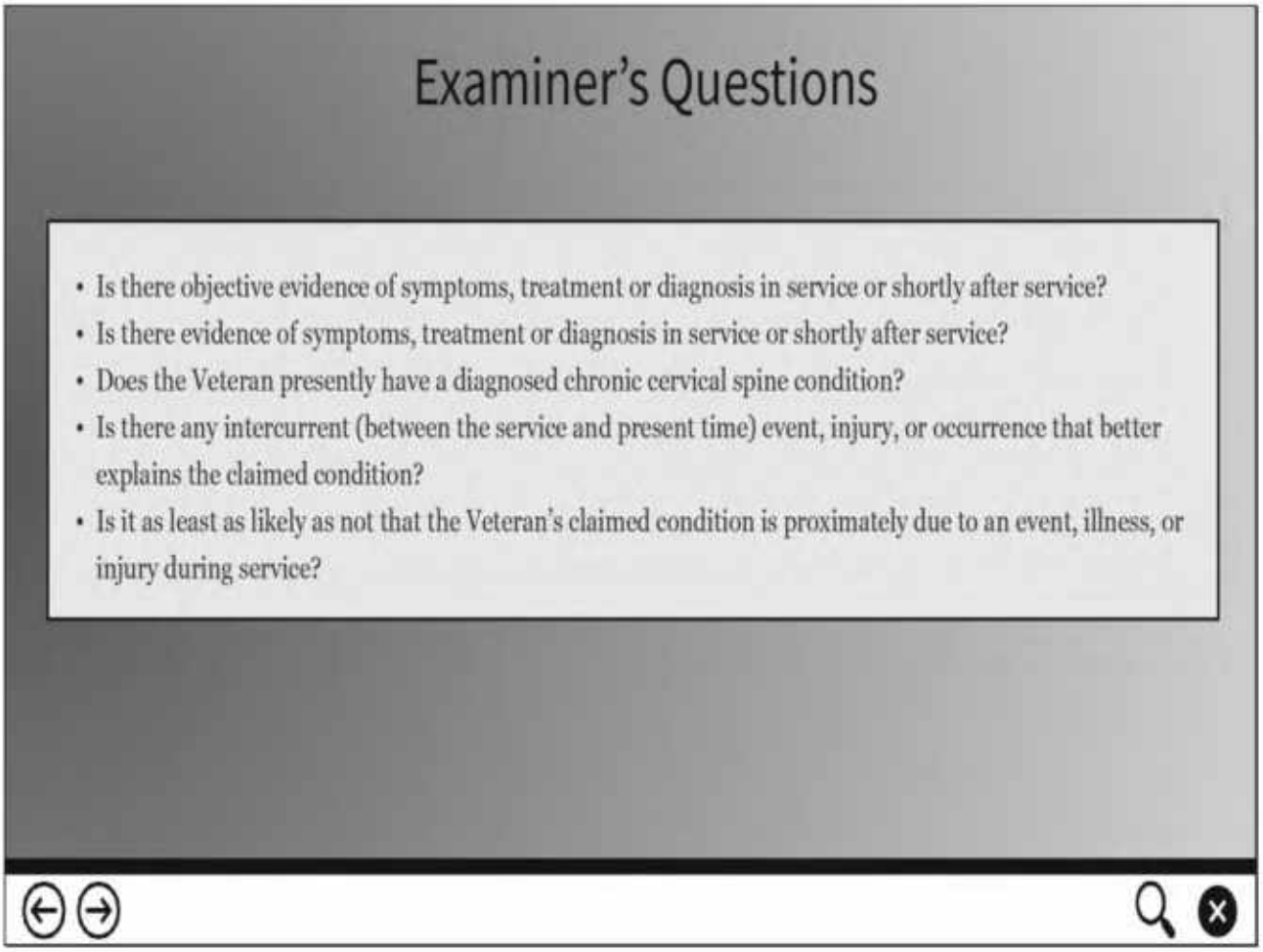
Slide 23 - 5 step Process



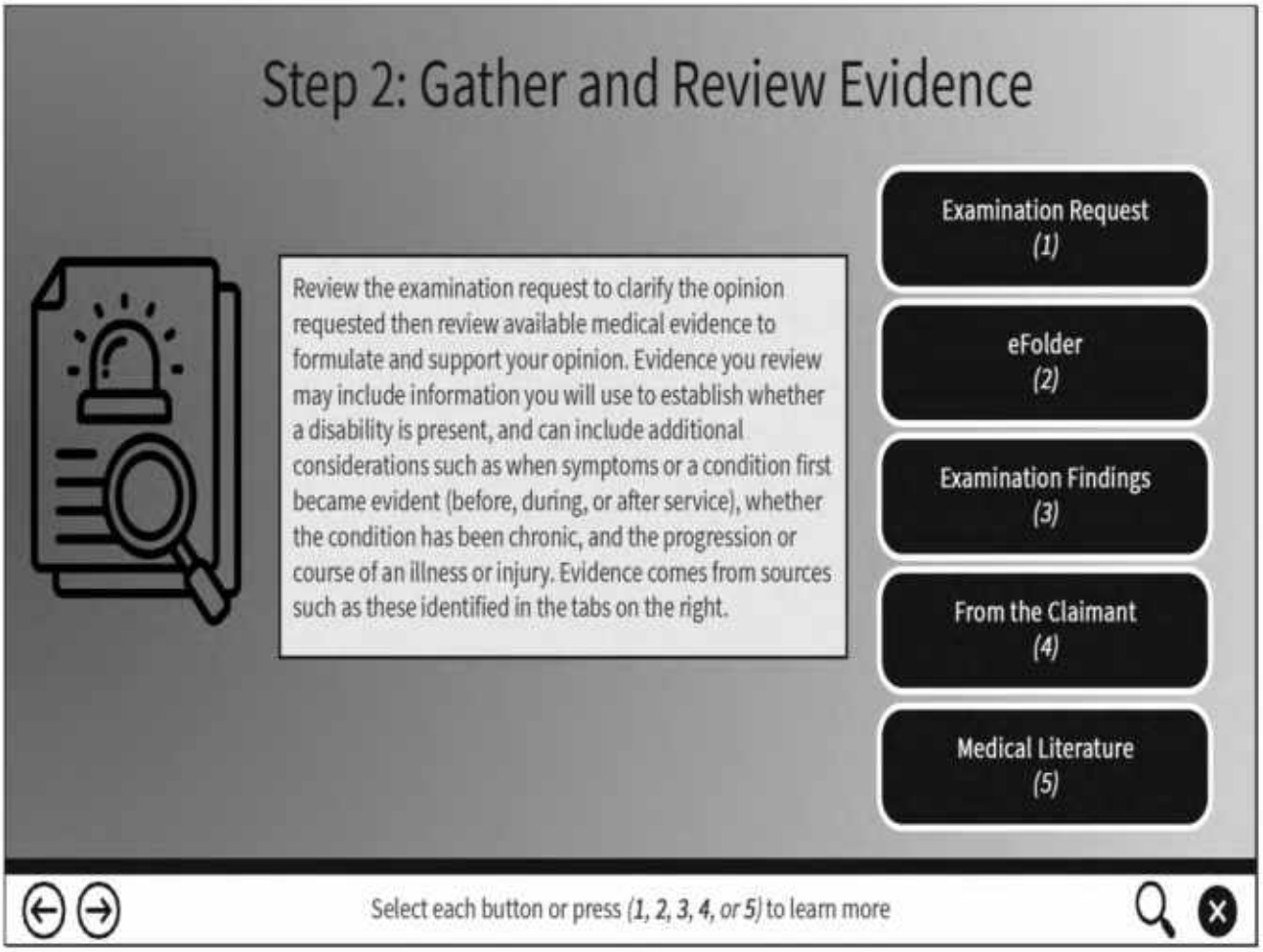
Slide 24 - Step 1



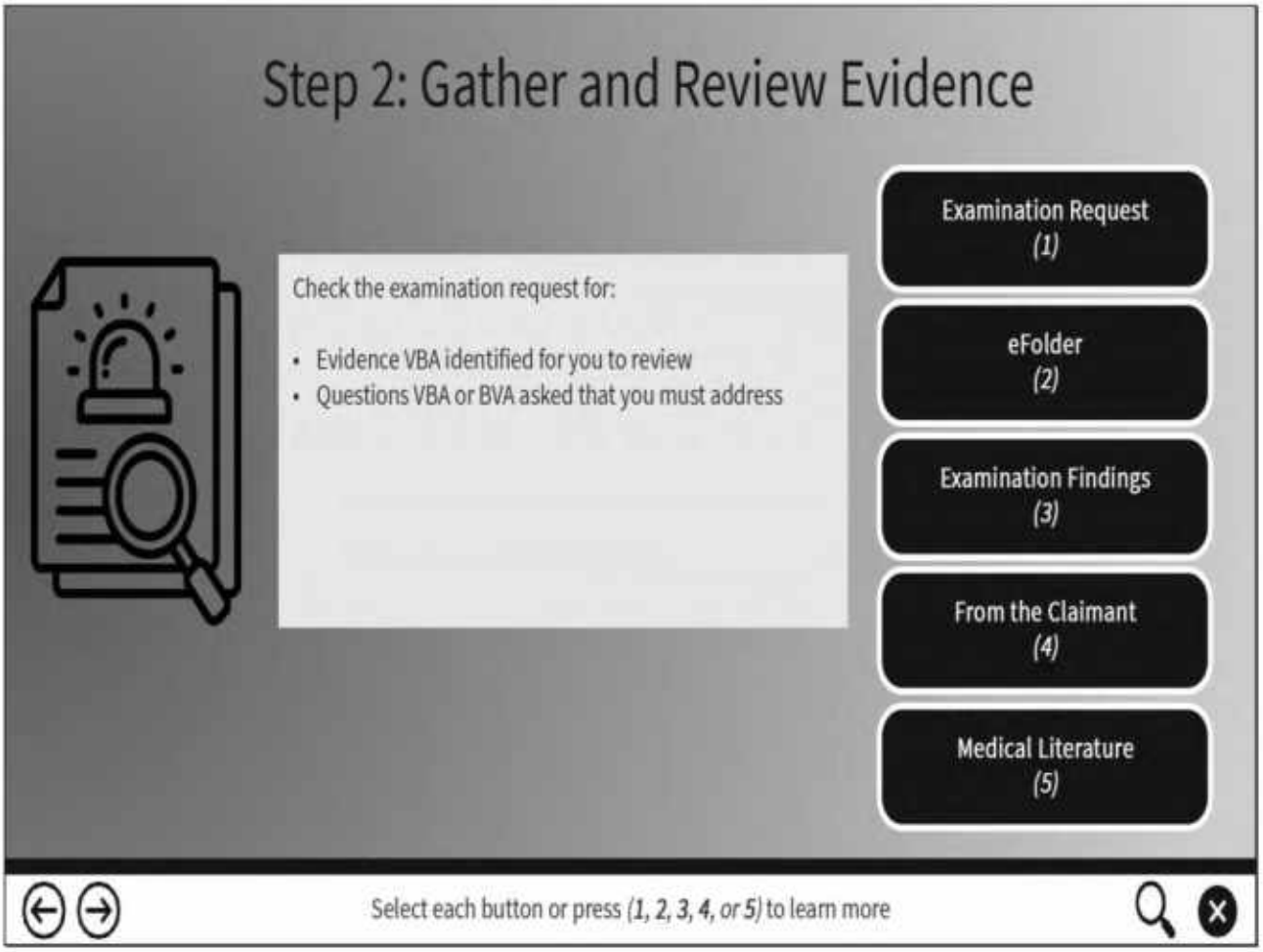
Slide 25 - Examiner's questions



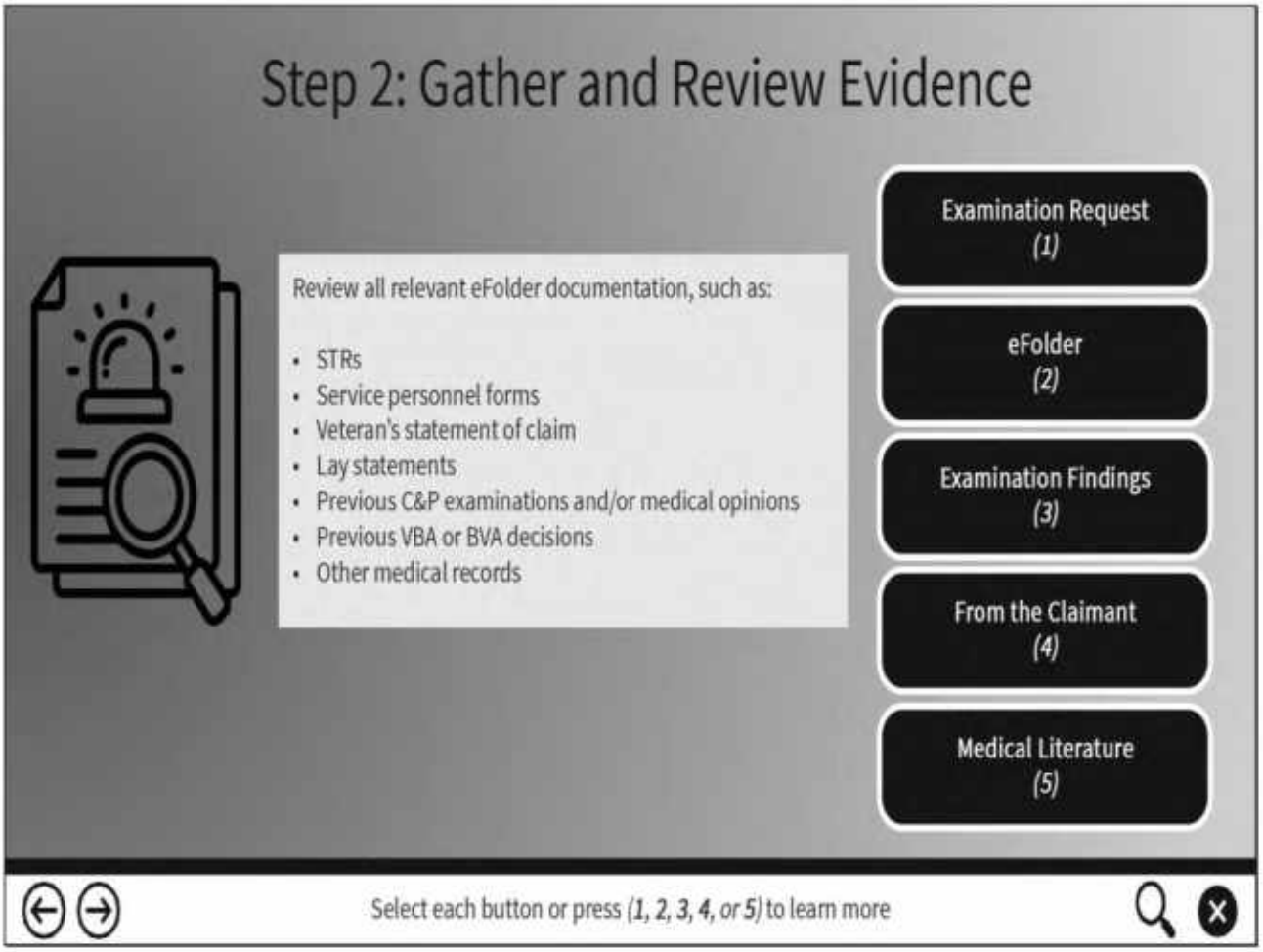
Slide 26 - Step 2



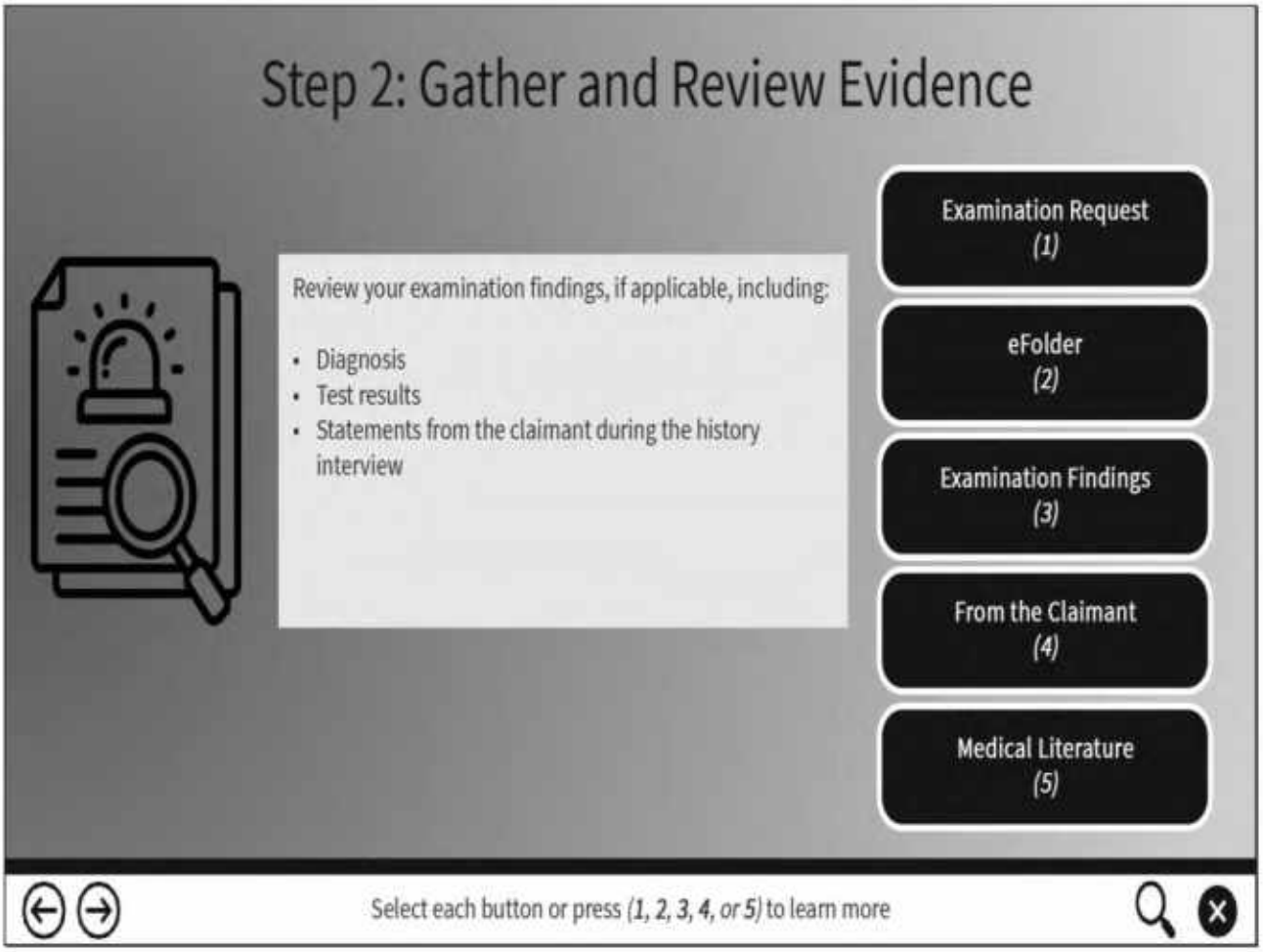
Slide 27 - Step 2: examination request



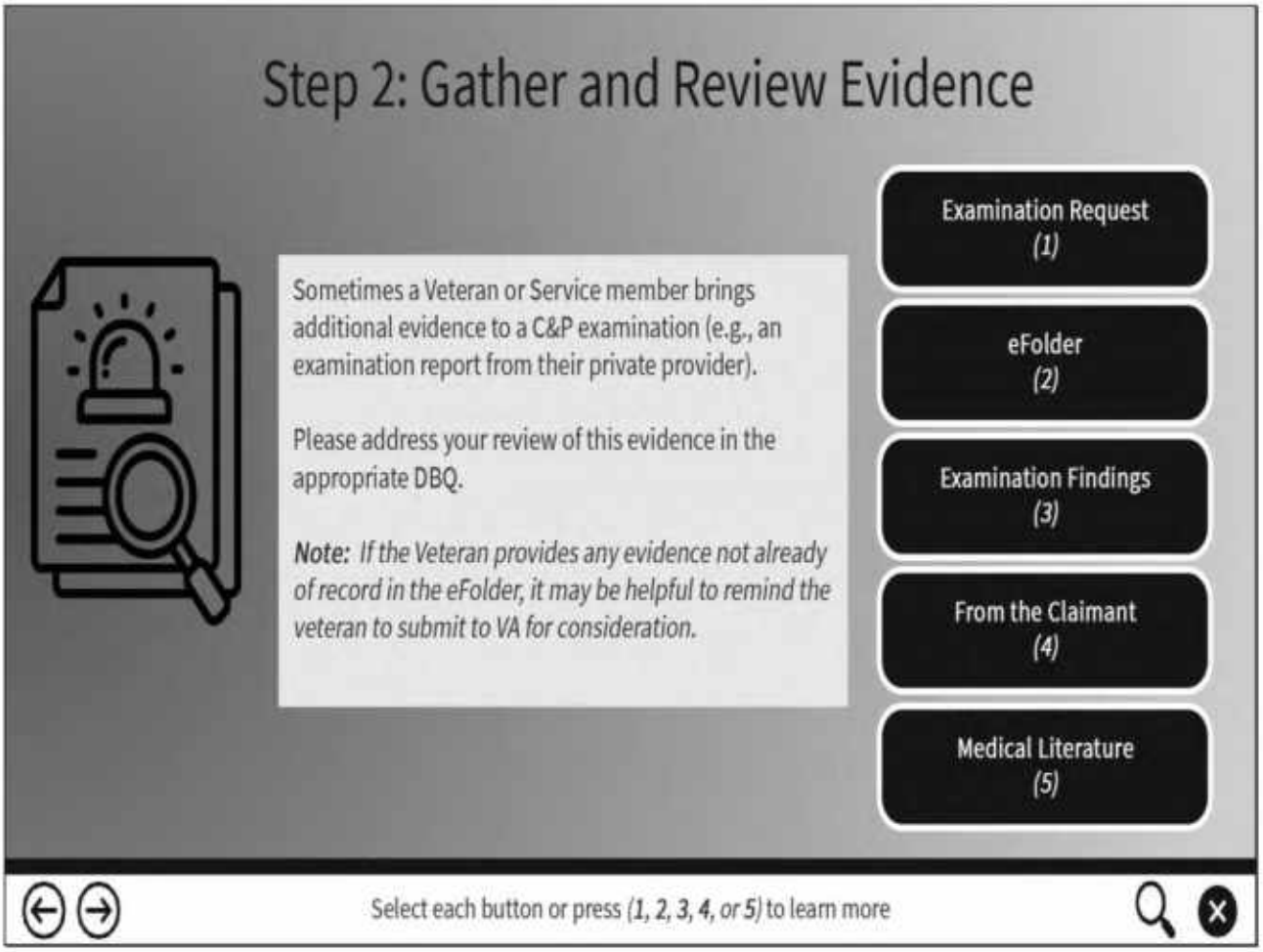
Slide 28 - Step 2: eFolder



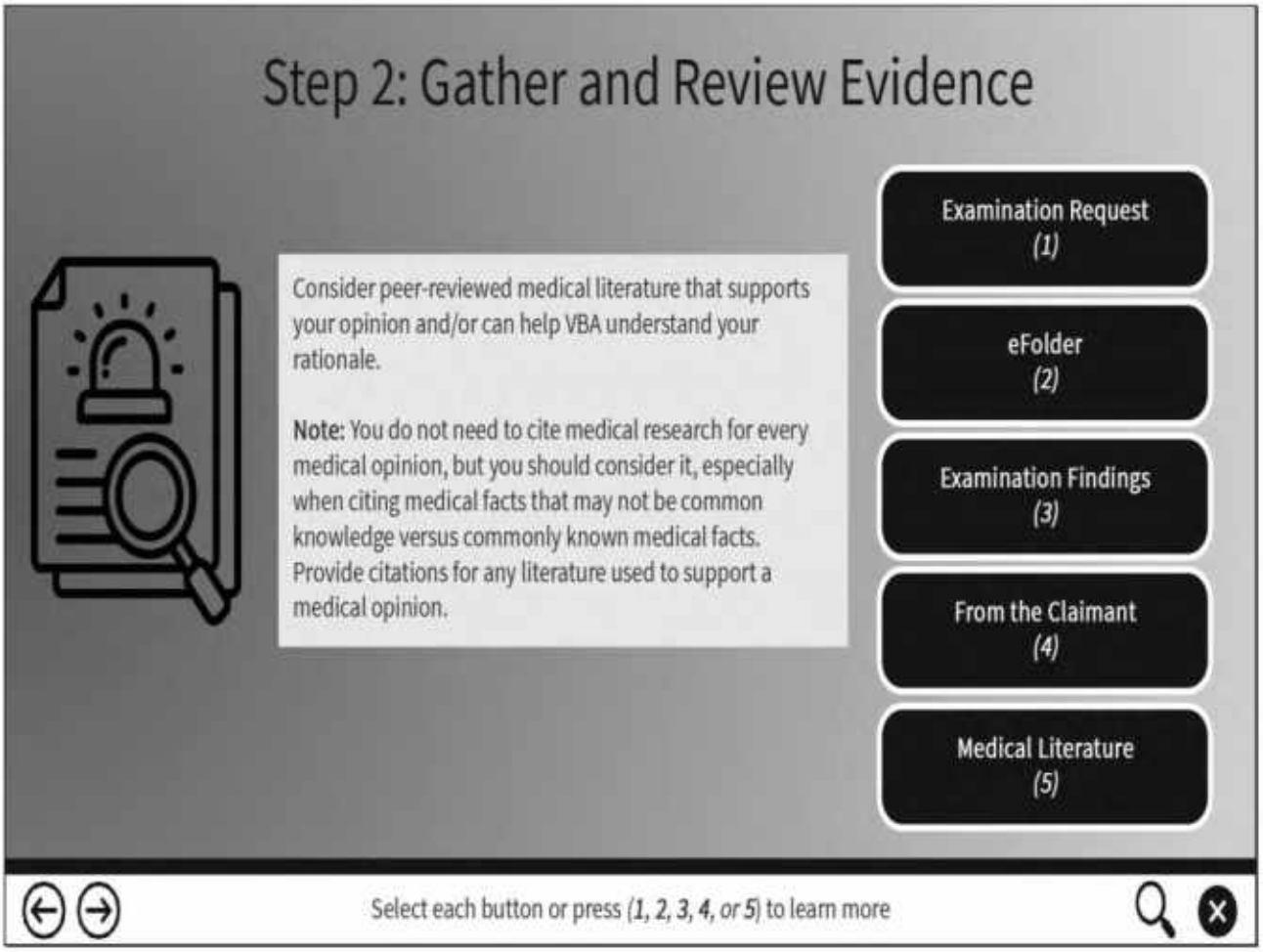
Slide 29 - Step 2: Examination findings



Slide 30 - Step 2: From the claimant



Slide 31 - step 2: medical literature



Slide 32 - Step 3: Weigh the Evidence

Step 3: Weigh the Evidence

Carefully weigh both supporting and conflicting evidence for your opinion. Your rationale should cite essential evidence to help VBA make a determination. You can learn from these terms used by adjudicators when they weigh evidence.

