



WRITING WINNING LETTERS OF SUPPORT

FOR VETERANS SEEKING VA BENEFITS

October 9, 2011

Sponsored by The Soliders Project

Presented by Inner City Law Center &
Legal Aid Foundation of Los Angeles

Table of Contents

Training Agenda	2
Overview of VA Service-Connected Compensation Benefits	3
Common Concerns When Drafting Letters of Support	4
Instructional Guide For Writing Letters of Support	
Basic Concepts.....	5
Letter Writing Tips for Mental Health Disorders for Conditions Other Than PTSD.....	6
Letter Writing Tips for Combat-Related PTSD	12
Letter Writing Tips for PTSD Secondary to Military Sexual Trauma.....	18
Special Consideration in Writing Letters of Support	24

REFERENCE MATERIAL: Barton F. Stichman & Ronald B. Abrams (Eds.). (2011). [Veterans Benefits Manual](#).

Writing Winning Letters of Support for Veterans Seeking VA Benefits, Last Updated 10.9.2011

TRAINING AGENDA

- I. INTRODUCTIONS
- II. REVIEW TRAINING AGENDA
- III. OVERVIEW OF THE FUNDAMENTAL REQUIREMENTS FOR OBTAINING SERVICE-CONNECTED DISABILITY COMPENSATION
- IV. ADDRESSING COMMON CONCERNS IN WRITING LETTERS OF SUPPORT
- V. WRITING WINNING LETTERS OF SUPPORT FOR:
 - a. VETERANS WITH MENTAL DISABILITIES, GENERALLY
 - b. VETERANS WITH PTSD SECONDARY TO MILITARY SEXUAL TRAUMA
 - c. VETERANS WITH COMBAT-RELATED PTSD
- VI. SPECIAL CONSIDERATIONS IN WRITING LETTERS OF SUPPORT
 - a. GETTING THE MOST MONEY FOR VETERANS: VA RATING CONSIDERATIONS
 - b. LOOK OUT FOR DUAL DIAGNOSES AND SUBSTANCE ABUSE
 - c. BEWARE OF PERSONALITY DISORDERS
 - d. THE INTERACTION BETWEEN PTSD AND TRAUMATIC BRAIN INJURY
 - e. WORKING WITH LEGAL ADVOCATES TO DRAFT A VETERAN'S PERSONAL STATEMENT
- VII. Q&A AND CONCLUSION

SERVICE-CONNECTED COMPENSATION

COMPENSATION: THE MOST IMPORTANT BENEFIT

VA service-connected compensation benefits are crucial government benefits for veterans living with disabilities due to their military service. VA compensation benefits can provide substantially more income for disabled veterans than any other government program, may entitle a veteran to other special benefits that are reserved for service-connected veterans, are tax free, and free from garnishment. Perhaps even more important, veterans who are disabled by their military service often voice a sense of justice when they obtain compensation for their injuries.

THE THREE FUNDAMENTAL REQUIREMENTS FOR OBTAINING SERVICE-CONNECTED COMPENSATION

A veteran seeking service-connected disability compensation must satisfy three fundamental requirements before the VA will grant compensation benefits.

First, there must be competent medical evidence of a current disability.

CLINICIAN TIP: *The VA has adopted the psychiatric nomenclature employed by the DSM-IV when analyzing mental disorders. Clinicians must use the DSM five axes system when documenting the veteran's mental health diagnoses.*

Second, there must be evidence that the mental disorder was "incurred in or aggravated by" military service. In other words, there must be evidence of an in-service event, injury, or disease that may have caused the veteran's mental health condition. This is also referred to as the "something happened in service" requirement.

CLINICIAN TIP: *You do not need to know whether the veteran's stated event is true to write a letter of support; however, it is helpful if you state whether the veteran's account is credible.*

Third, there must be competent evidence of a link between the current disability and in-service event.

CLINICIAN TIP: *When an examiner lists military service in Axis IV, the examiner is finding it to be a significant psychosocial stressor with an etiological contribution to the mental disorder.*

HOW STRONG DOES THE "LINK" HAVE TO BE? *VA law explicitly gives veterans the "benefit of the doubt." In order to qualify for veterans benefits, a medical provider must state that it is at least "as likely as not" that the veteran's current disability is linked to an in-service event. "As likely as not" means that there is a 50/50 percent chance that the current disability and in-service event are related.*



COMMON CONCERNS WHEN DRAFTING LETTERS OF SUPPORT

DO MY PROFESSIONAL OBLIGATIONS AFFECT MY ABILITY TO WRITE A LETTER OF SUPPORT?

We understand that mental health clinicians, like lawyers, have professional and ethical obligations to their patients. However, so long as you obtain the veteran's informed consent, there is nothing that prevents you from writing letters of support.

WILL MY PATIENT SEE THE LETTER THAT I WRITE FOR THEM?

Yes, your letter of support will become part of the veteran's official VA Claims Folder. All veterans have the right to review their VA Claims Folder.

If you are concerned that your statements may harm your therapeutic relationship with the veteran, please explain to the veteran that your letter is simply a tool to help them obtain VA benefits and does not reflect the strengths-based approach that you may normally employ in treatment. In our experience, veterans understand that they need to emphasize their most difficult experiences, symptoms, and functional impairments in order to secure government benefits.

WHAT IF I CAN'T OR DON'T WANT TO WRITE A LETTER OF SUPPORT?

You are never obligated to write a letter of support for your patient. Nor, are you are obligated to put any information into a letter that you do not believe to be true. However, any favorable letter is better than no letter.

If you are unable to draft a letter of support for any reason, please tell the veteran orally and do not note that you declined drafting a statement in the veteran's medical record.