Competence – The qualification to offer evidence (e.g., education, training, or experience)
Note: Competency precedes credibility, such that the consideration of credibility arises only after an individual or treatise is found to be competent.

Credibility – Worthiness of belief or plausibility

Probative value – Tending to prove or actually proving; also, the quality of proof (e.g., qualitative versus quantitative value)

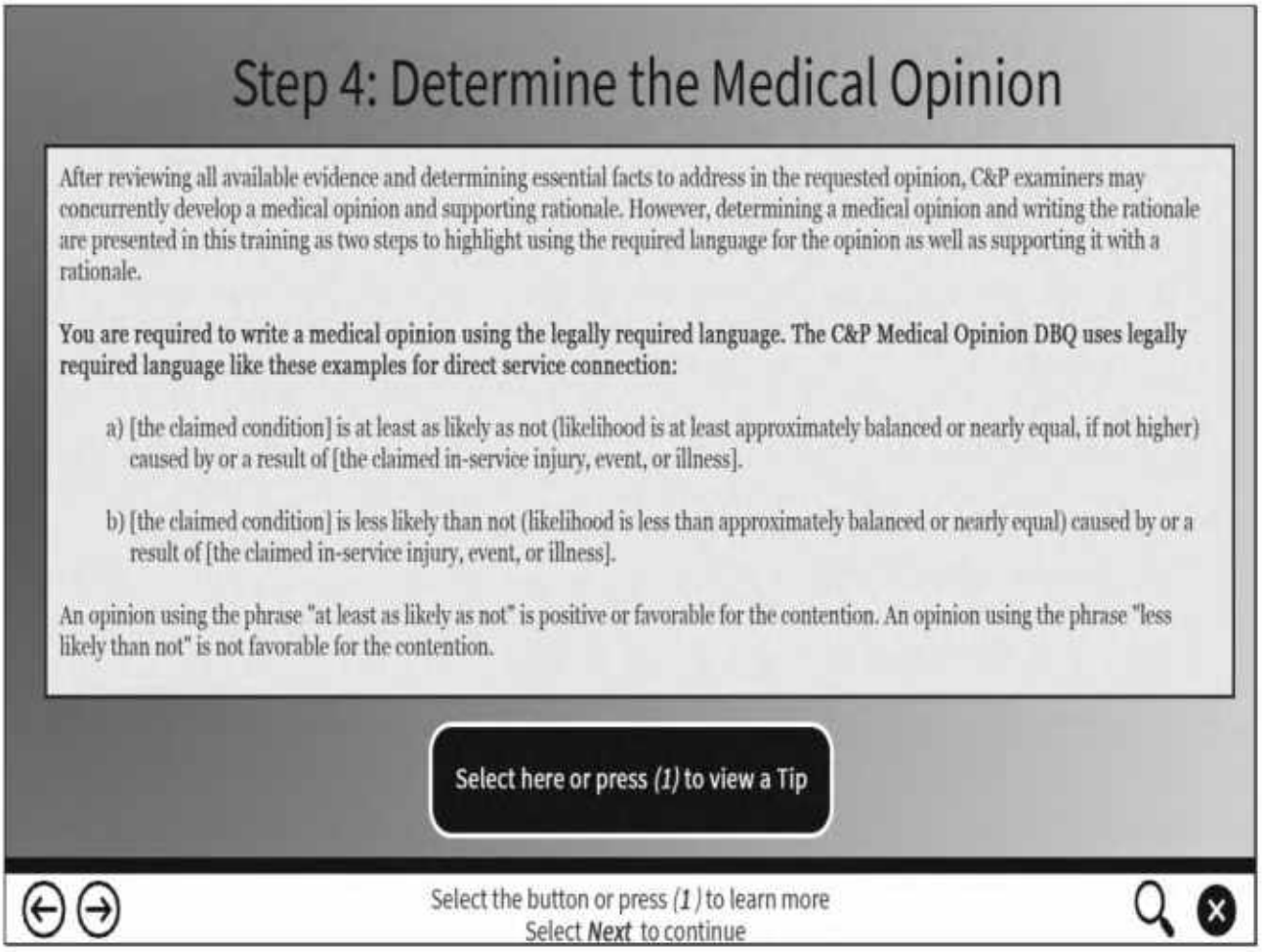
Relevancy – Applying to the matter being decided

Weight – The effect or persuasiveness of evidence in inducing belief

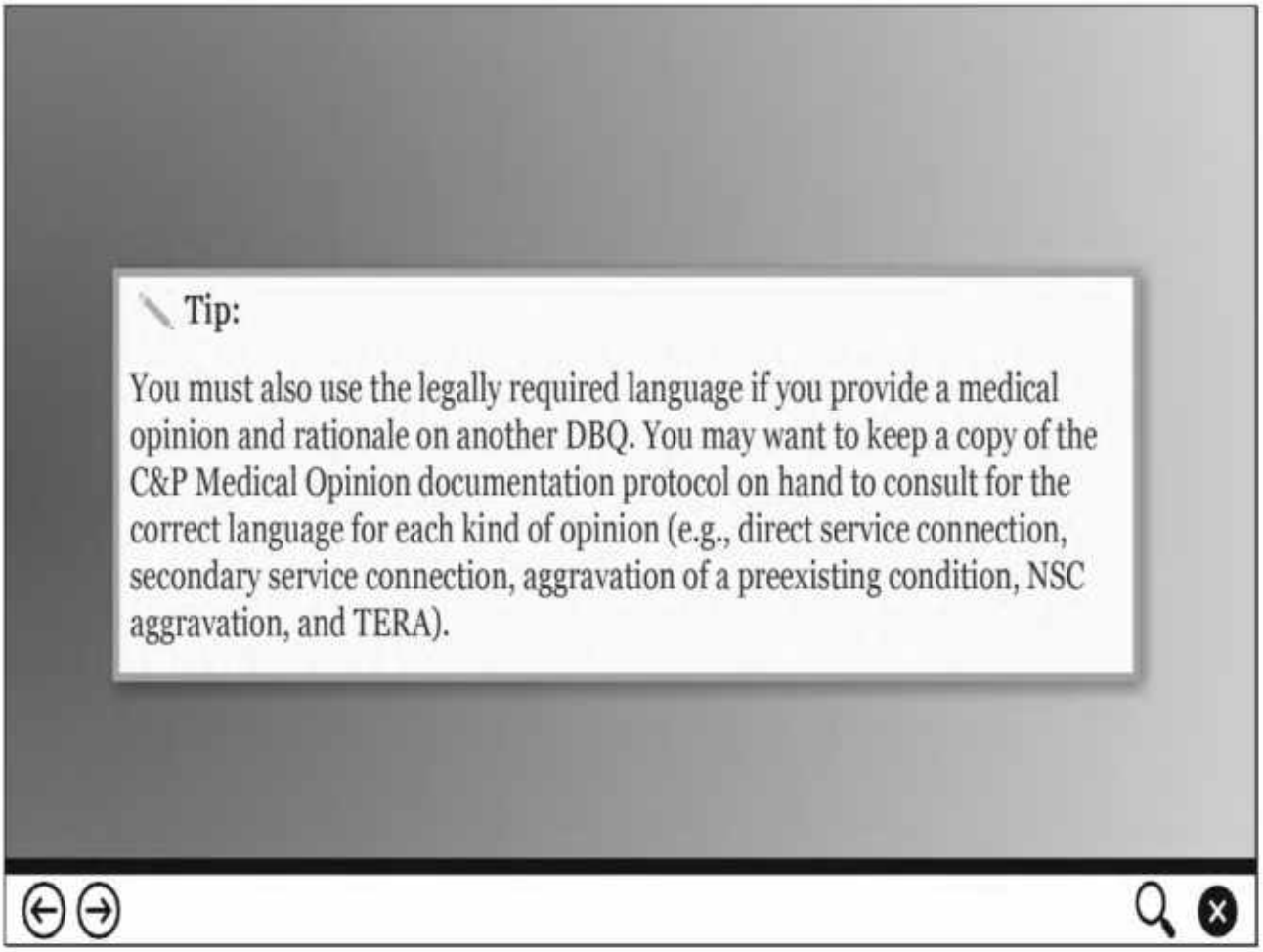
Important Note: You cannot ignore any relevant evidence, so you should be ready to explain why you may have assigned more weight to certain evidence when determining your opinion.



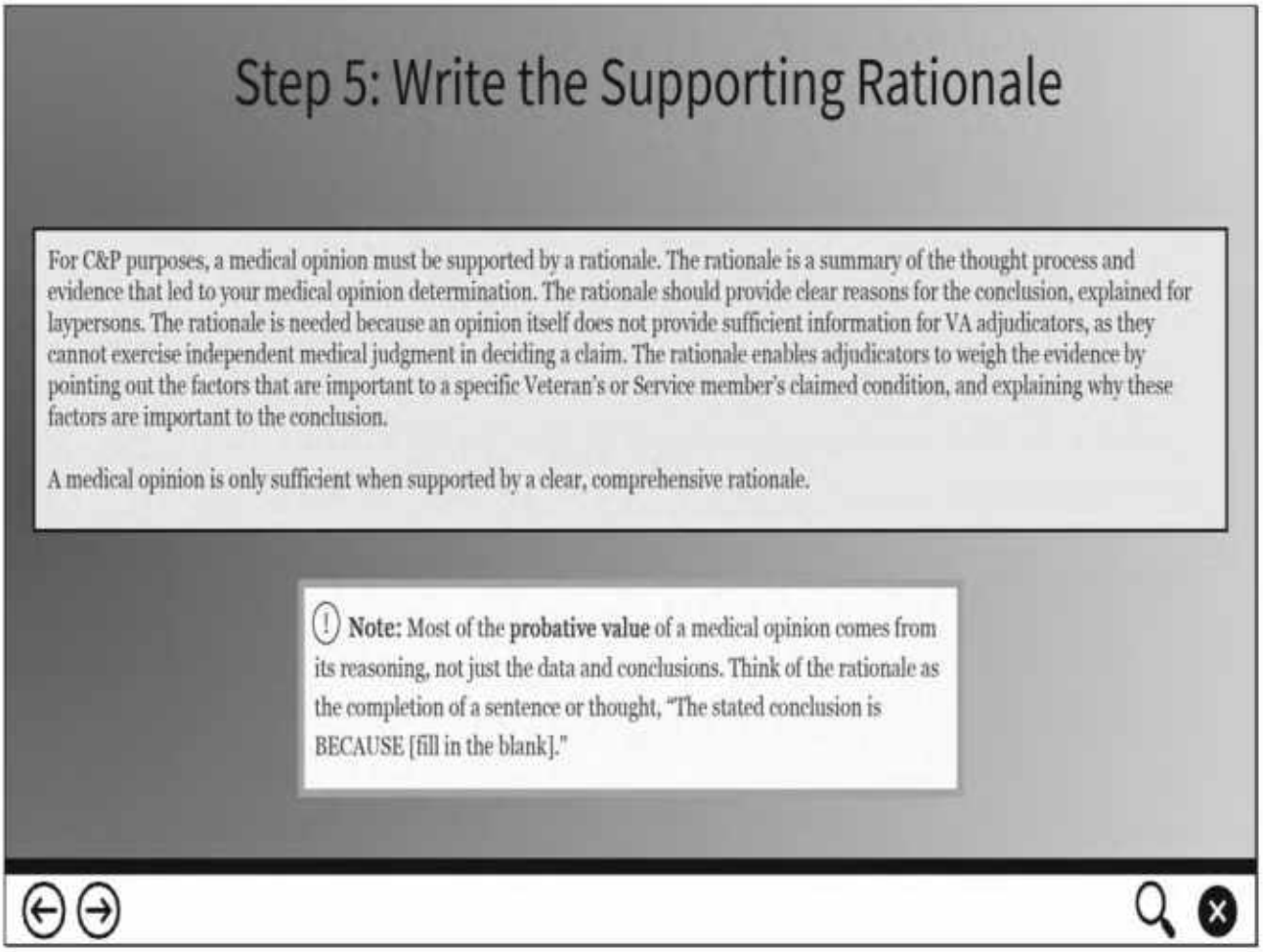
Slide 33 - Step 4: Determine the MO



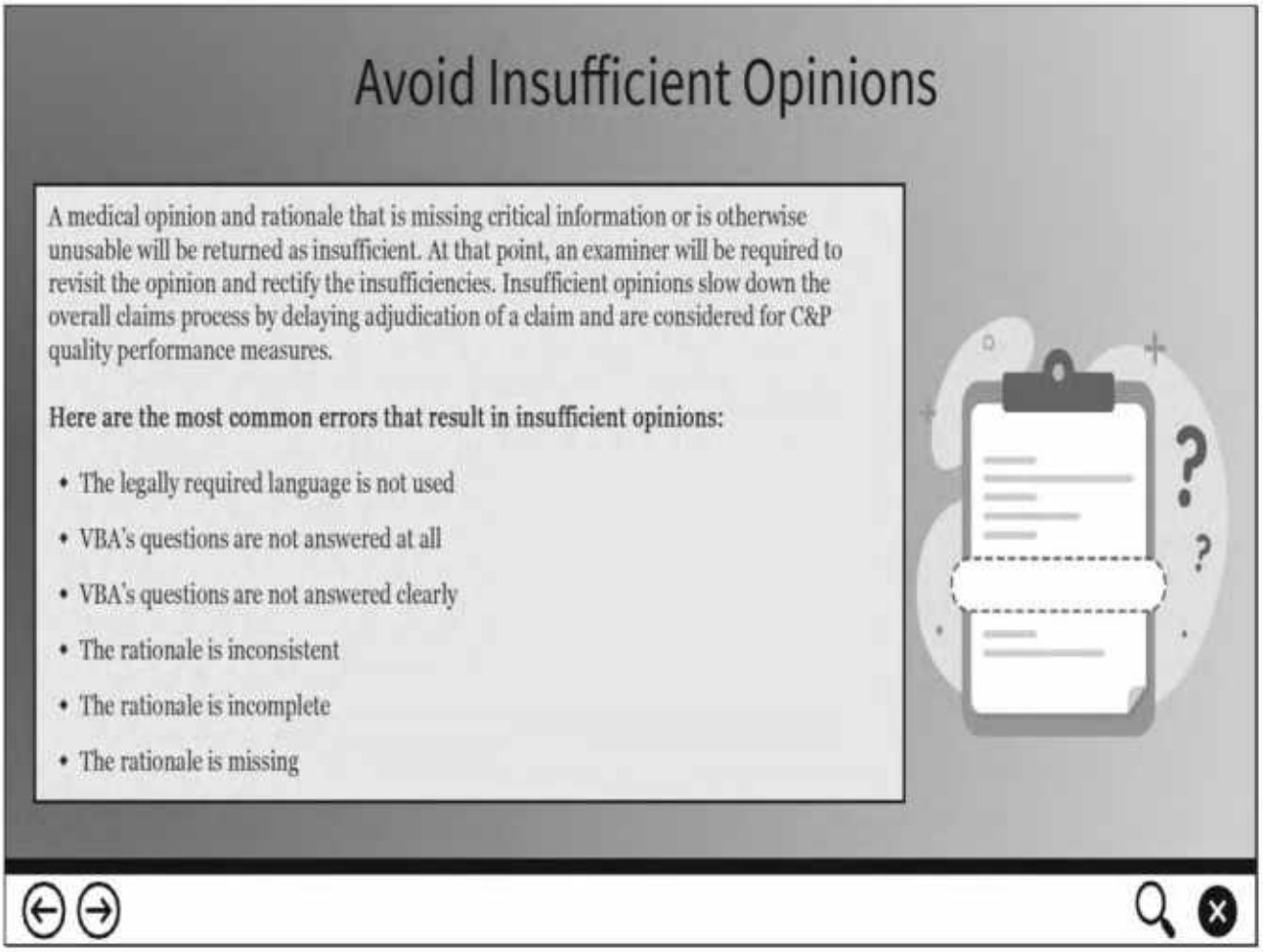
Slide 34 - Step 4 Tip



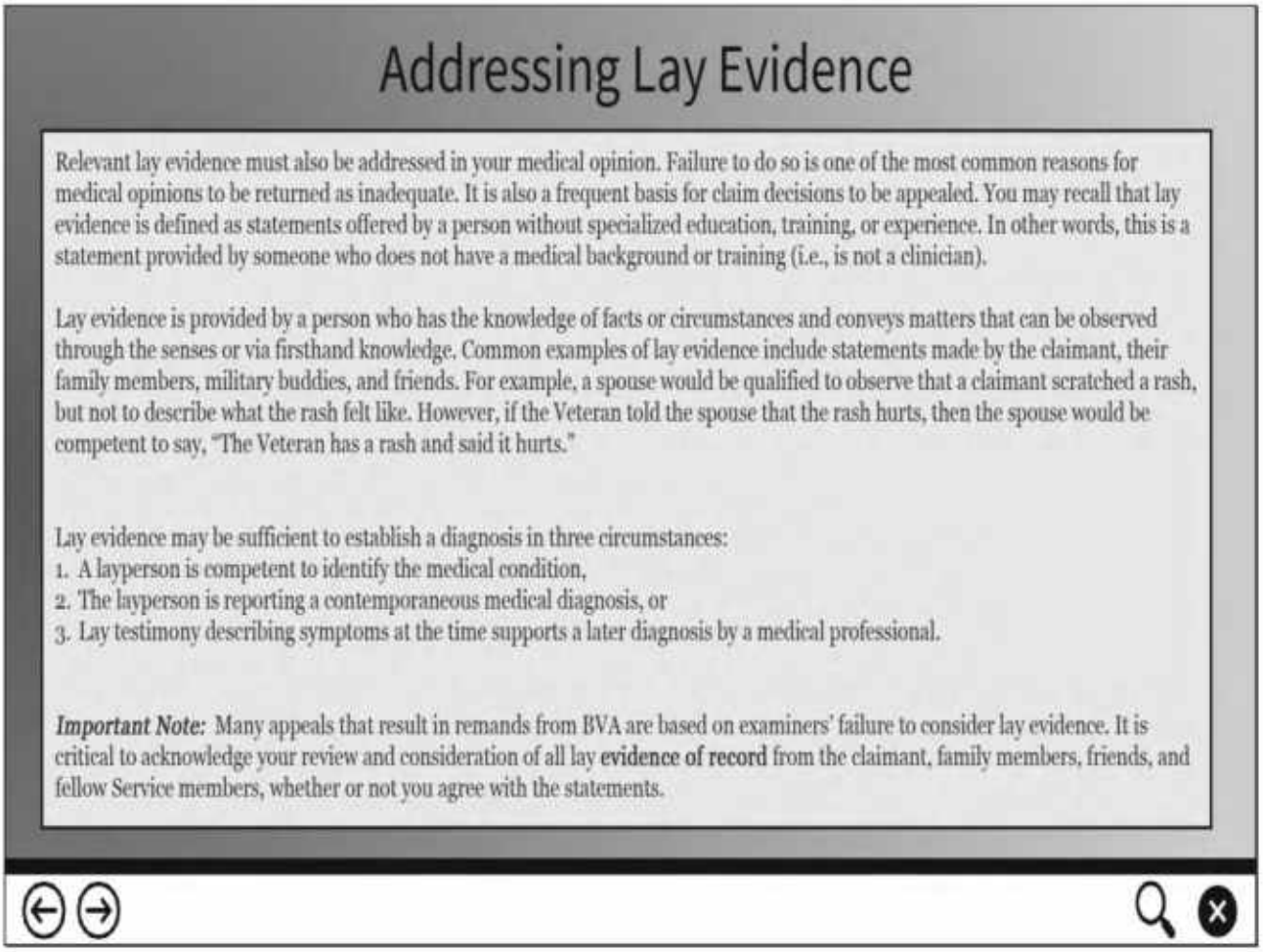
Slide 35 - Step 5: Write Supporting Rationale



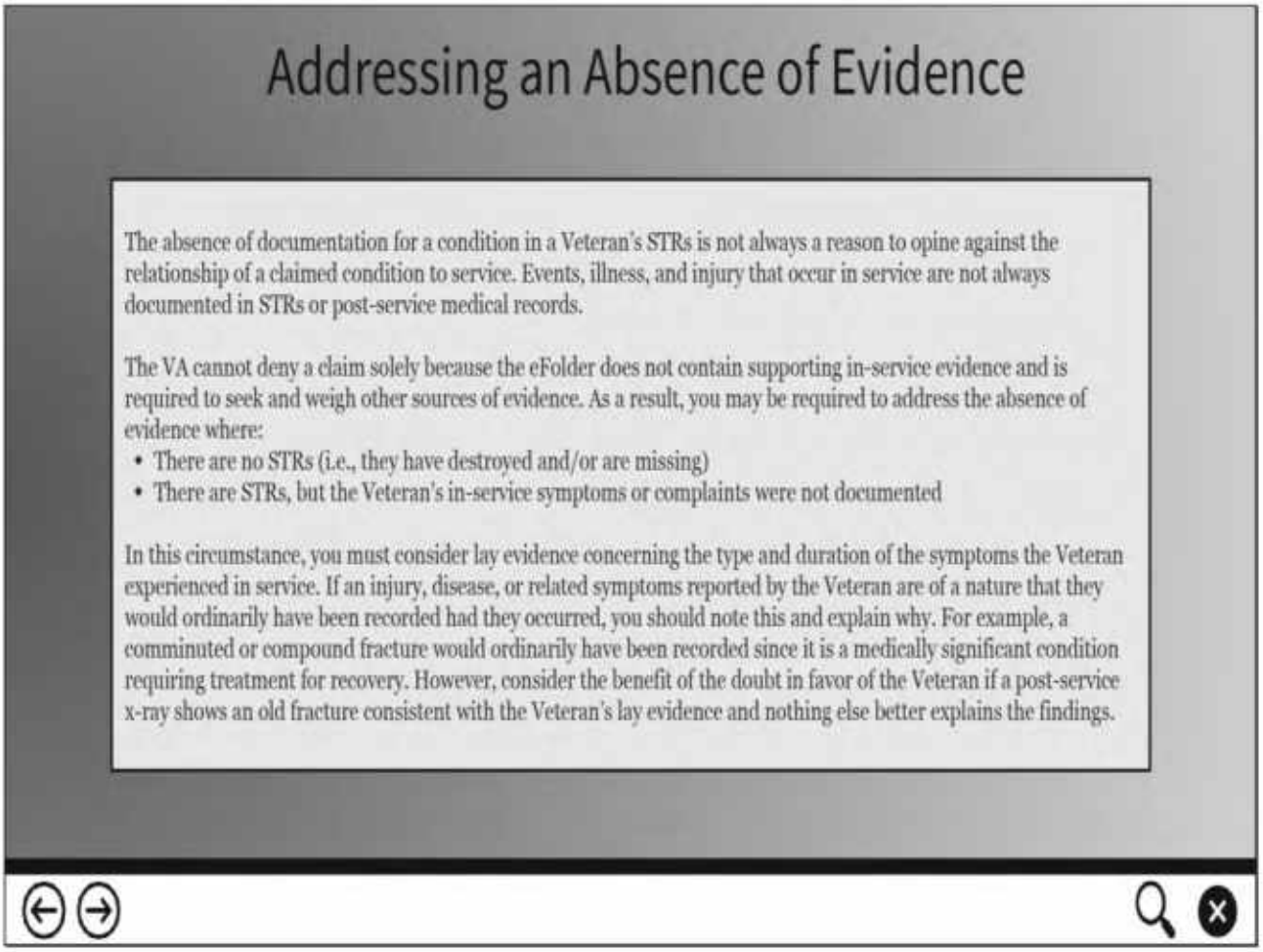
Slide 36 - Avoid Insufficient Opinions



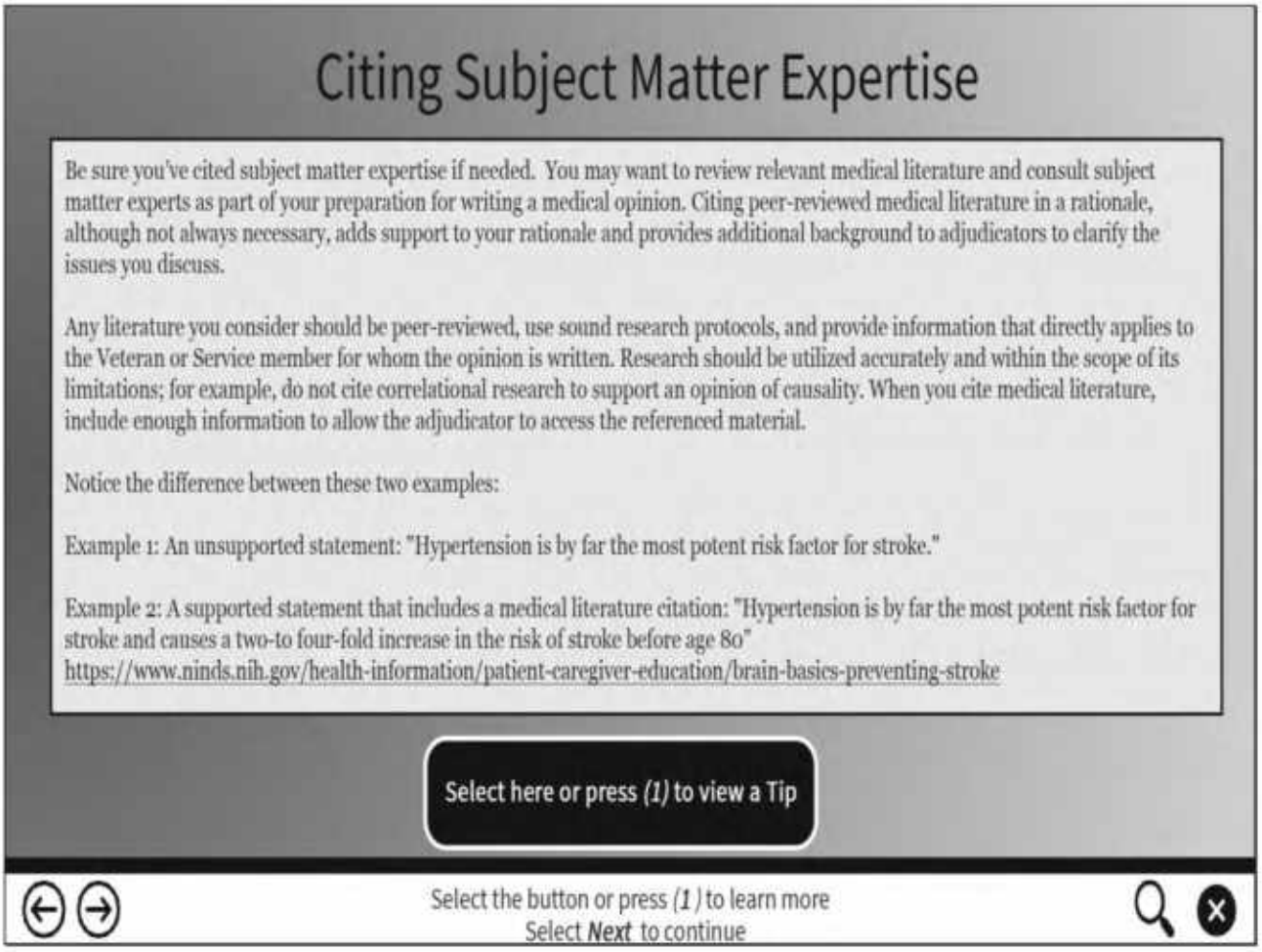
Slide 37 - Addressing Lay Evidence



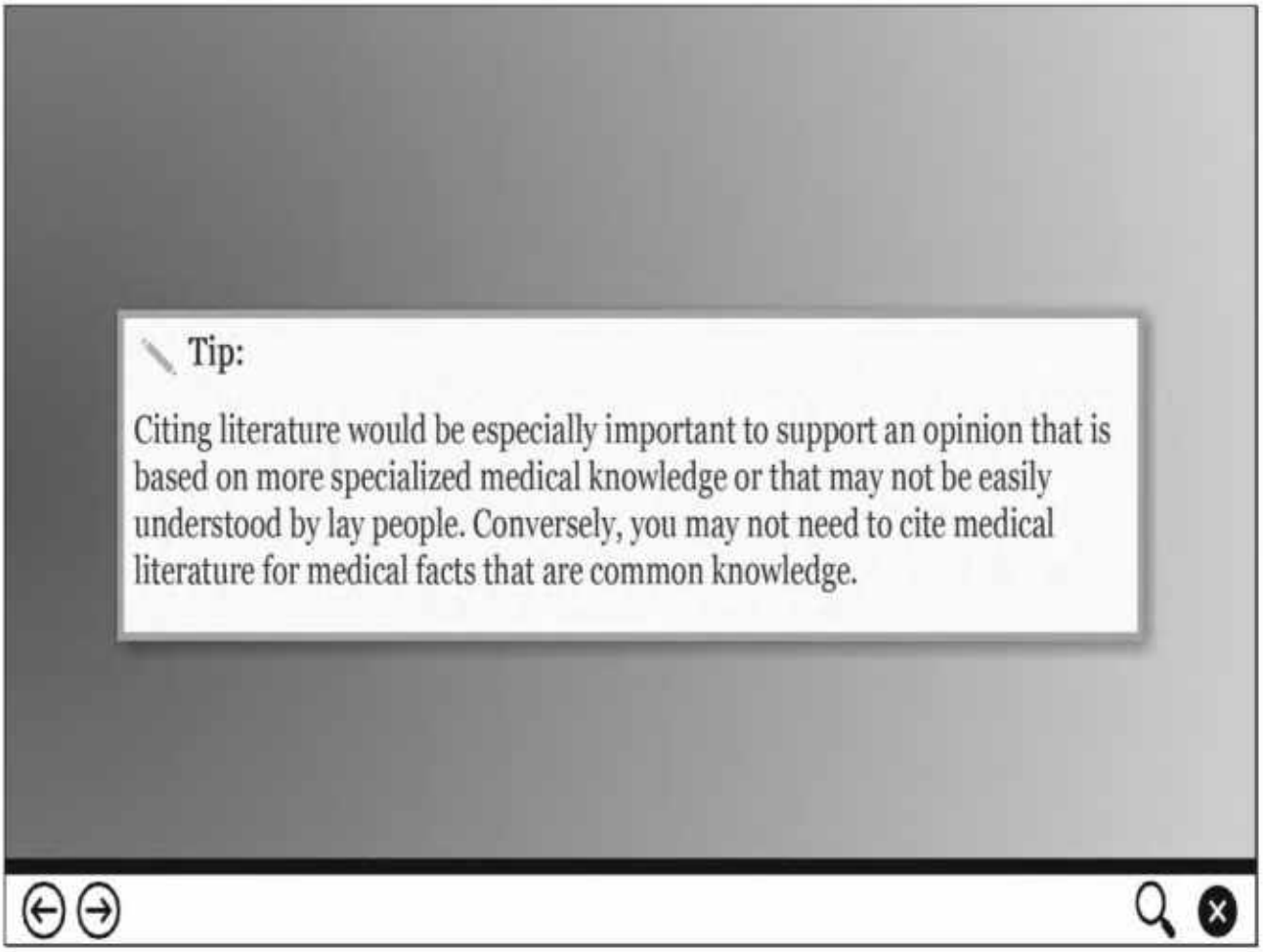
Slide 38 - Addressing an Absence of Evidence



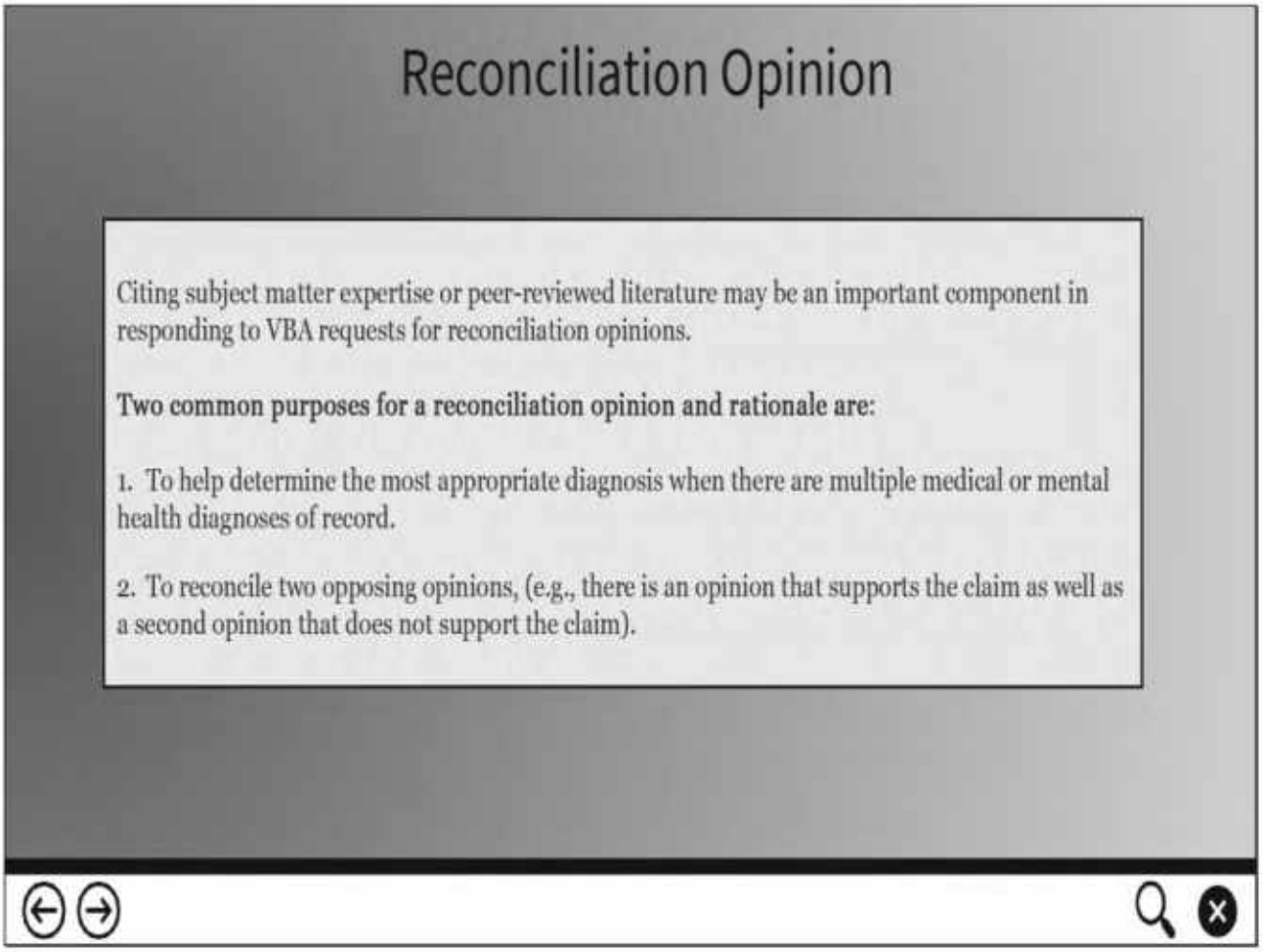
Slide 39 - Citing SME



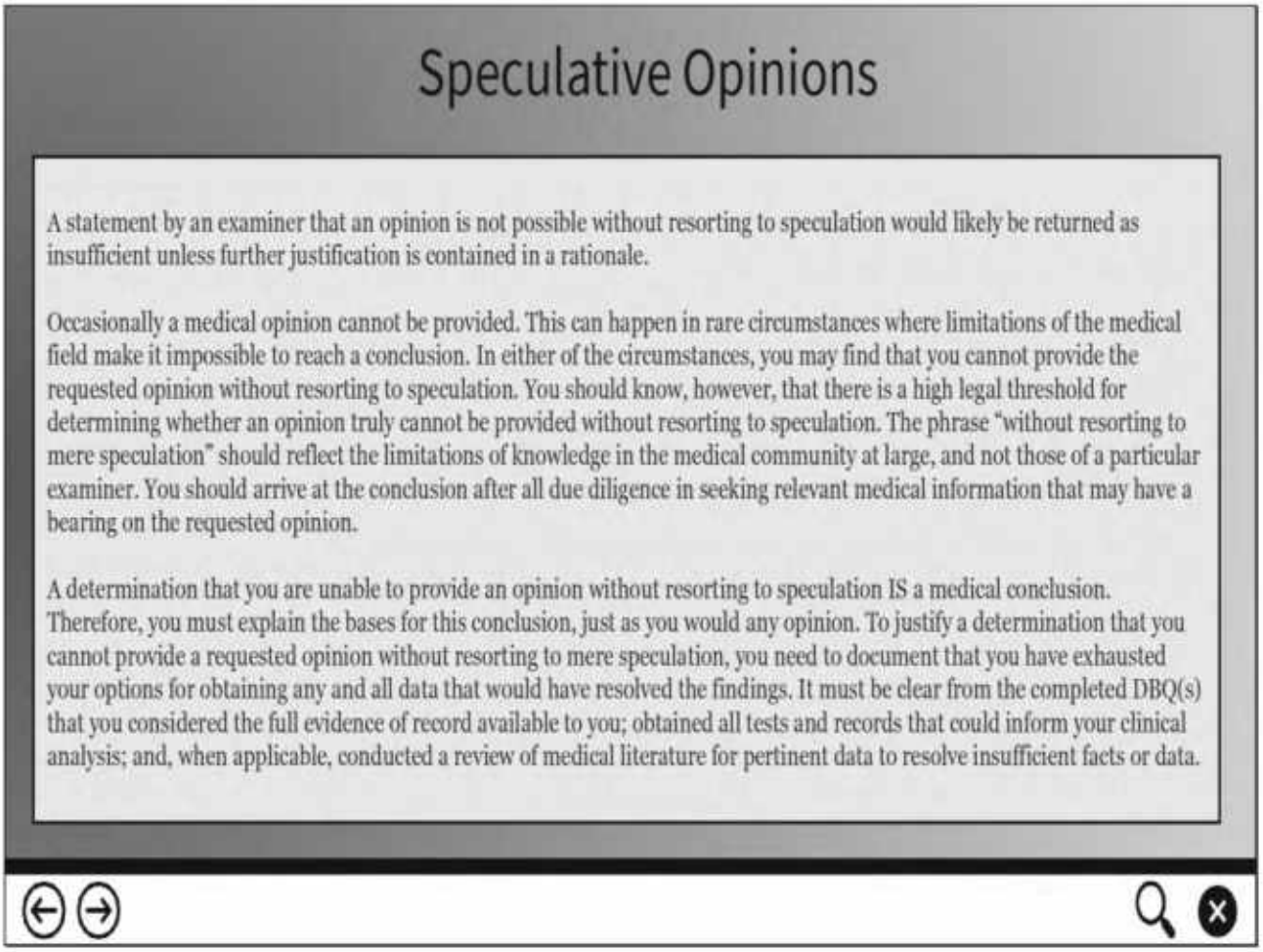
Slide 40 - Citing SME Tip



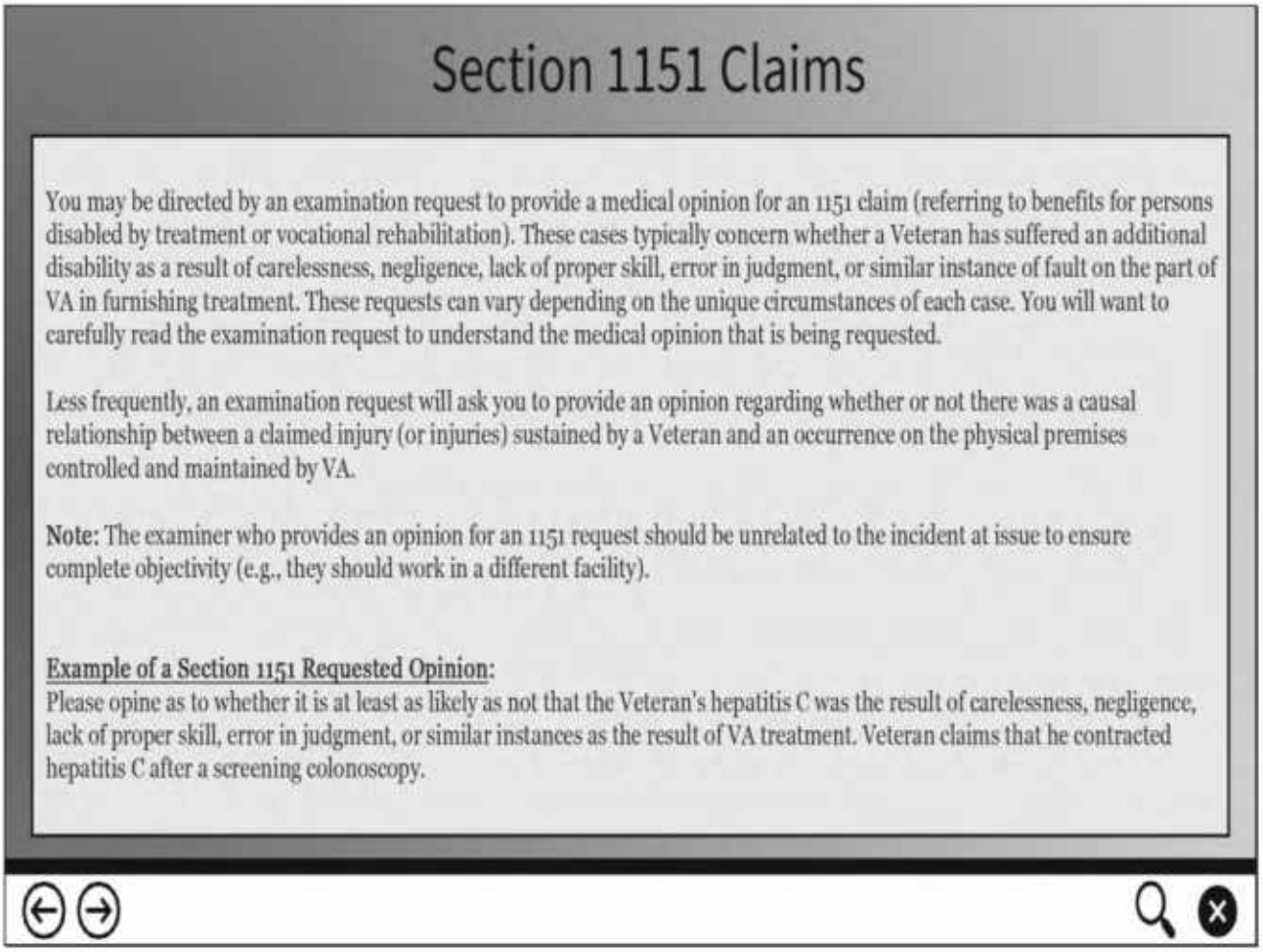
Slide 41 - Reconciliation Opinion



Slide 42 - Speculative Opinions



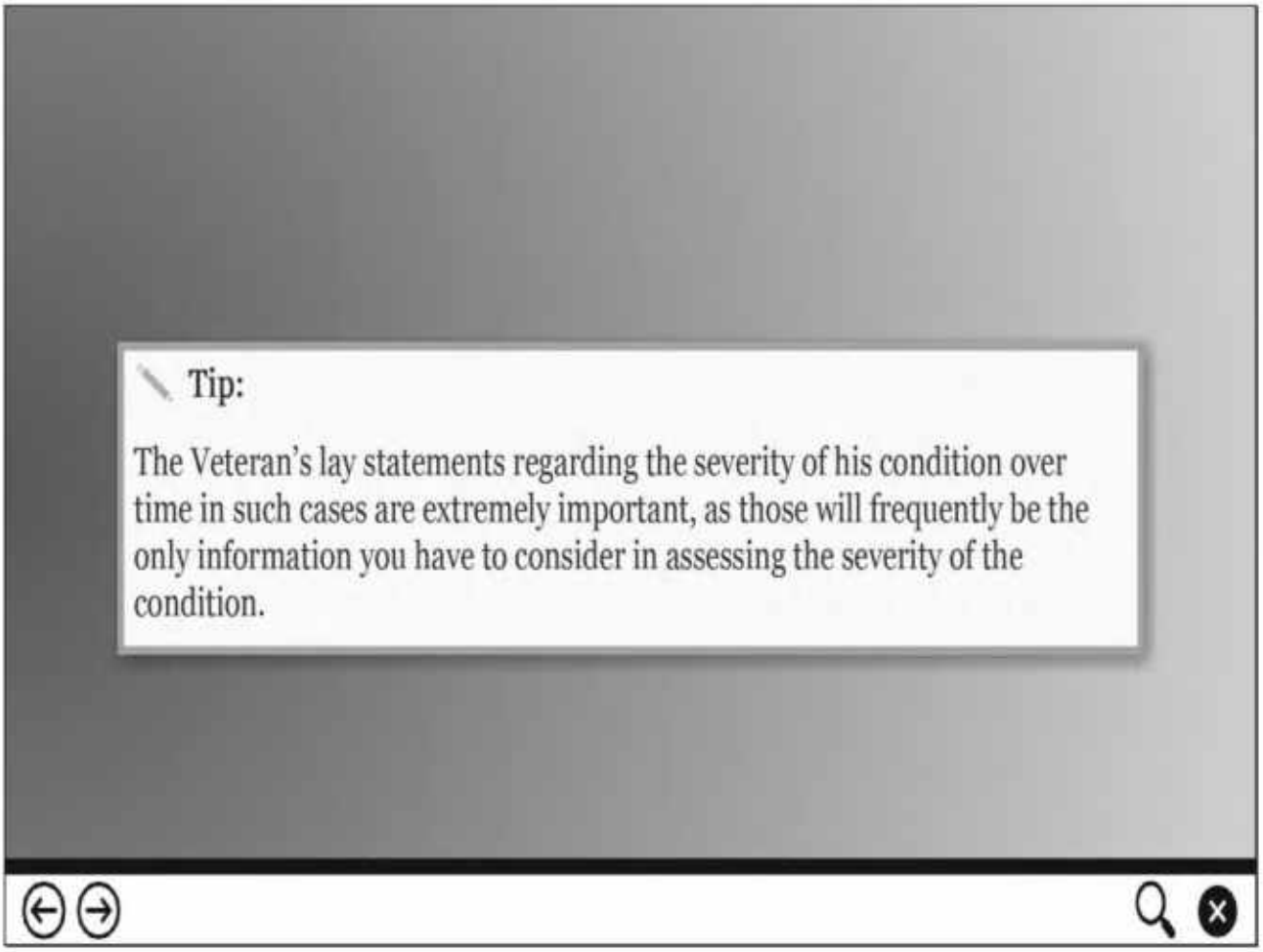
Slide 43 - 1151 Claims



Slide 44 - Retrospective MO



Slide 45 - Retrospective tip



Slide 46 - DIC

Service Connection for Dependency and Indemnity Compensation

Dependency and Indemnity Compensation (DIC) may be granted to eligible survivors of Veterans whose death resulted from a service-related injury or disease. You may be asked to provide a medical opinion regarding the relationship of the decedent's death to an in-service event, injury, or disease.

EXAMPLE

VBA asked: Was the Veteran's death, caused by stage IV nodular malignant melanoma with metastasis to the brain, a progression of a scalp lesion that was treated in service?

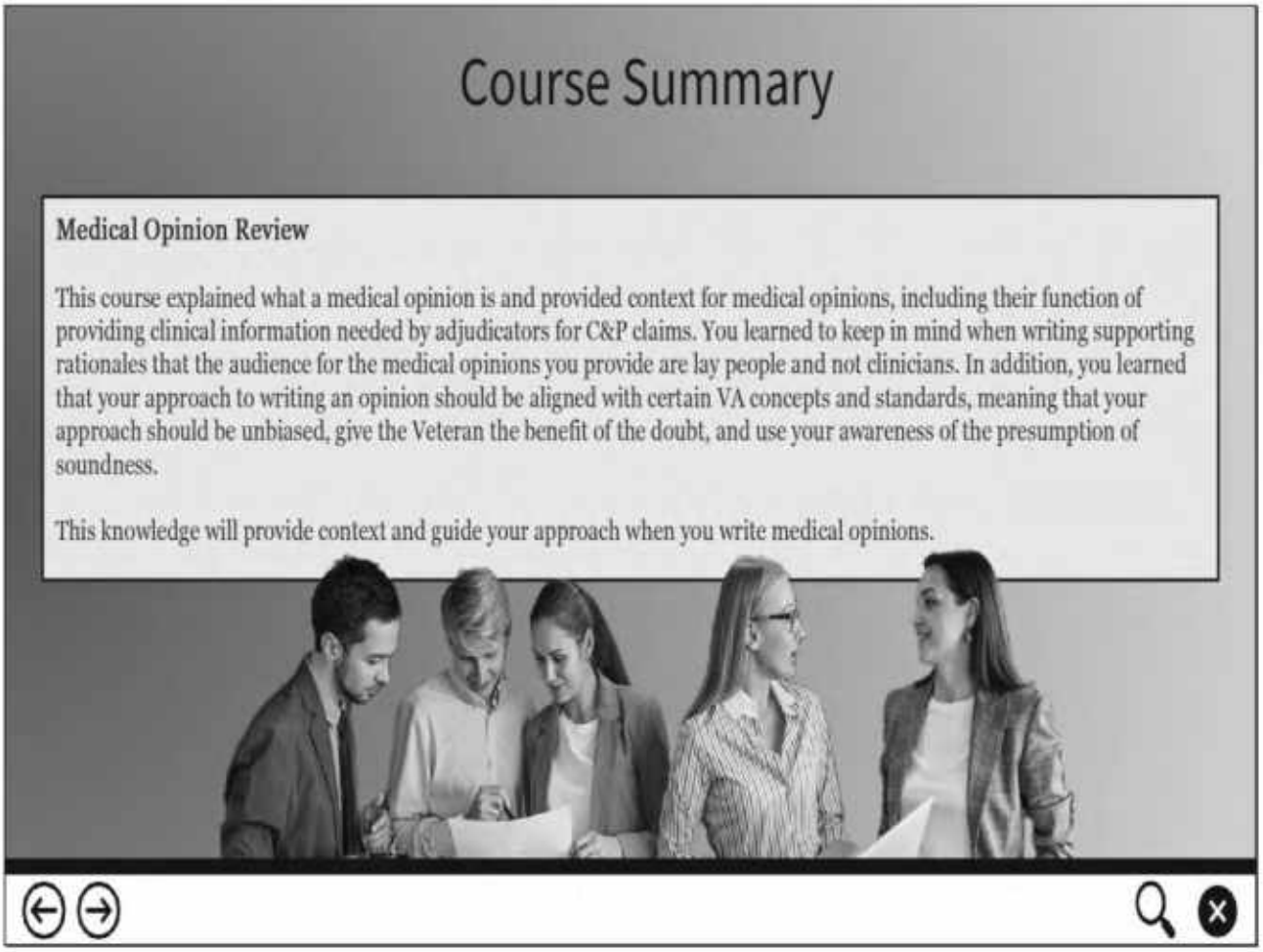
Opinion: Veteran's Stage IV nodular malignant melanoma, with metastasis to the brain, which was stated on his death certificate as the cause of death, was at least as likely as not a progression of the scalp lesion treated while the Veteran was on active duty.

Rationale: Because the Veteran's in-service scalp lesion was a likely early indicator of melanoma and was consistent with nodular malignant melanoma, it is at least as likely as not that the Veteran's death caused by stage IV nodular malignant melanoma with metastasis to the brain was a progression of the scalp lesion treated during service.

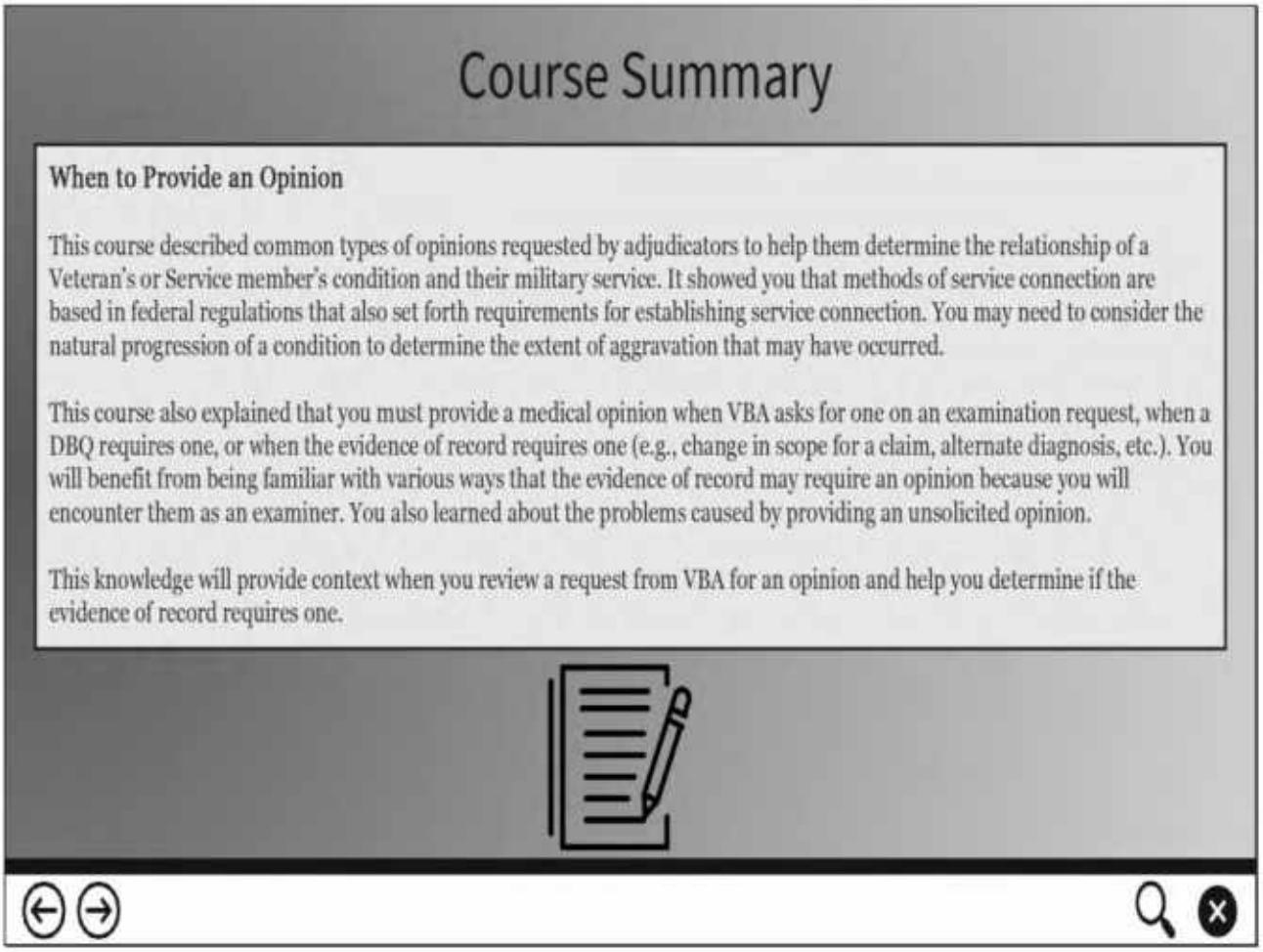
The notes in service indicated that the clinician attributed the irregular border to the recurrent trauma from the haircuts the Veteran had received. This irregular border was at least as likely as not early evidence of the melanoma. A review of the separation physical examination indicated that the site of the lesion is consistent with the same area of the skin cancer site diagnosed 4 years later. The post-service biopsy of the same skin lesion that was described in service was consistent with nodular malignant melanoma. The enlarged lymph nodes at the time of referral for the biopsy were an indicator of metastasis. The Veteran was subsequently diagnosed with nodular malignant melanoma with metastasis to the brain.



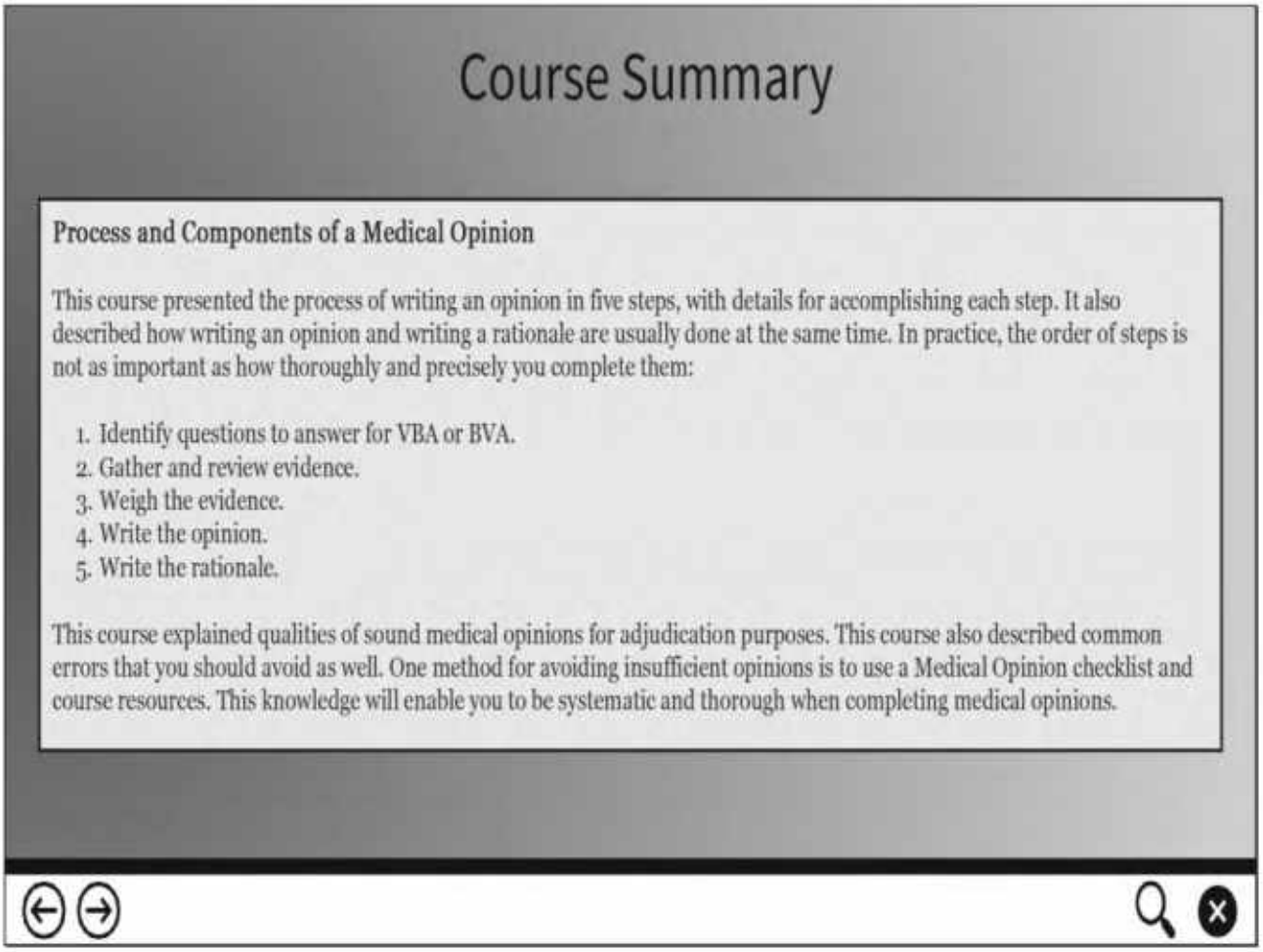
Slide 47 - Course Summary 1



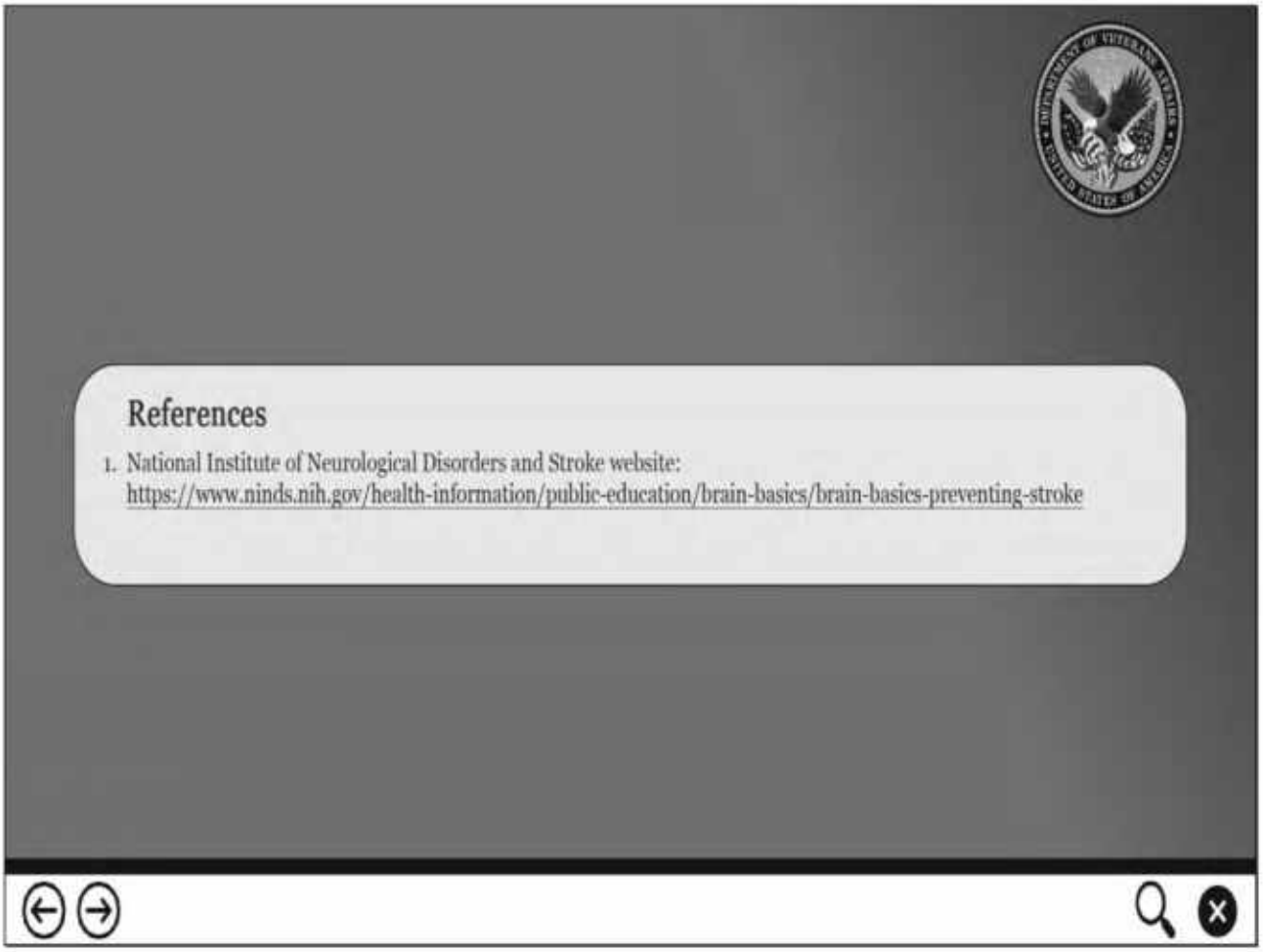
Slide 48 - Course Summary 2



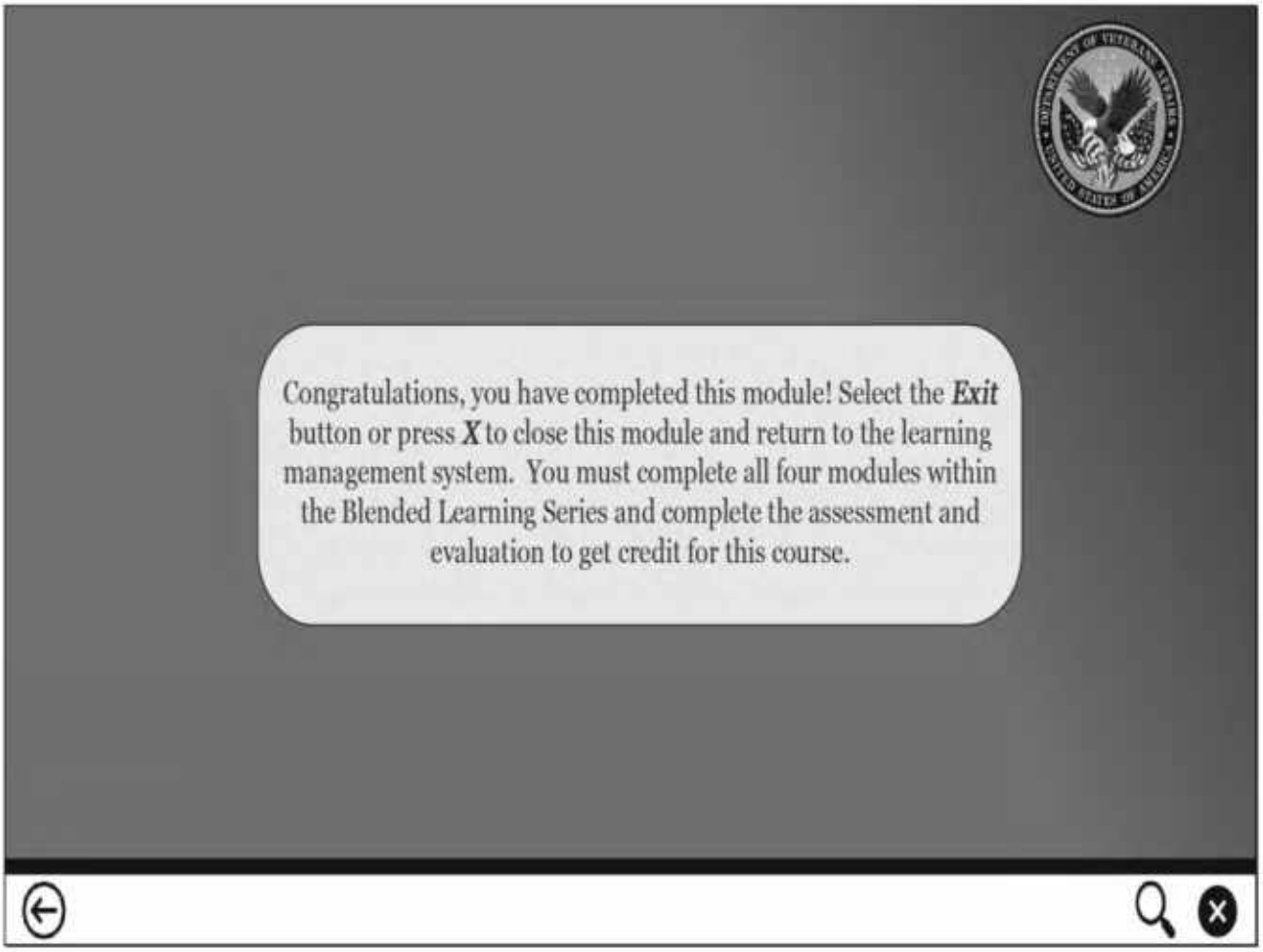
Slide 49 - Course Summary 3



Slide 50 - Reference Slide



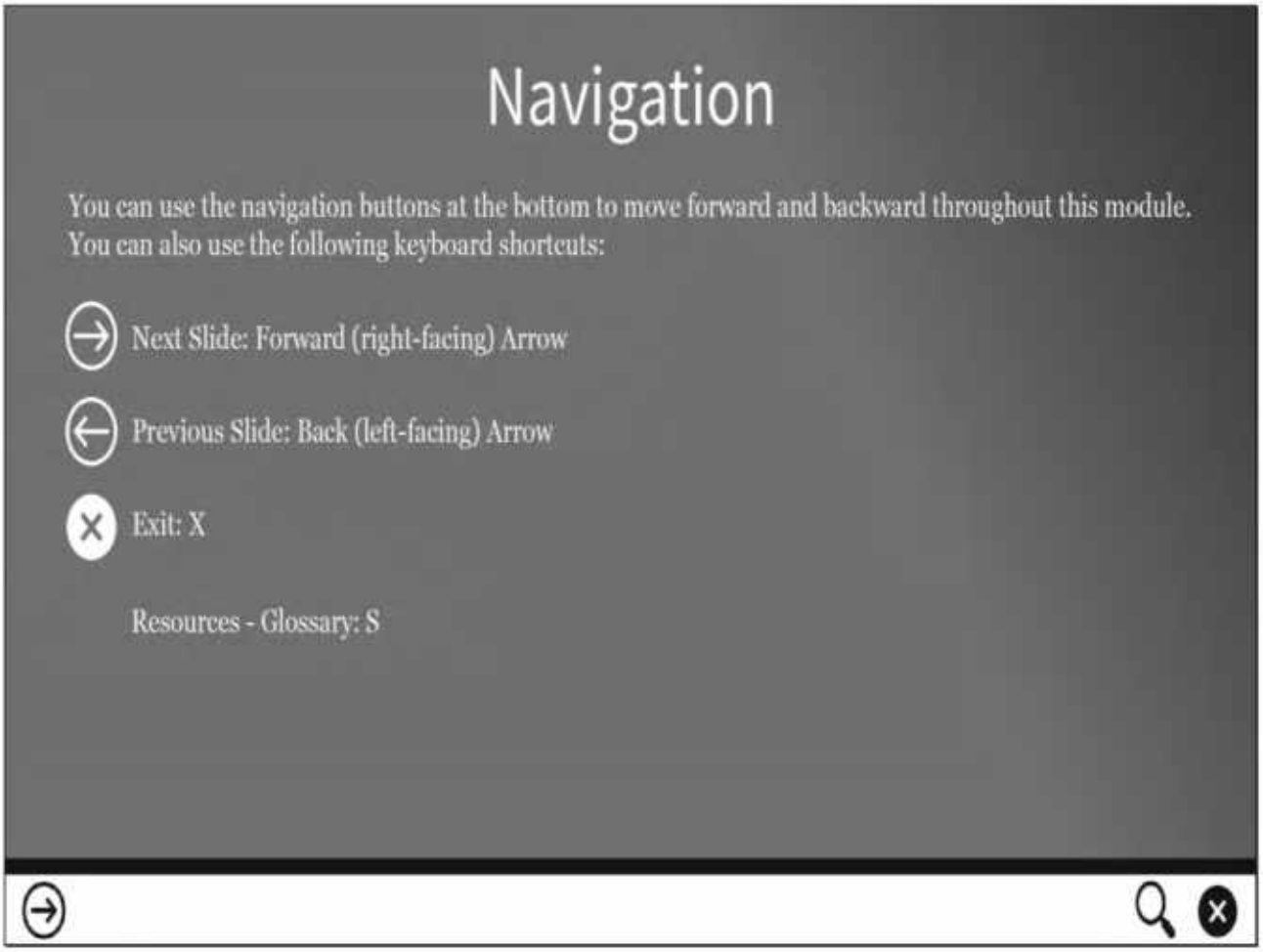
Slide 51 - Congratulations



Slide 1 - Title Slide



Slide 2 - Navigation



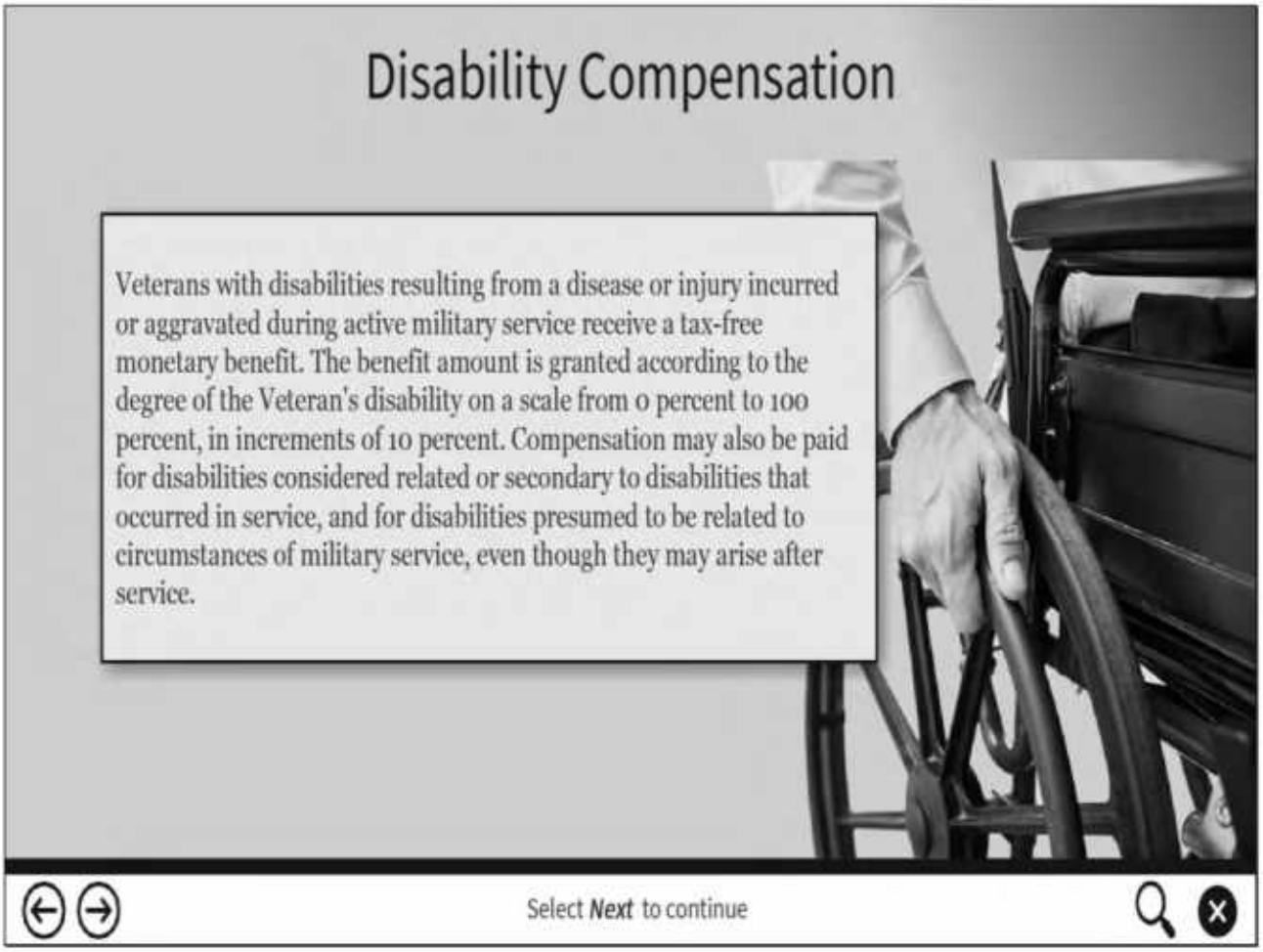
Slide 3 - Objectives



Slide 4 - Claims for Benefits



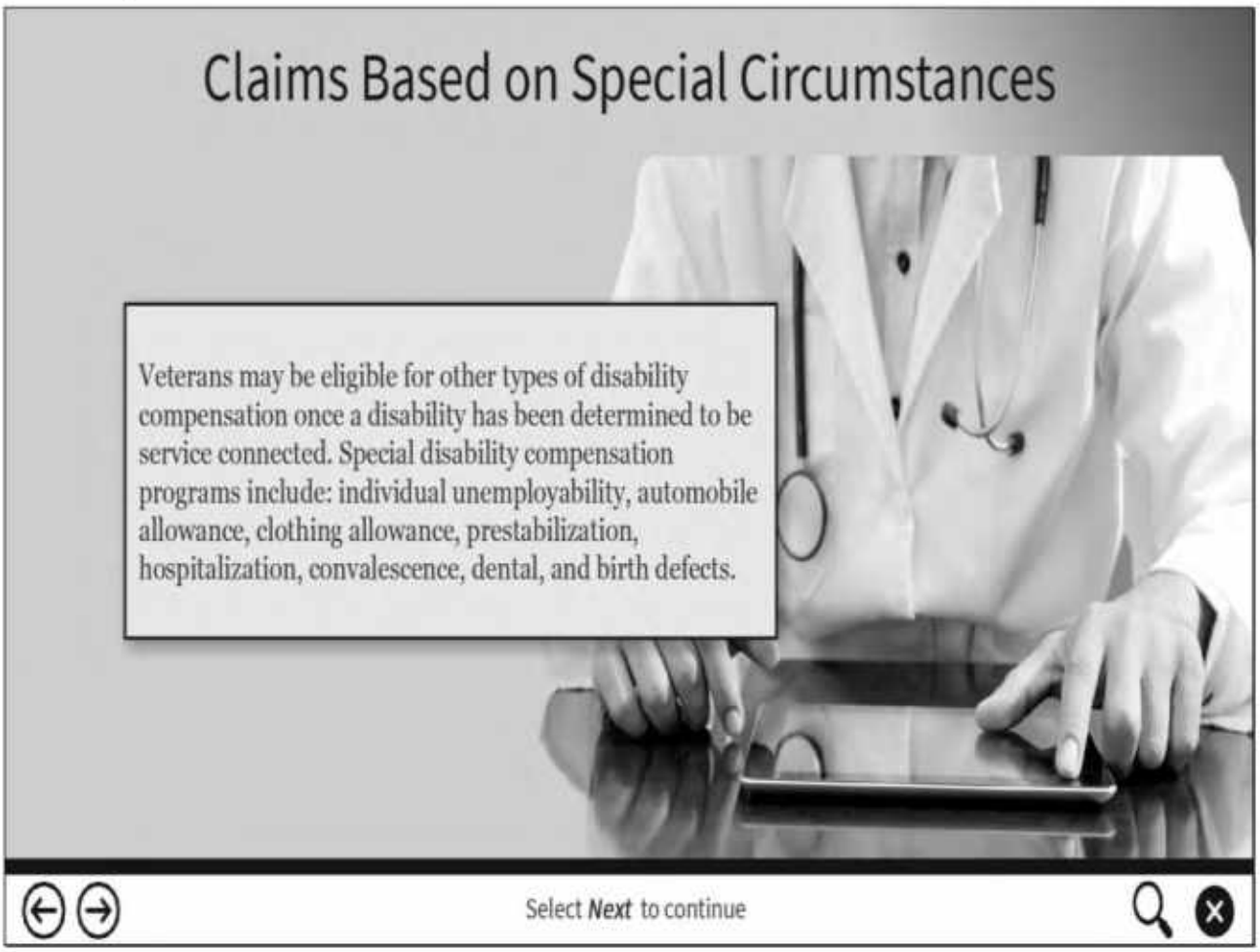
Slide 5 - Disability Compensation



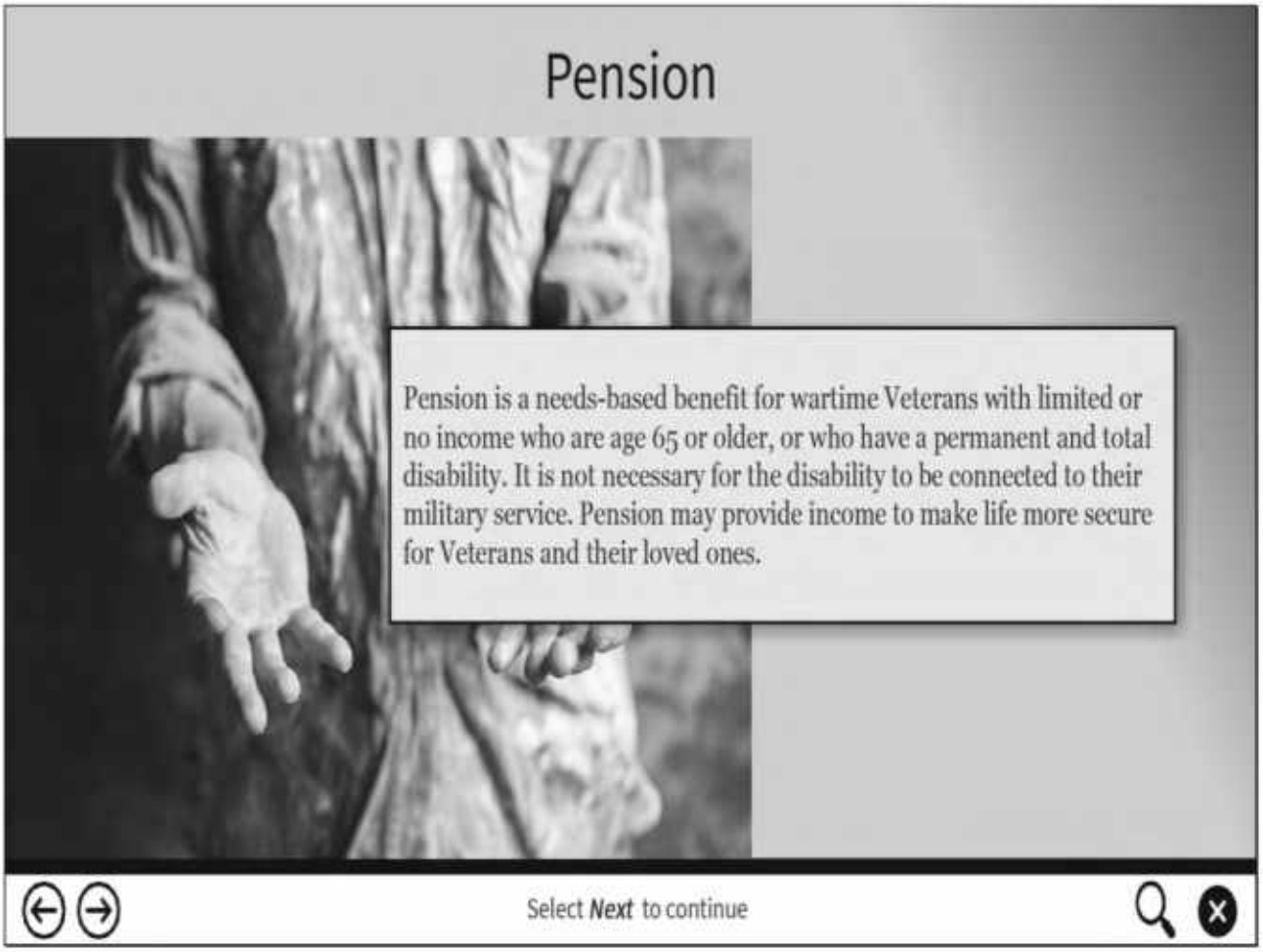
Slide 6 - Special Monthly Compensation



Slide 7 - Special Circumstances



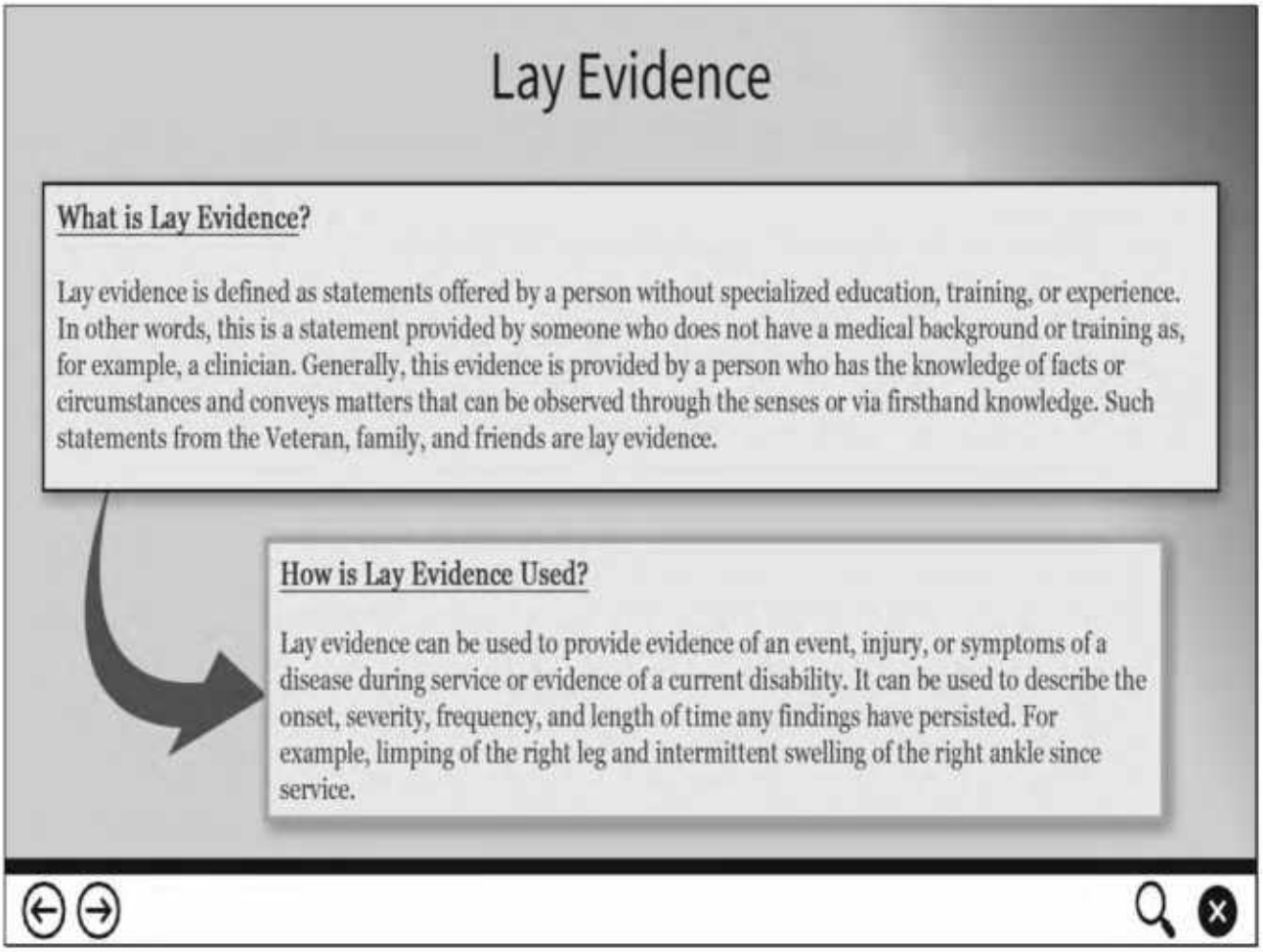
Slide 8 - Pension



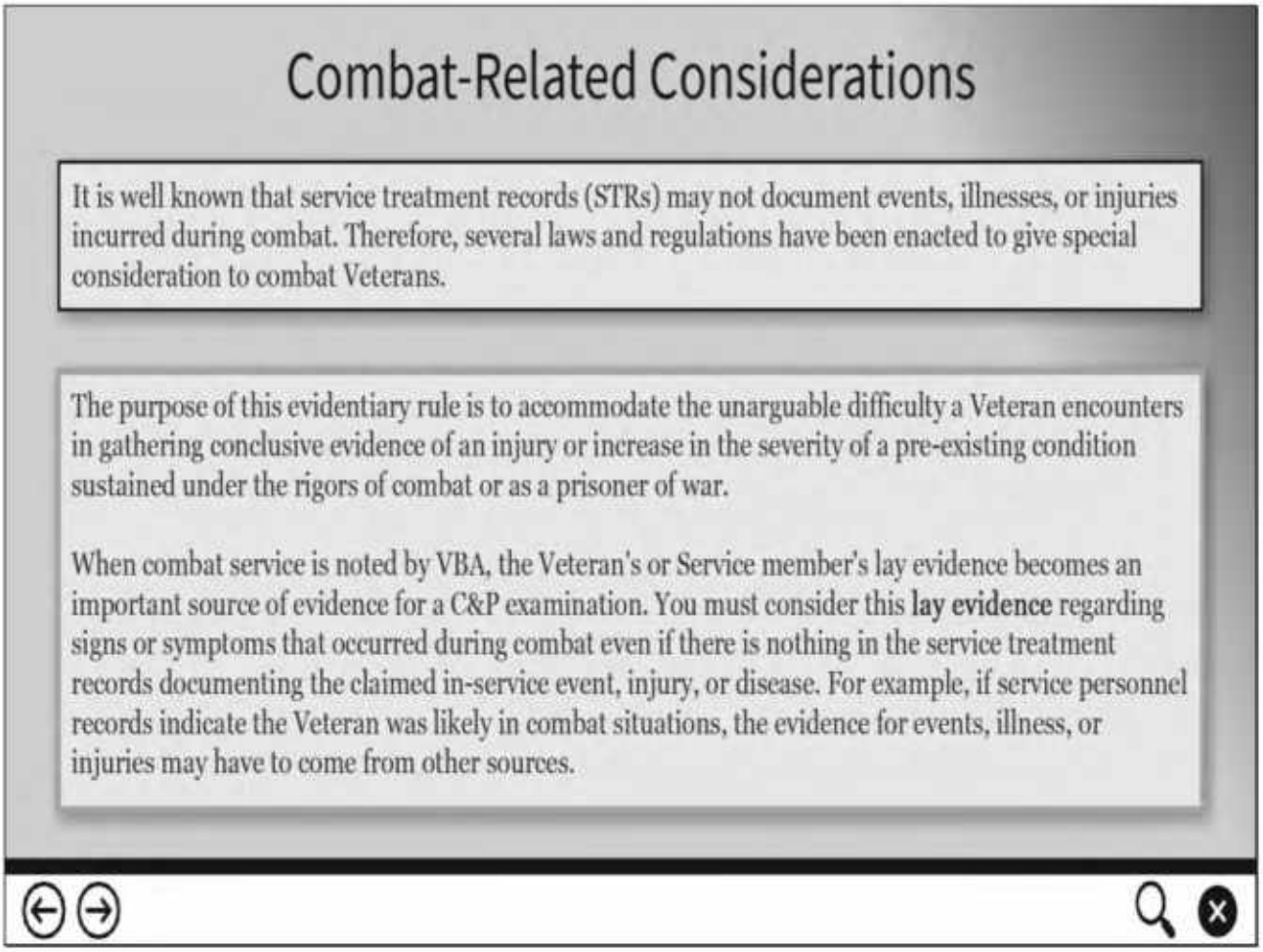
Slide 9 - Healthcare



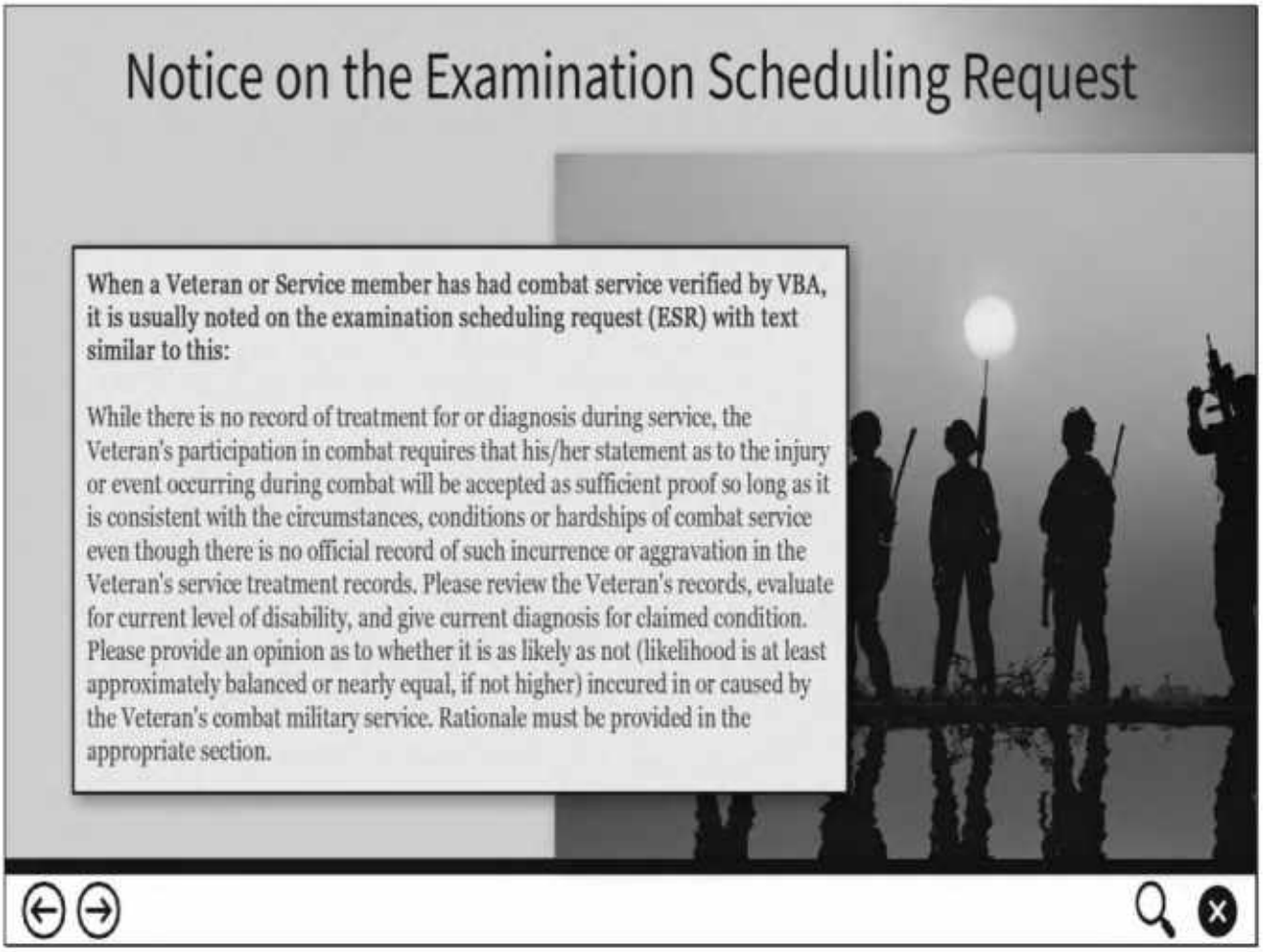
Slide 10 - Lay Evidence



Slide 11 - Combat Related Considerations



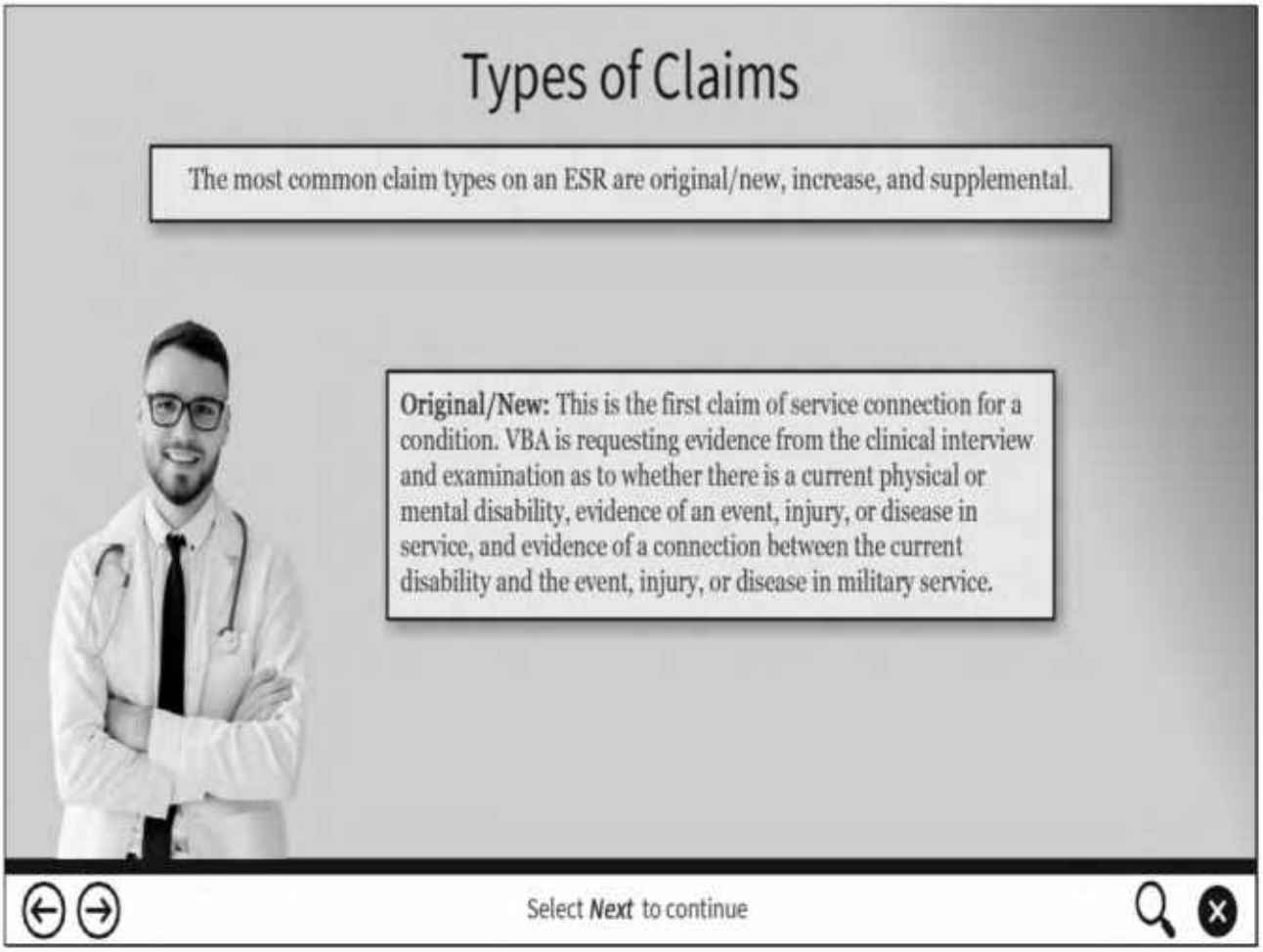
Slide 12 - Combat Related Considerations



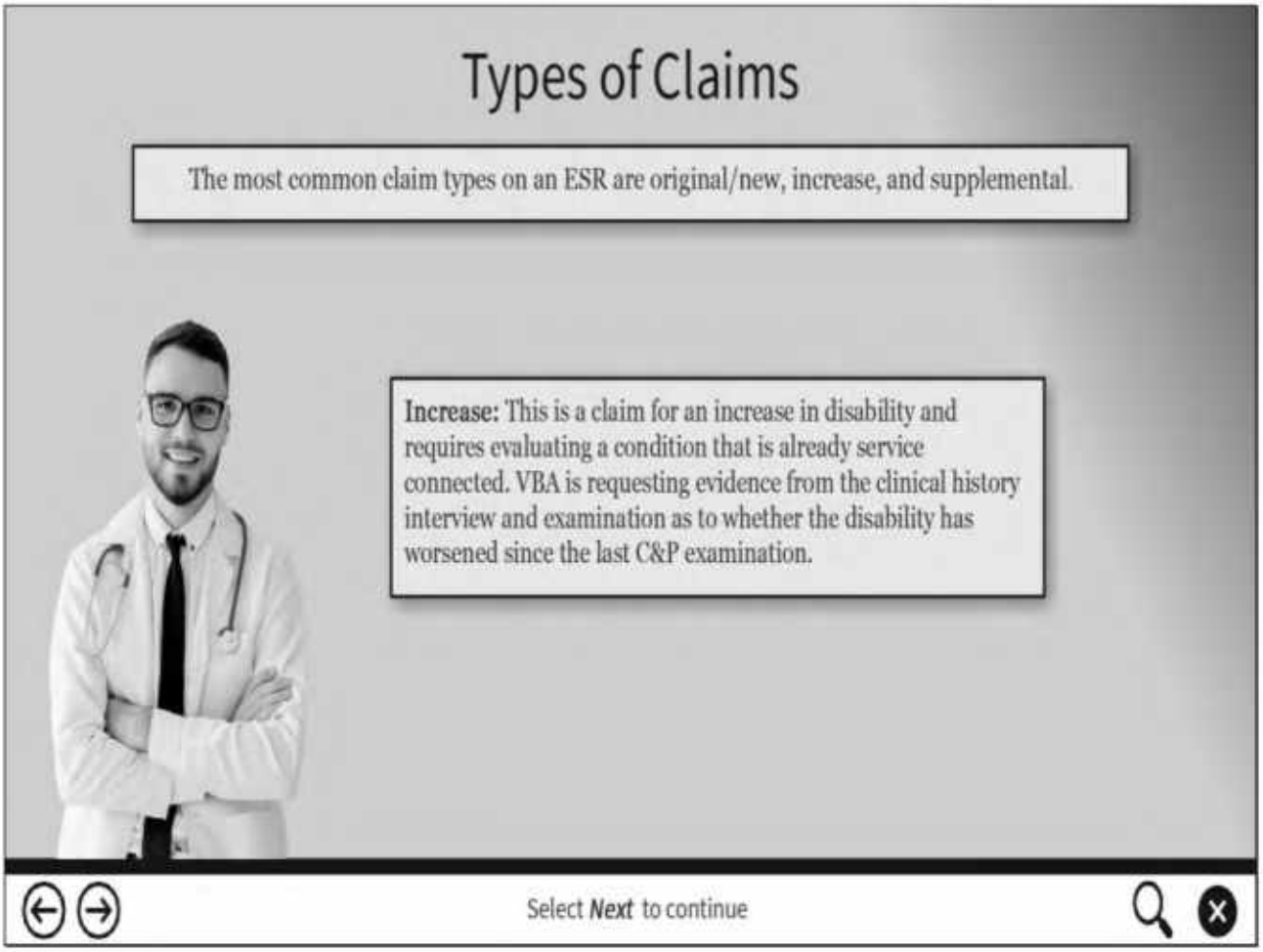
Slide 13 - Types of Claims



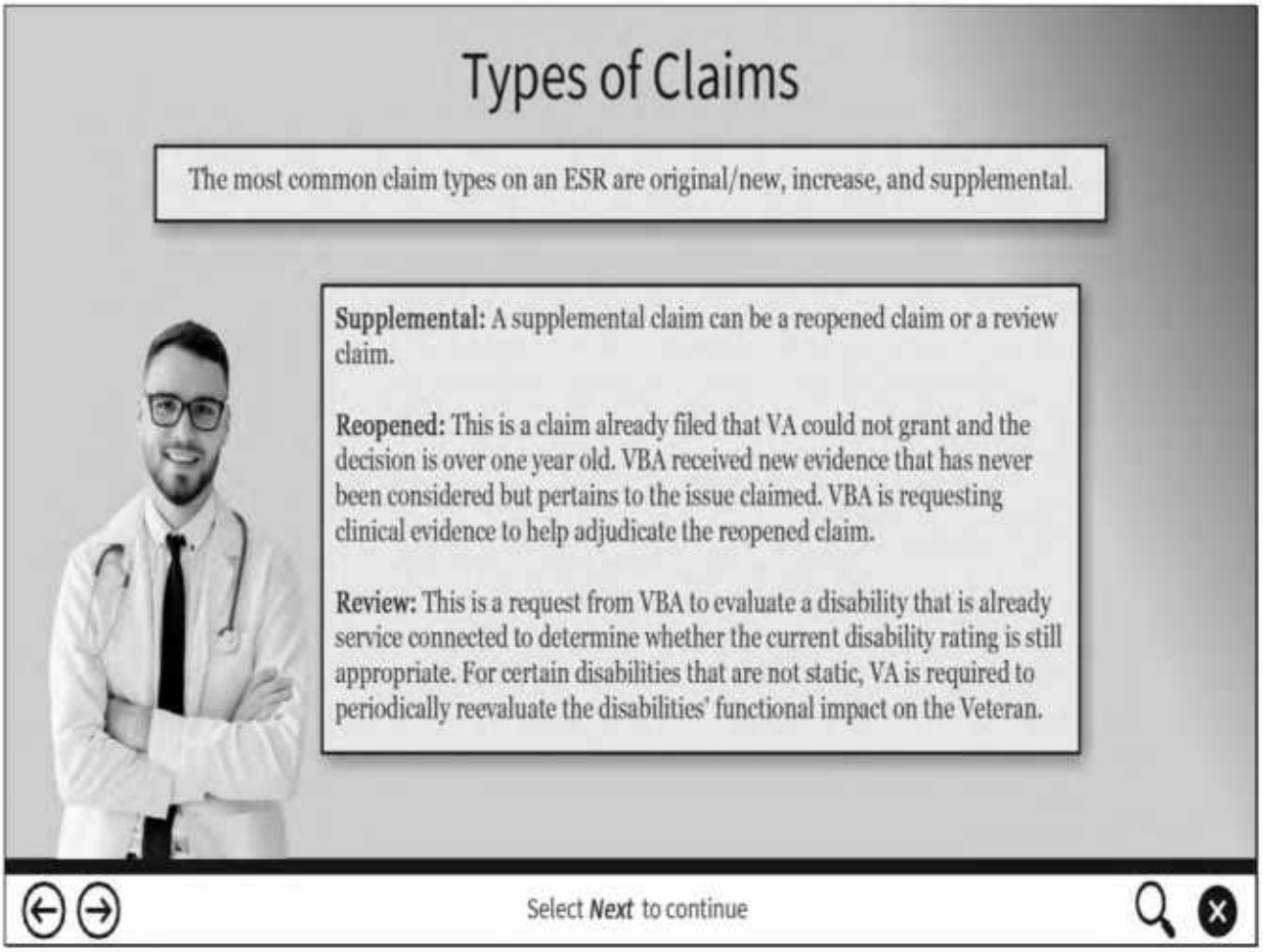
Slide 14 - Original/New



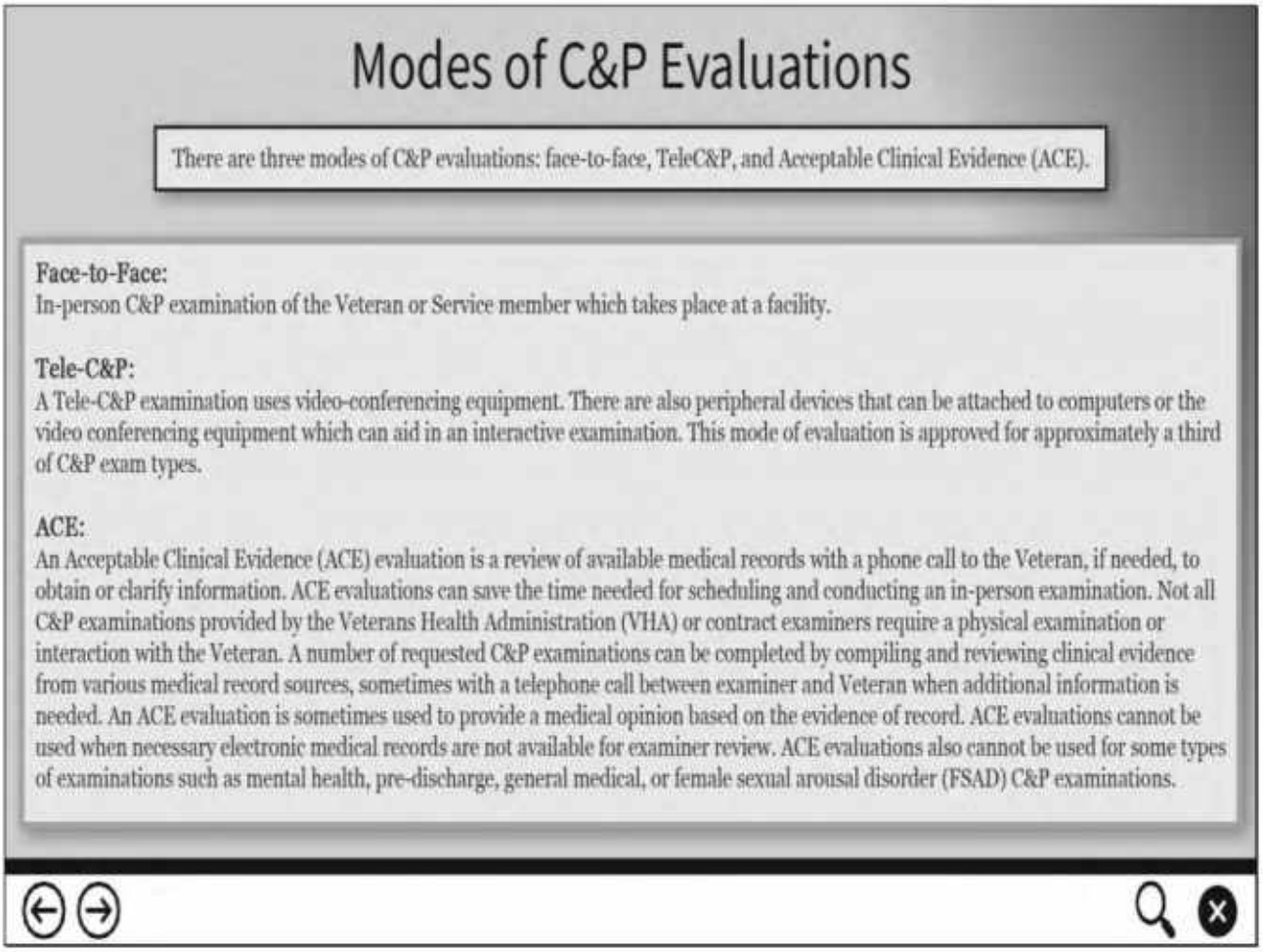
Slide 15 - Increase



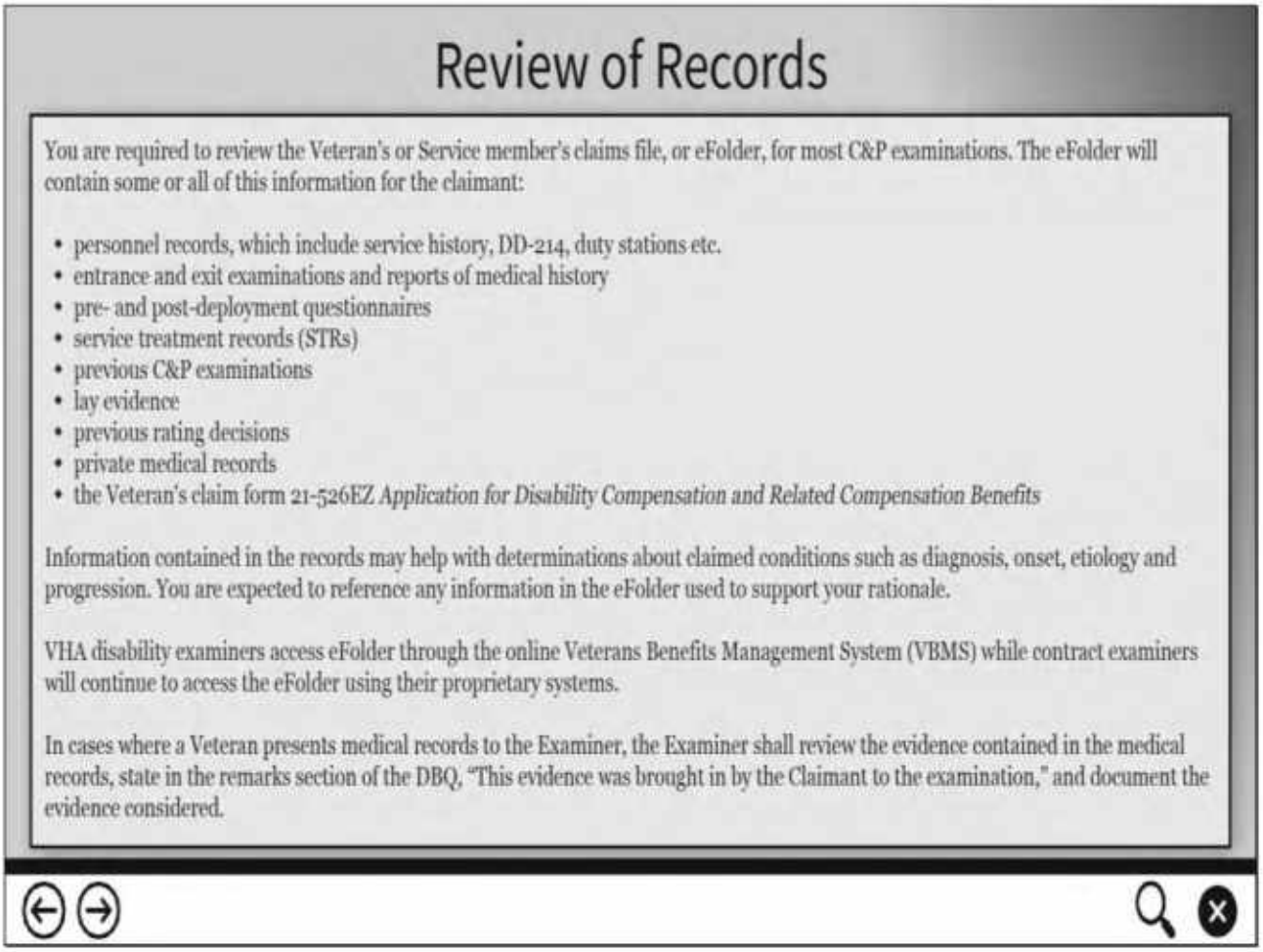
Slide 16 - Supplemental



Slide 17 - Modes of C&P Evaluations



Slide 18 - Review Records



Slide 19 - Medical Opinions

Medical Opinions

An examination scheduling request may ask you to provide a medical opinion. For C&P purposes, a medical opinion is a conclusion made by an examiner based on the body of current medical knowledge and the evidence of record.

Most commonly, you will be asked to provide a medical opinion to help adjudicators make determinations such as:

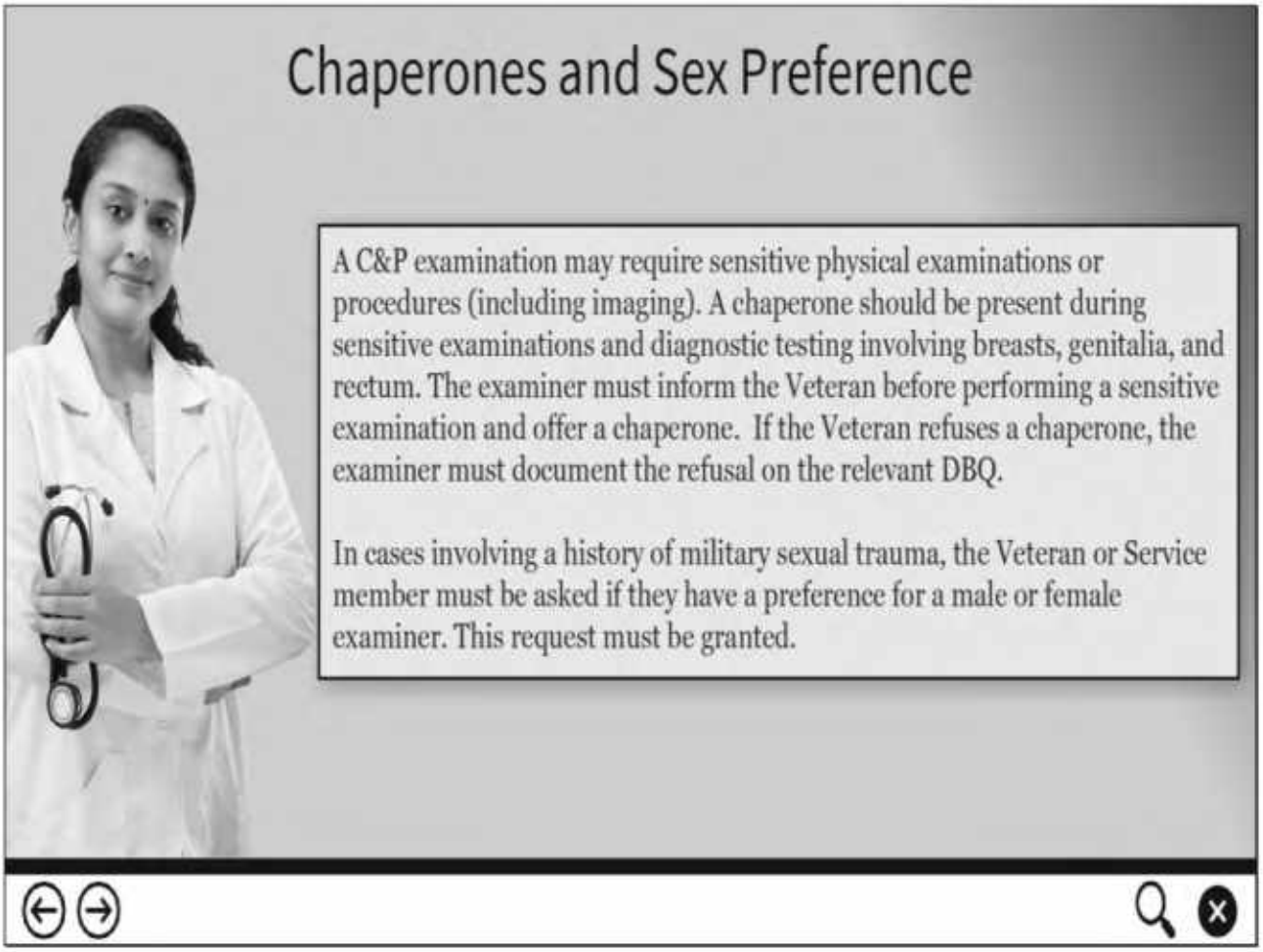
- a condition's relationship to an event, injury, illness, or disease during service
- relationships between medical conditions
- a condition's etiology
- reconciling diagnoses

VA does not need an examination or a medical opinion for every service-connection claim. Either VBA requests a medical opinion, or sometimes the evidence of record or evidence gathered during the examination prompts you to provide one.

A medical opinion is not required for every C&P examination.



Slide 20 - Chaperones and Gender Preference



Slide 21 - Claimants' Companions

Claimants' Companions

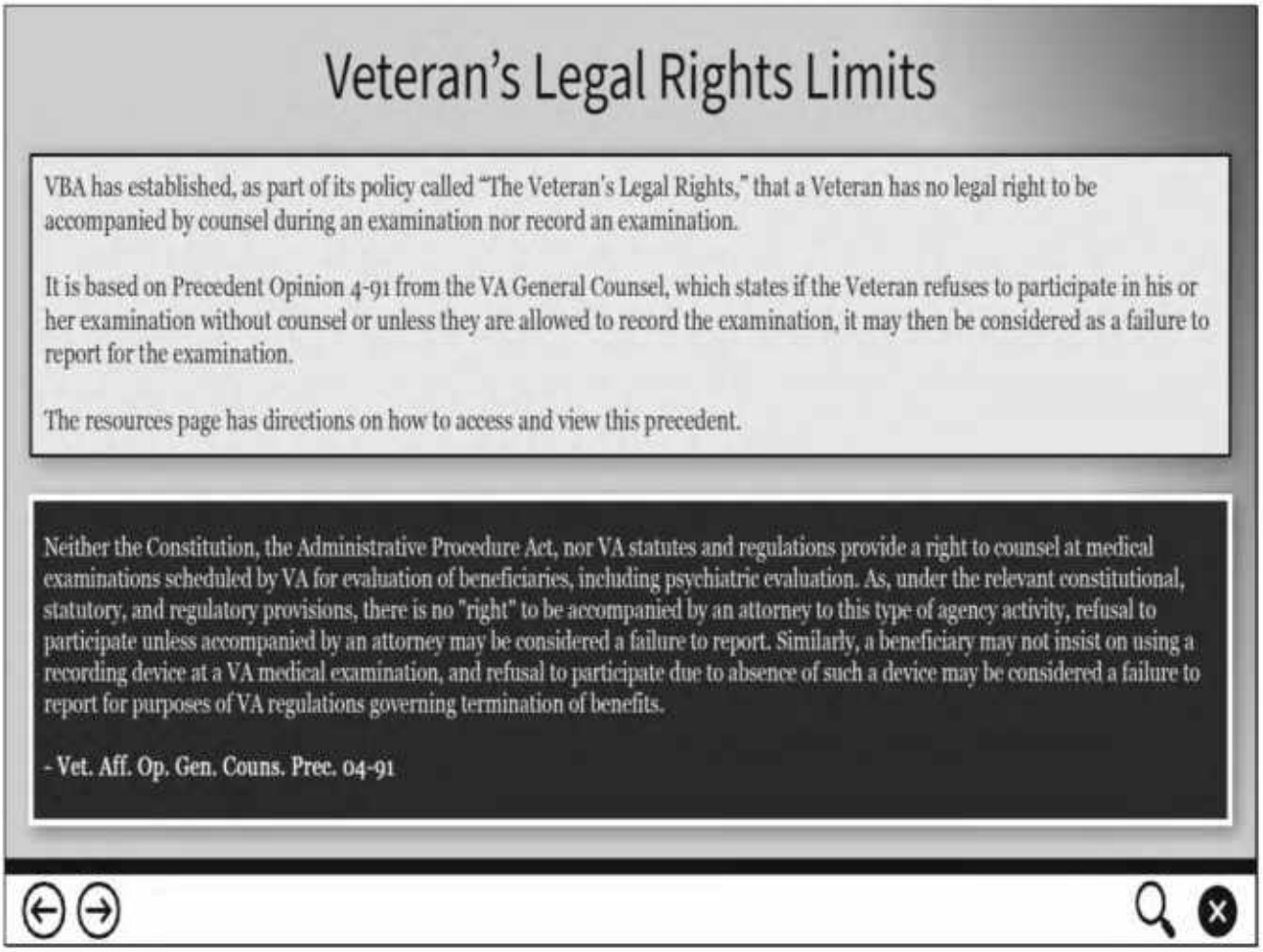
A Veteran's attorney may not be present during a C&P examination, but it is up to the examiner's discretion to allow a companion such as a family member, partner, or friend.

When a Veteran is accompanied by another individual, it is customary to ask who the companion is and his or her relationship to the Veteran. As an examiner, if you have no concerns about the companion being present, you should still ask the Veteran or Service member if he or she wants to have this person present during the examination.

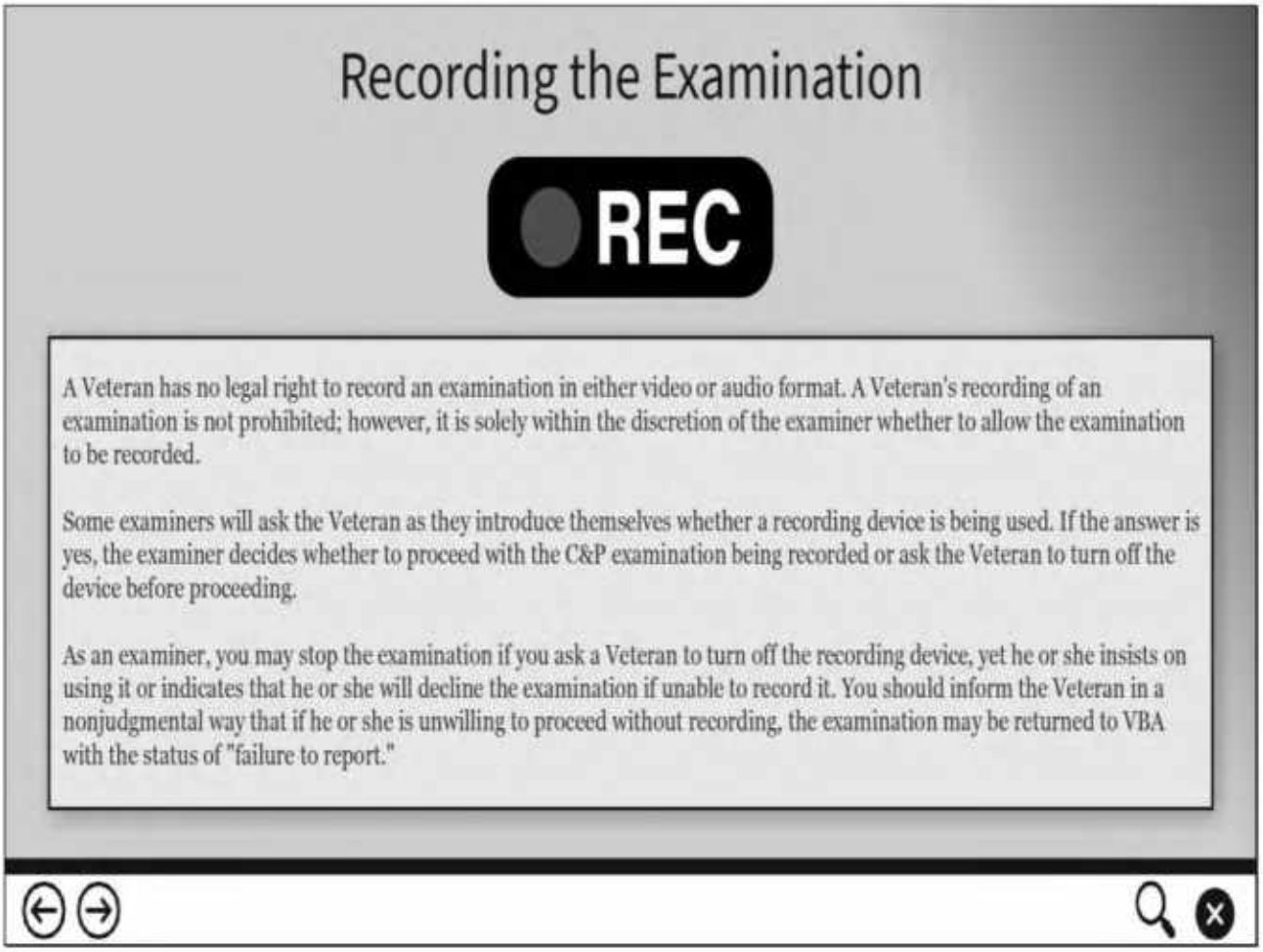
You may decide to permit a companion for parts of a C&P examination. Due to the sensitive nature of many C&P examinations, some examiners will permit the companion to stay for portions of the examination and kindly indicate that the companion will need to wait in the waiting room for other portions. For example, an examiner may have reason to think that the Veteran may not want aspects of his or her history shared with the companion. Or there may be portions of the physical examination that are not appropriate to be conducted in front of the companion. At those times, the examiner asks the companion to depart, possibly with an option to return for other portions of the examination.



Slide 22 - The Veteran's Legal Rights



Slide 23 - Recording the Examination



Slide 24 - Noted Conditions Requiring Care

Noted Conditions Requiring Care

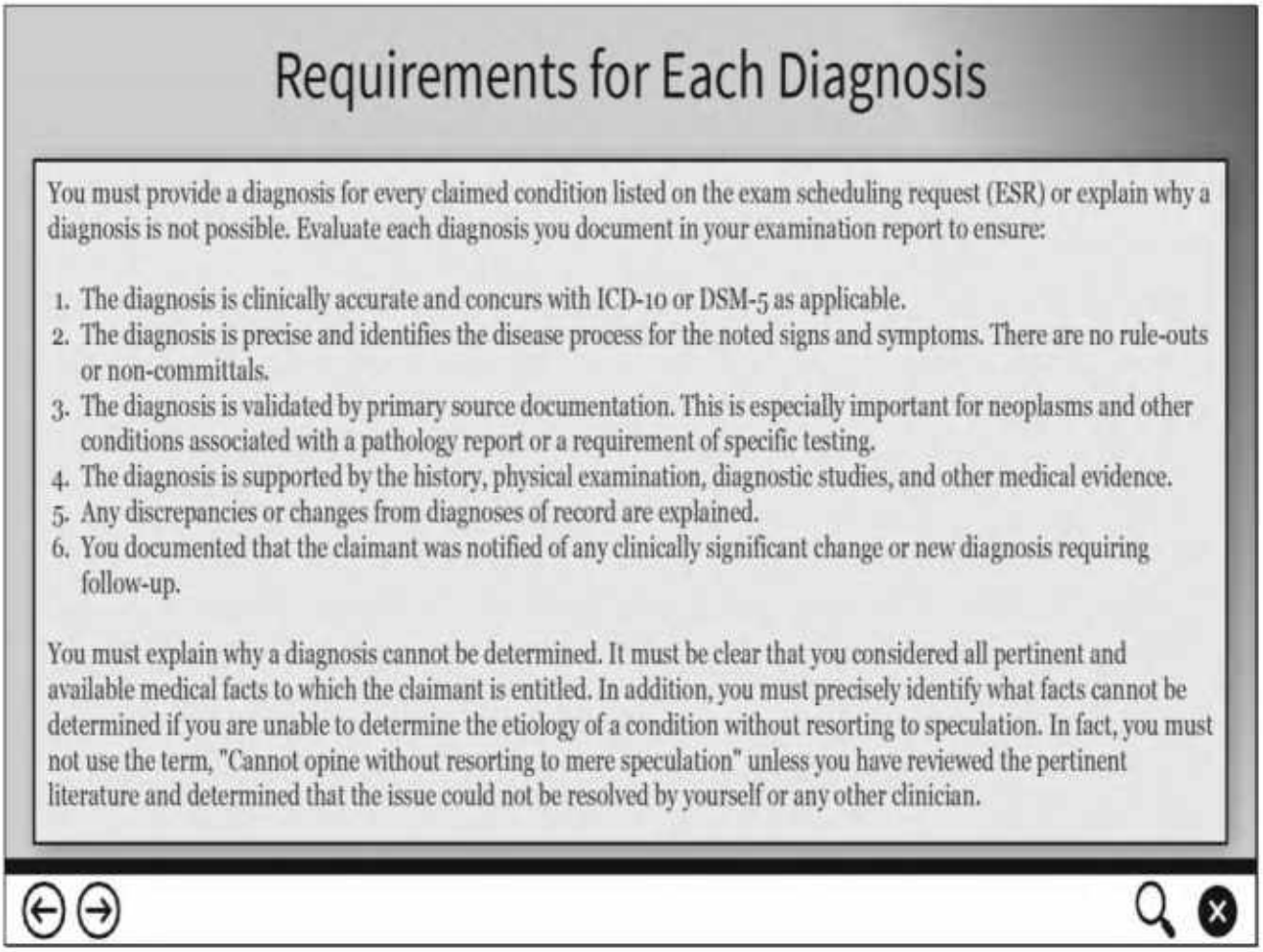


When a C&P examiner discovers during an examination that the Veteran has a suspicious or noted condition that requires further treatment, he or she must inform the claimant.

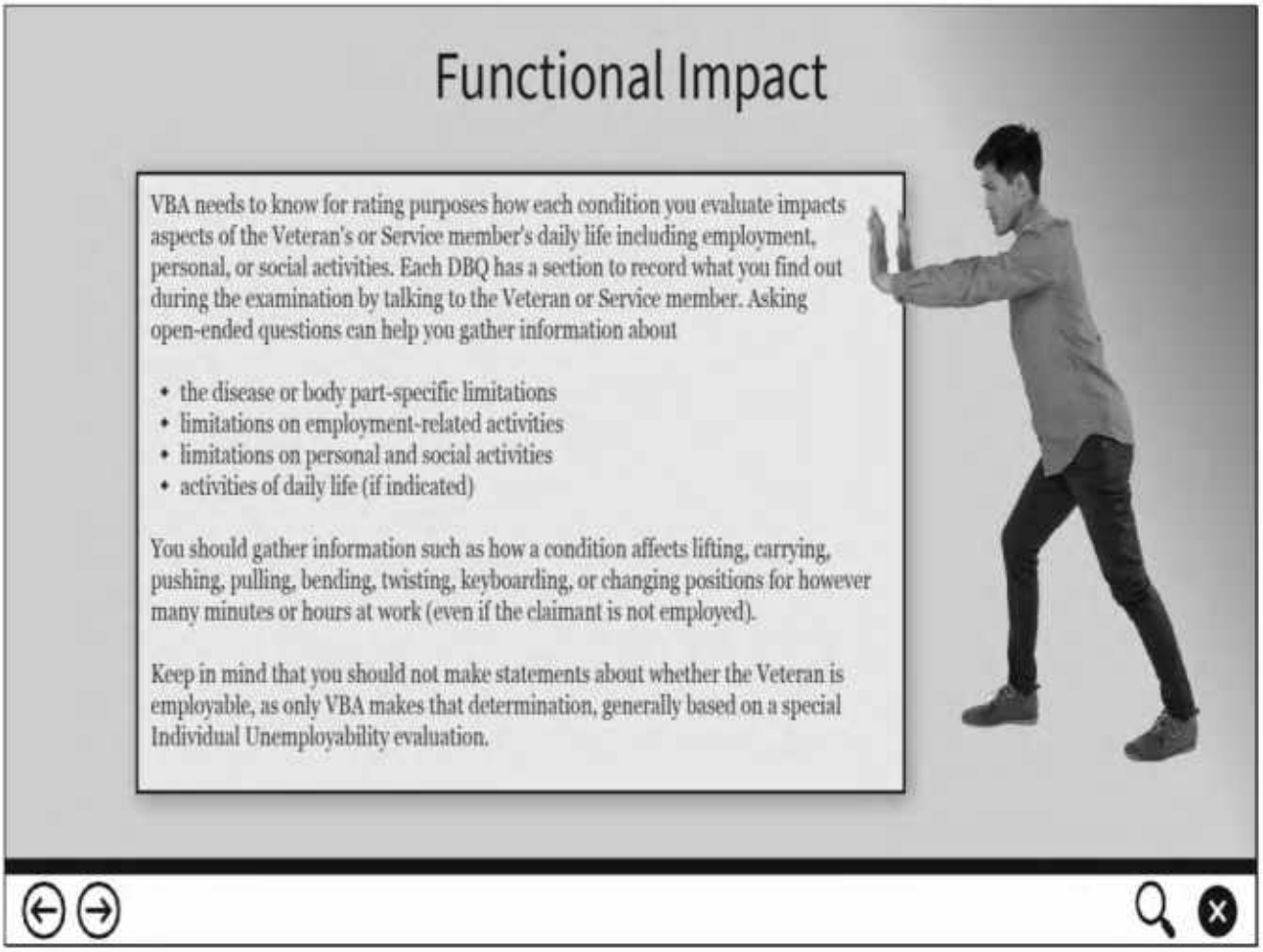
If the condition is one that may require medical care:

- The examiner shall alert the Veteran of any abnormal, non-critical findings during the examination and advise follow-up with their primary physician. *Confirmation that findings were communicated through approved methods to the claimant shall be documented in the Contractor Portal and the Veteran Portal.*
- If other critical and/or life-threatening conditions such as cancer or heart disease are identified during the examination, the examiner shall advise the Veteran of the existence of the condition and provide confirmation in the remarks section of the DBQ that the Veteran was advised of the condition and to follow up as soon as possible with their provider. *The results should be communicated immediately with the claimant by the most expedient means available.*
- Critical and/or life-threatening test results requiring immediate care or hospitalization, as determined by the examiner and consistent with standard of care, shall be communicated immediately with the Veteran by the most expedient means available, but no later than 24 hours. Abnormal but non critical results shall be communicated within 48 hours. *Documentation must be made in the form of an Incident Report to be uploaded into the eFolder and a copy of results made available to the Veteran.*

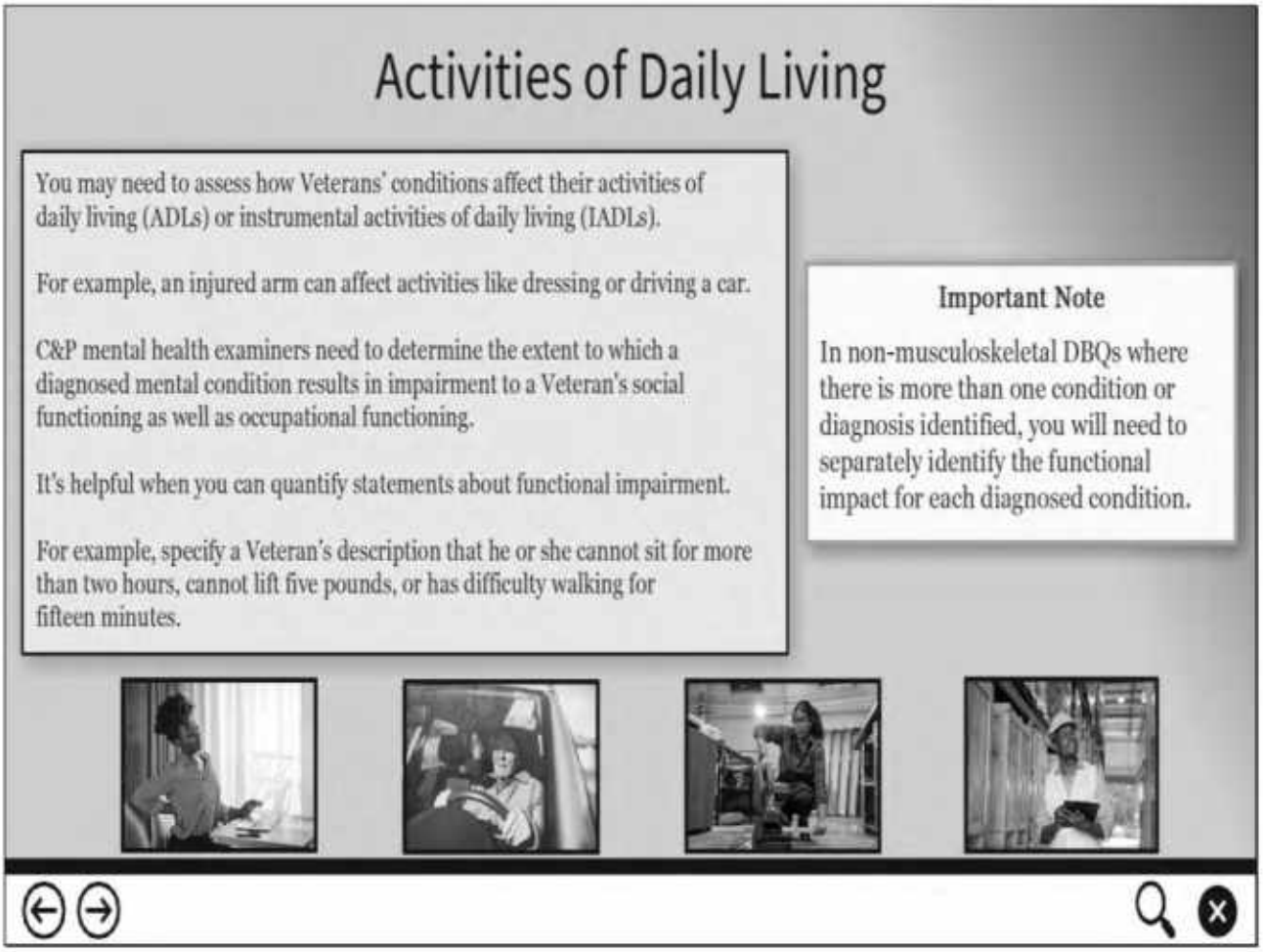
Slide 25 - Requirements for Each Diagnosis



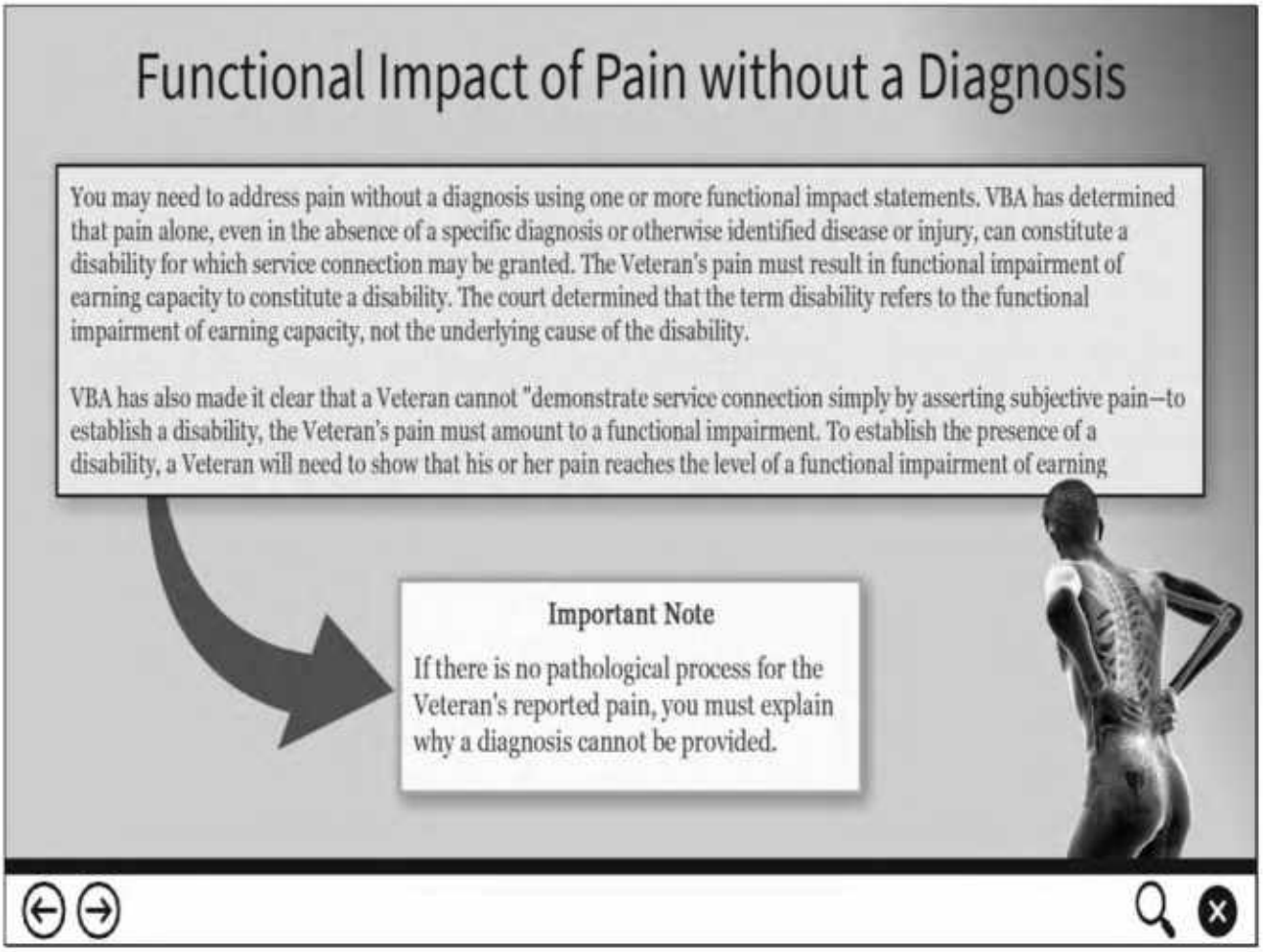
Slide 26 - Functional Impact



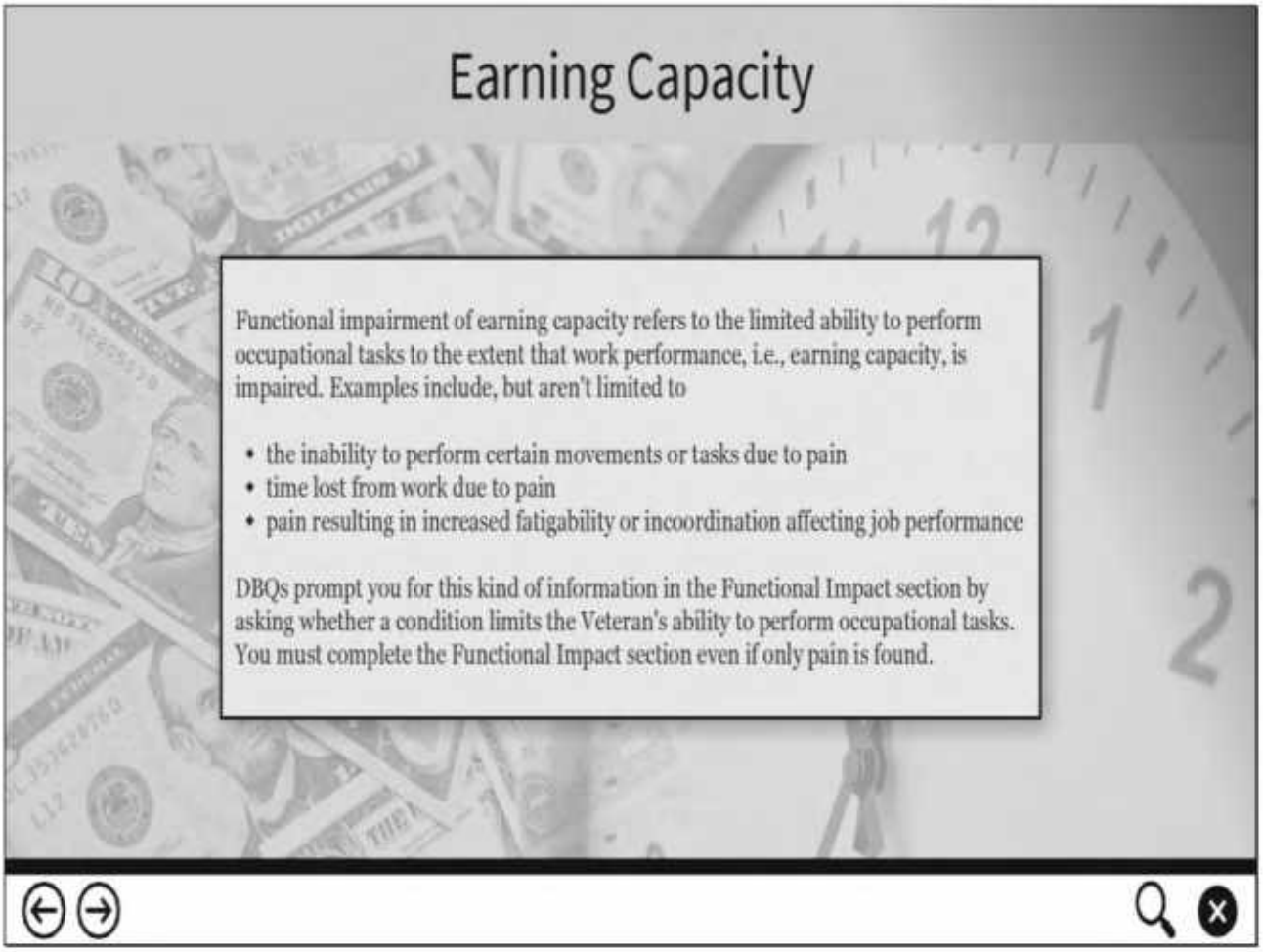
Slide 27 - Activities of Daily Living



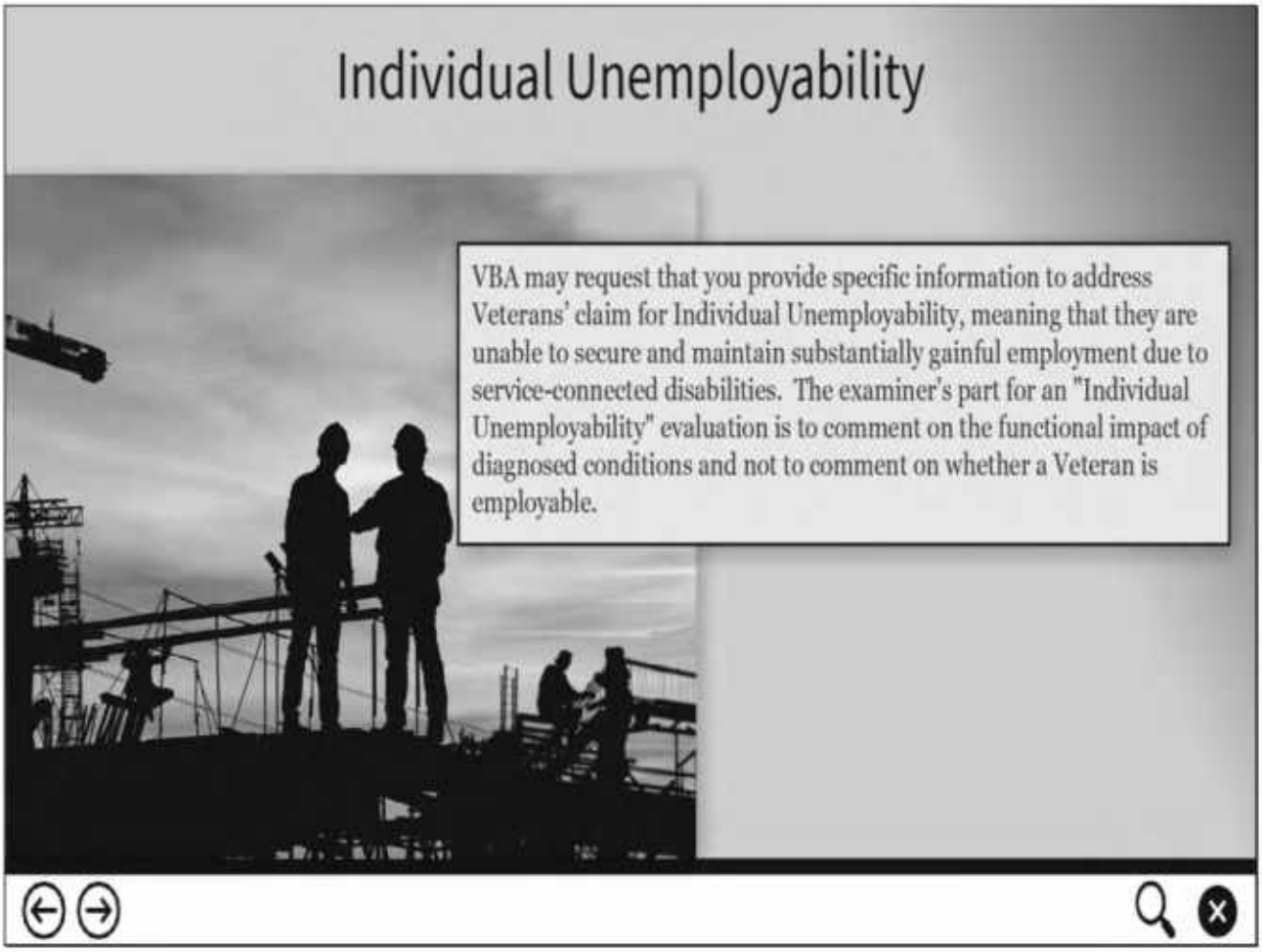
Slide 28 - Functional Impact of Pain without a Diagnosis



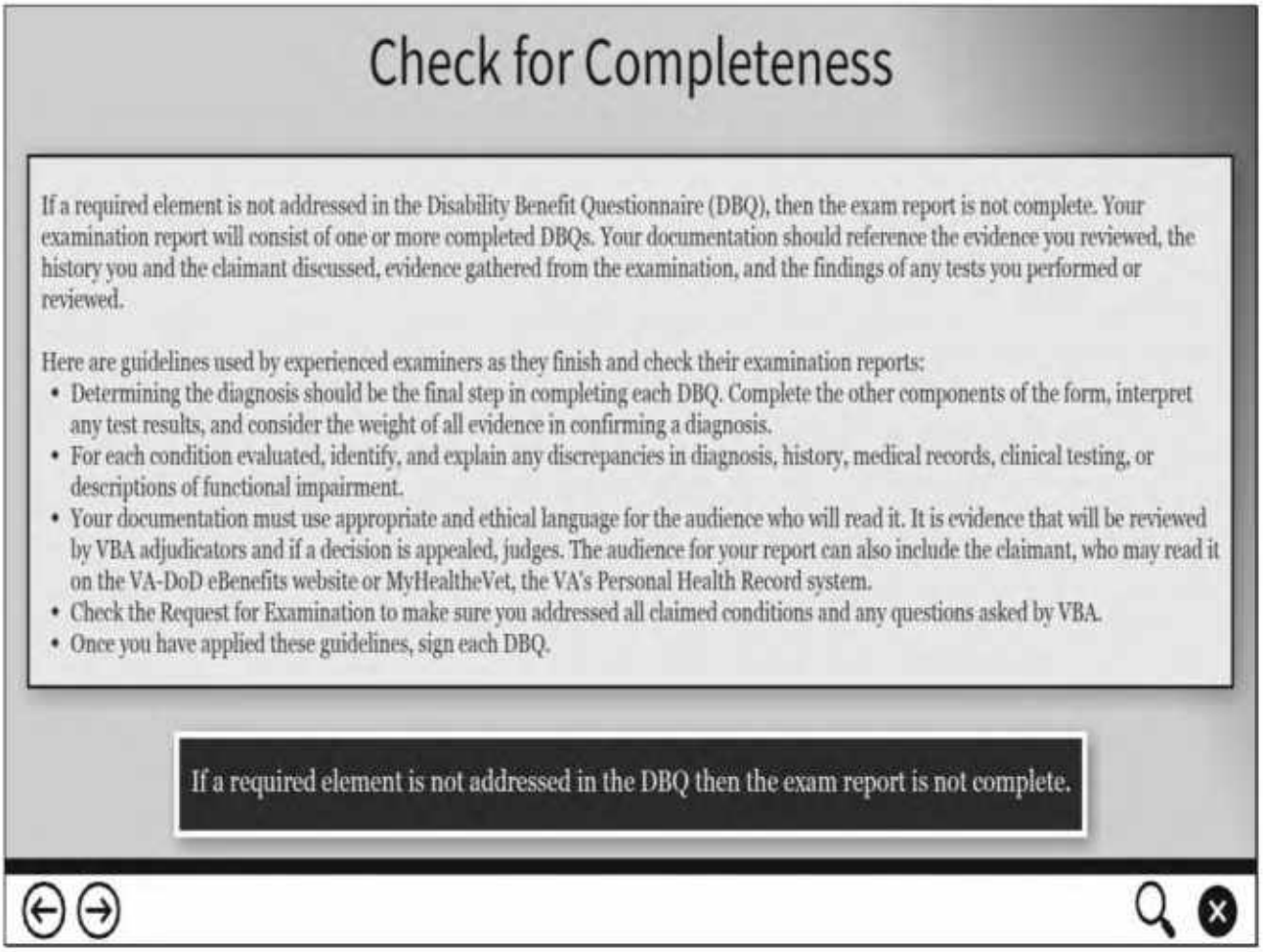
Slide 29 - Earning Capacity



Slide 30 - Individual Unemployability



Slide 31 - Check for Completeness



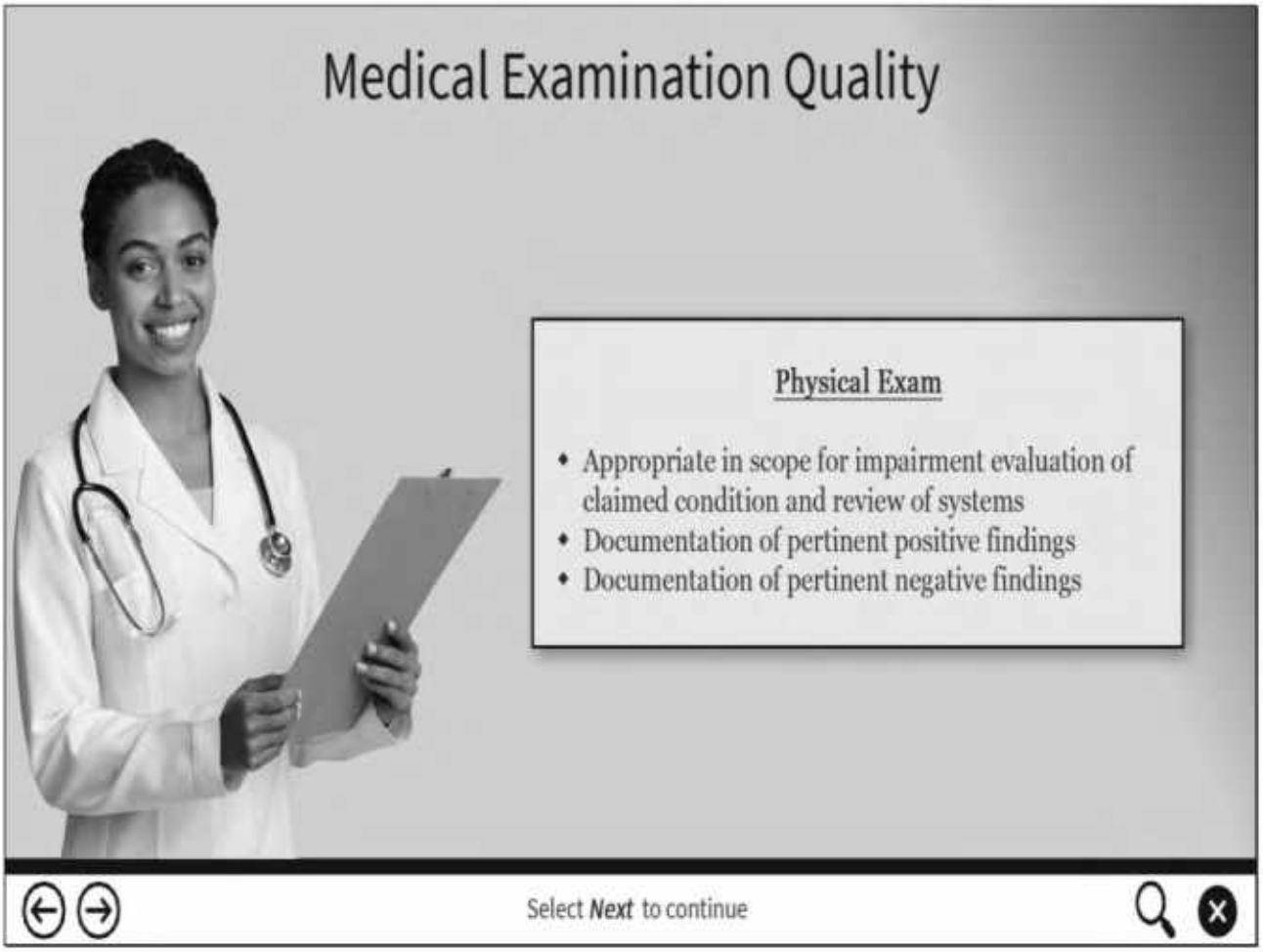
Slide 32 - C&P Medical Examination Quality Checklist



Slide 33 - History



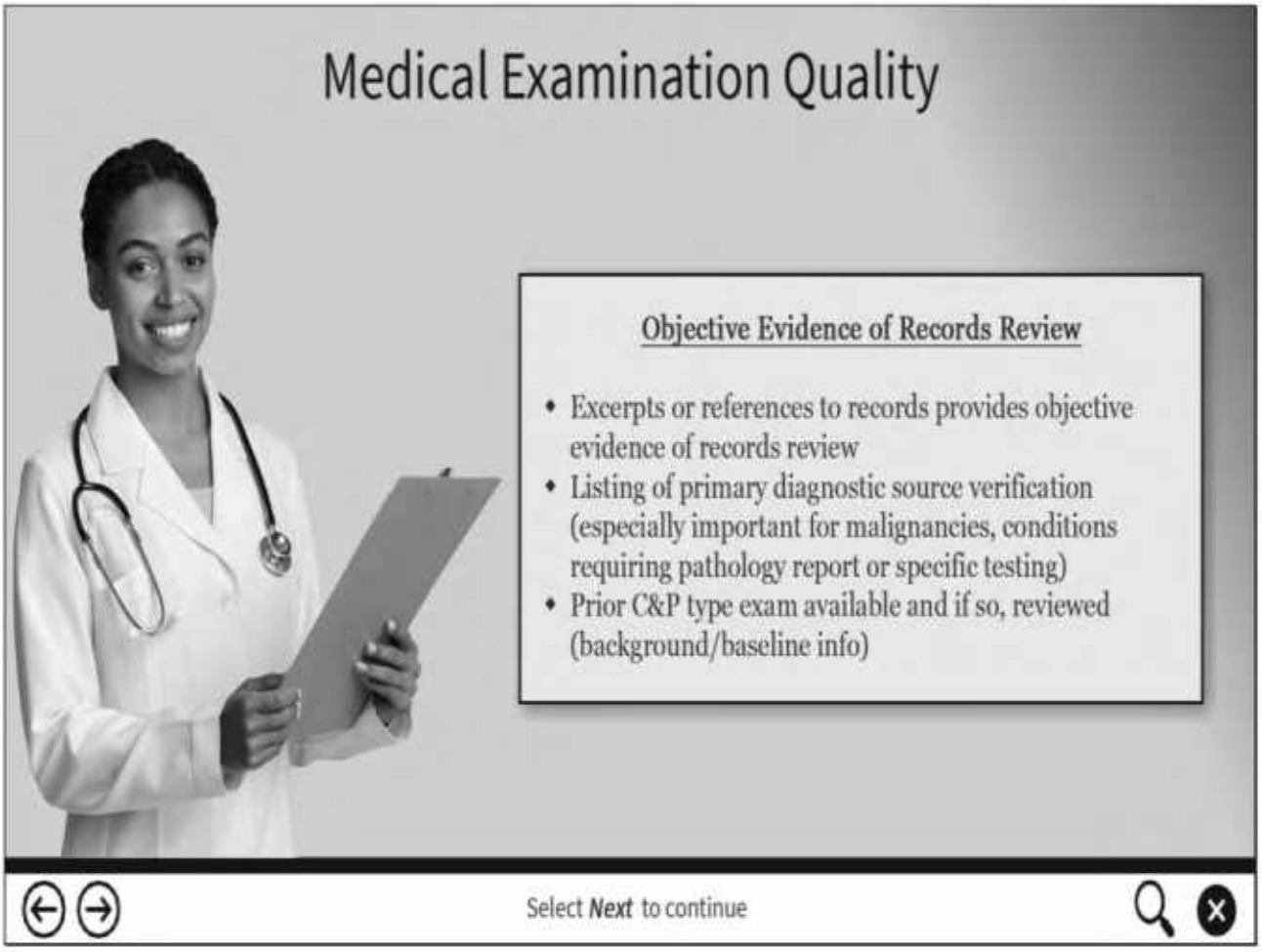
Slide 34 - Physical Exam



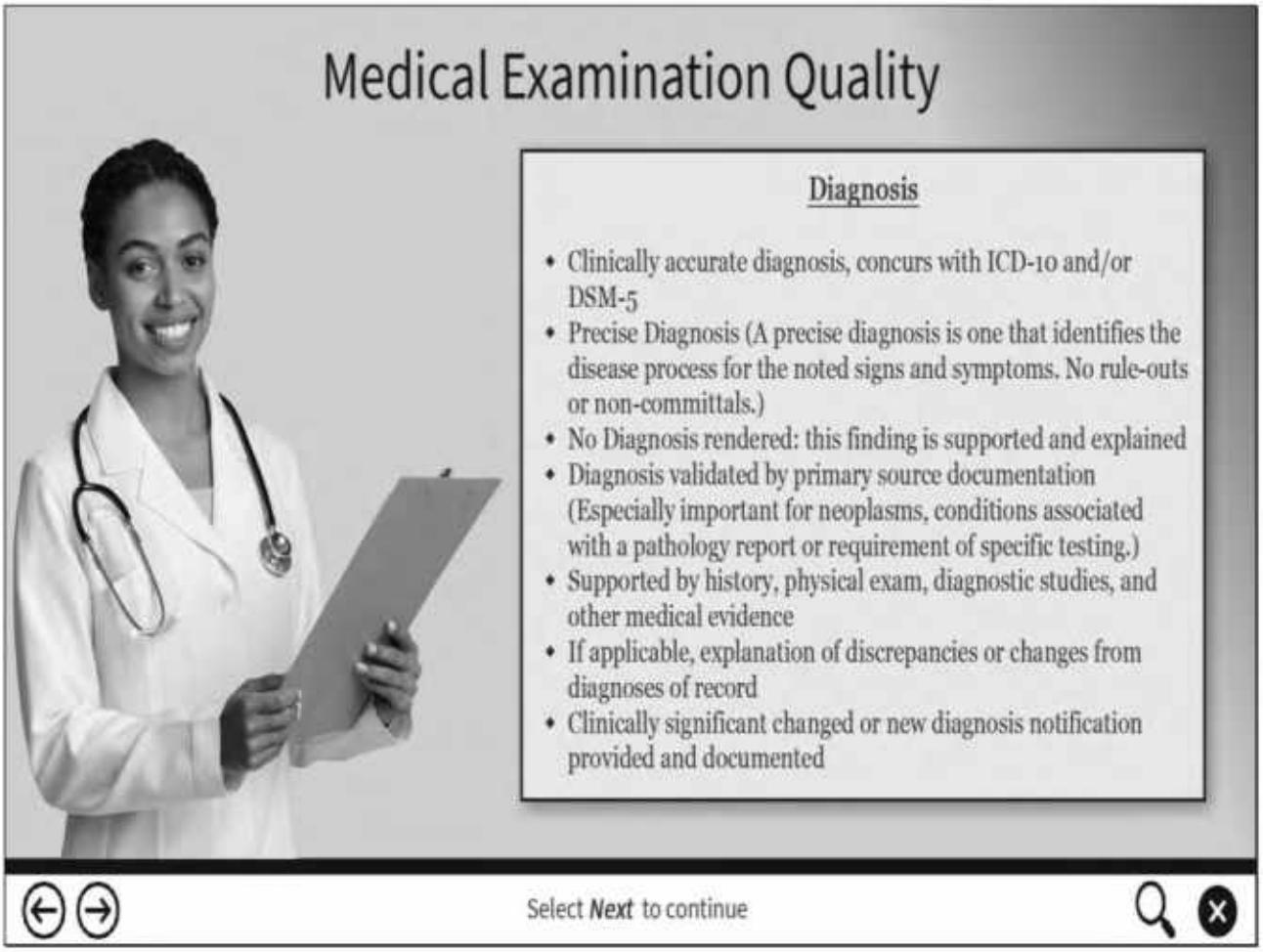
Slide 35 - Clinical Testing



Slide 36 - Objective Evidence of Records Review



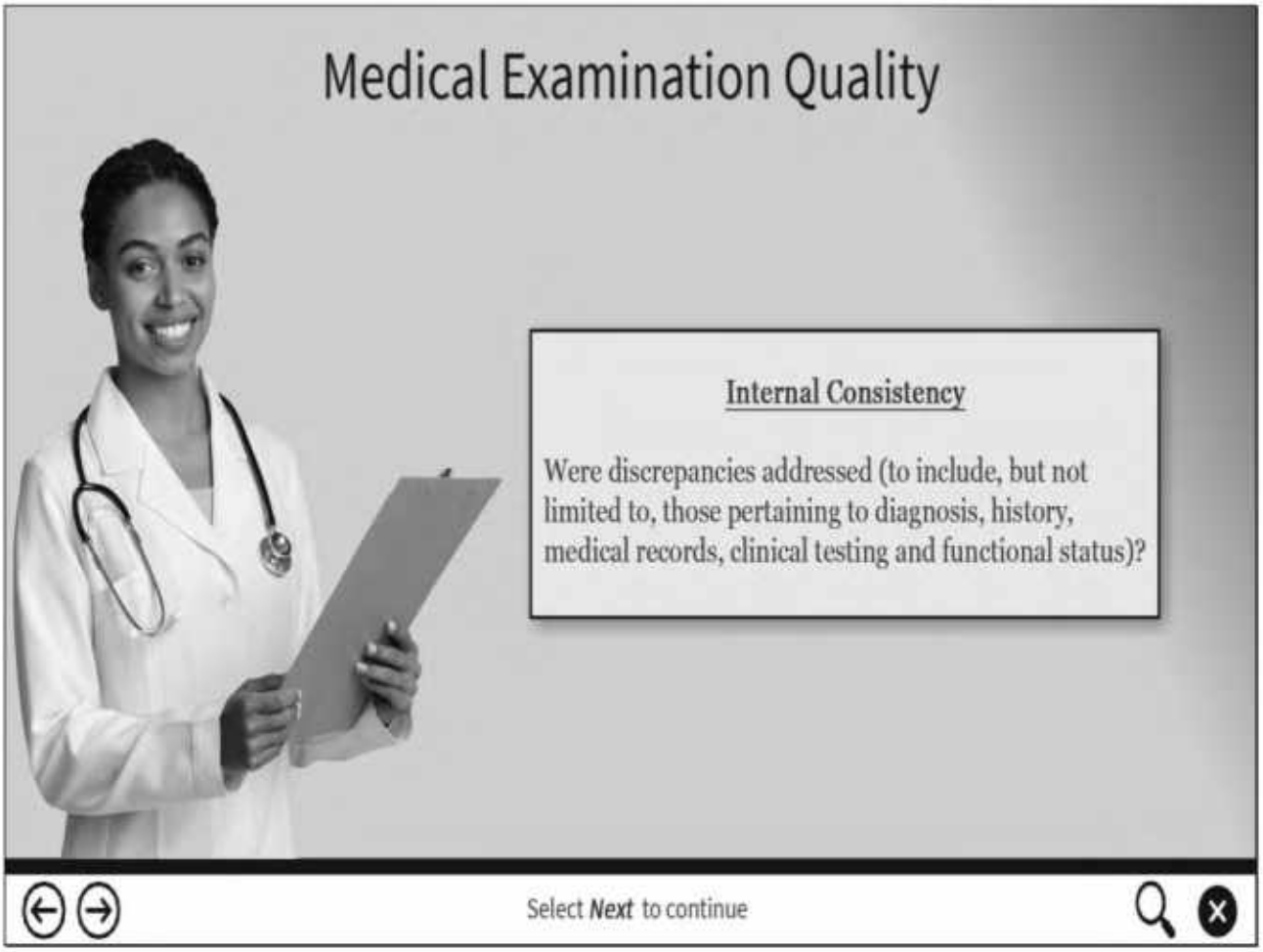
Slide 37 - Diagnosis



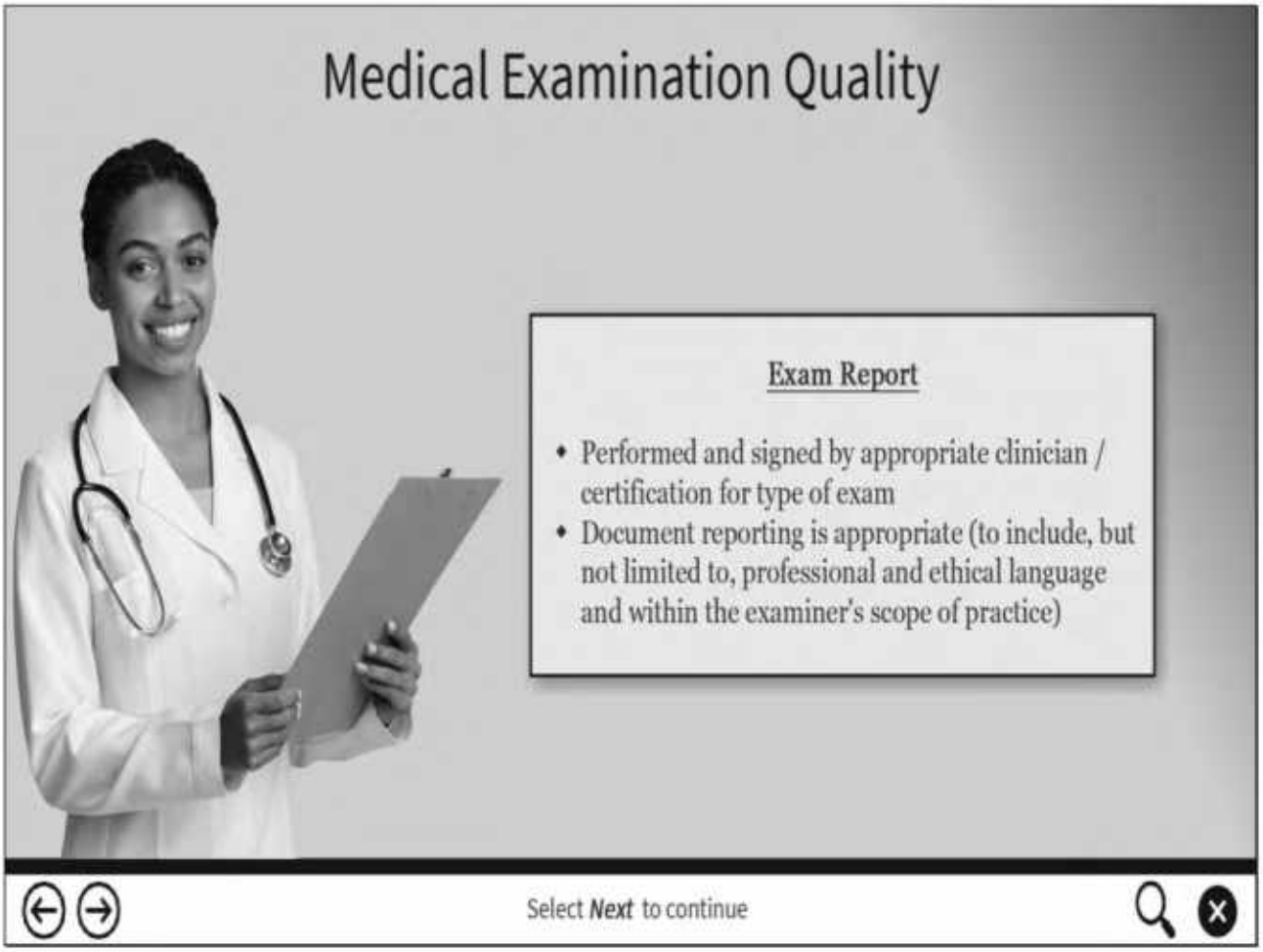
Slide 38 - Functional Status



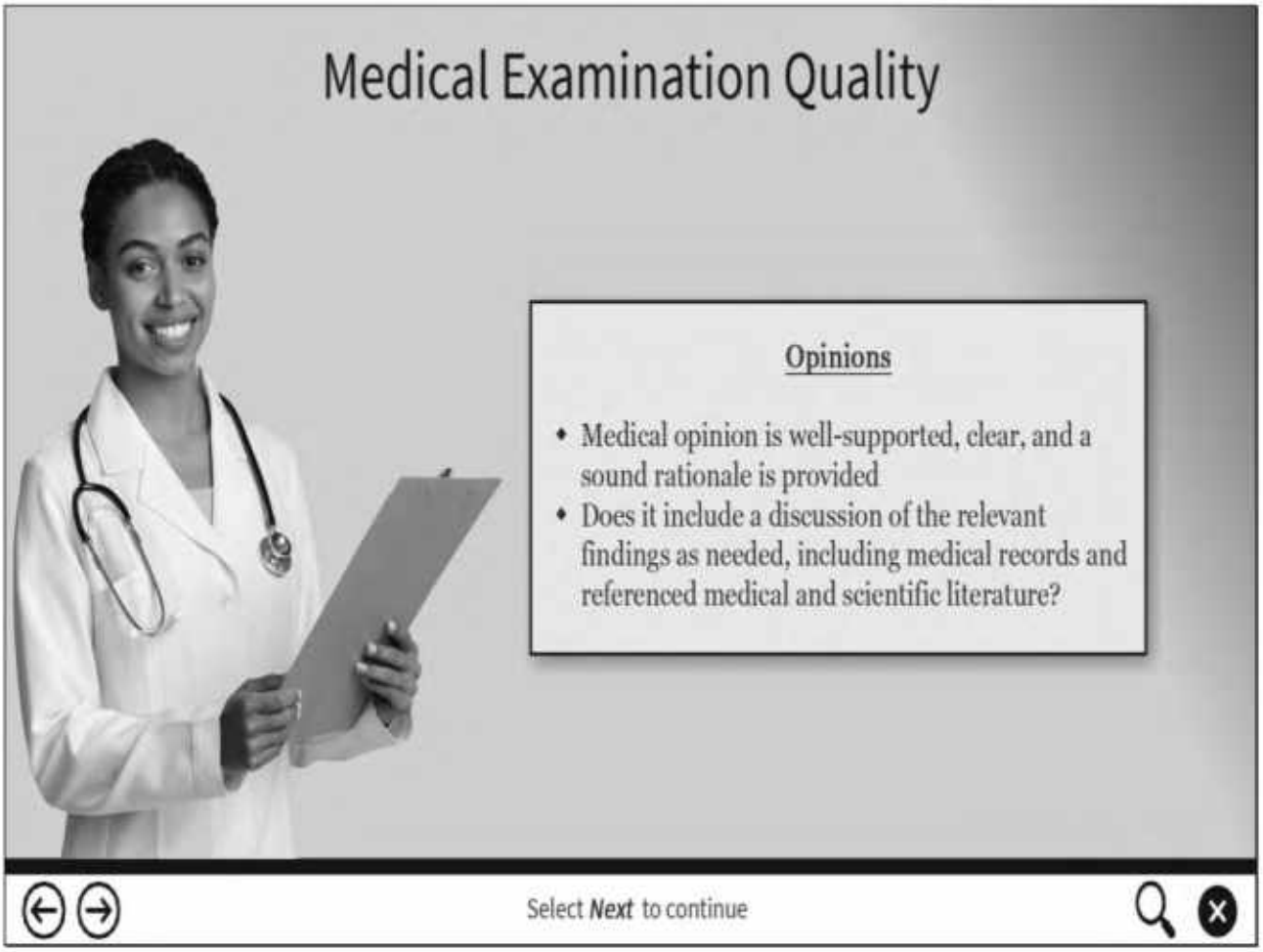
Slide 39 - Internal Consistency



Slide 40 - Exam Report



Slide 41 - Opinions



Slide 42 - Reference Slide