I'VE WRITTEN SUCCESSFUL LETTERS OF SUPPORT IN THE PAST. HOW WILL THIS GUIDE HELP ME?

We know that most of the information in this guide is common sense and that mental health clinicians are already well-versed in documenting their patients' conditions. Nonetheless, there are several legal tricks of the trade that can help increase the effectiveness of your letters of support. For example, the VA relies heavily on the keywords "as likely as not" to determine whether a veteran's mental health condition is linked to their military service. Using these magic keywords will bolster your support letter and go a long way to assist your patient in obtaining benefits.

Of course, the guidance we are providing in this handbook is that – guidance. You should still use your professional experience and training to guide you as you write these letters.

INSTRUCTIONAL GUIDE ON WRITING LETTERS OF SUPPORT

There is no such thing as a “letter of support” template. However, there are basic tenets that can be followed when drafting statements of support for veterans living with PTSD, for veterans who experienced combat-related trauma, and for veterans living with mental disorders other than PTSD.

To best illustrate these tenets, the next few pages provide case summaries, a paragraph-by-paragraph letter of support guide, and tips on how to make letters as effective as possible. The case studies include: Danny Depression (e.g., how to write a letter for veterans with mental disorders other than PTSD), Carlos Combat (e.g., how to write a letter for veterans with PTSD related to combat trauma), and Patty Personal Trauma (e.g., how to write a letter for veterans with PTSD due to military sexual trauma or other personal traumas).

THINGS TO KEEP IN MIND WHEN WRITING LETTERS

1. When your patient *is* represented by an attorney, you will likely receive a statement from the advocate that summarizes the veteran’s military history, medical history, and current symptoms, as well as asks you targeted questions to discuss in your statement of support. Please review those letters carefully as they were crafted to assist you in drafting a favorable letter of support.

When your patient is *not* represented by an attorney, it will be unlikely that you will receive a statement that summarizes the key facts in the case. In that scenario, you may rely more heavily on the advice written in this guide.

2. It can take time to write these letters. You may want to tell the veteran how long it might take you to write this: “In order to write the most effective letter possible, I will need a month”.
3. You are writing for lay people. The VA examiners who review these claims are not trained mental health professionals, and they have many claims to review. As much as you can, make it easy for them by explaining any jargon or professional terminology you are using, and by connecting the dots for them – they will probably not connect the dots if you don’t do it for them. If your patient has a complex mental health diagnosis, as many do, try to break it down so the VA examiner understands that you still believe the veteran has conditions that may be due to their military service.
4. Many veterans living with mental health disabilities have been diagnosed with multiple conditions throughout their treatment. Some of the most common multiple diagnoses we see are adjustment disorder, major depressive disorder, and PTSD. If a veteran has been diagnosed with multiple conditions, explain which diagnoses you agree with and why. If possible, also explain how the veteran’s manifested symptoms during or after service could have been indicative of those mental health diagnoses.

WRITING LETTERS OF SUPPORT FOR VETERANS WITH MENTAL DISABILITIES OTHER THAN PTSD

DANNY DEPRESSION

A Case Illustration for Veterans with Mental Health Conditions Other Than PTSD

Danny Depression served in the Navy from 2001-2004. While in the Navy, he began to be depressed and experienced low energy. He frequently went to see the doctor complaining of low energy and got written up on several occasions because he did not want to get out of bed. He sometimes slept almost all day and sometimes could not sleep for days. He also was unable to concentrate on his duties and received low marks because he failed to stay focused on the tasks he was assigned. His supervisors wrote in reports that Danny seemed unfocused, sad, tearful and low energy. He was eventually discharged for “adjustment disorder.”

Following his military service, Danny tried to work in a car parts lot, at fast food restaurants and in a kiosk at a mall. With each job, he was able to perform his responsibilities for a period of time but would then cease to show up for work because he felt unable to get out of bed. He would also get in trouble for being indecisive and unfocused. Danny would experience periods where he performed his work well, reached out and made friends, and seemed to be doing well. These periods would be followed by times when he was once again unable to sleep or slept too much and where he was too sad and uninterested in life to initiate these relationships. As a result, Danny has not worked regularly in seven years and has only two friends with whom he has regular contact.

WHAT VA BENEFIT IS DANNY DEPRESSION APPLYING FOR & WHAT DOES HE NEED TO PROVE TO GET IT?

Danny Depression is applying for VA Service-Connected Compensation benefits for his depression.

You can use the tips below to draft letters of support for any mental health claim that does not involve PTSD, including claims for adjustment disorder, affective disorders, schizophrenia, etc.

Danny must show that it is “as likely as not” that he meets the three fundamental requirements of service-connection discussed on page 3. Specifically, Danny needs to show:

1. He has a current diagnosis of depression (or other mental health disability).
2. He began experiencing depressive symptoms in-service OR there was an in-service event that could have caused his depressive symptoms after service.
3. He has experienced depressive symptoms since they were originally manifested. *This is referred to as “continuity of symptomatology.”*
4. His depression impairs his functional abilities, e.g., his ability to perform activities of daily living, to work, cultivate relationships, etc.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS LIKE DANNY DEPRESSION

We encourage you to follow this paragraph-by-paragraph format when drafting letters of support for veterans who have mental health conditions other than PTSD.

PARAGRAPH 1: Identify the veteran and the purpose of your letter of support.

PARAGRAPH 2: Identify yourself, including your credentials and your experience. If you are a VA or contracted VA provider, state that clearly in your letter and in your signature.

PARAGRAPH 3: Explain your relationship with the veteran, e.g., the length of time you've known/treated the veteran, the type and breadth of your sessions, etc.

PARAGRAPH 4: State the veteran's DSM-IV diagnoses using the Axes format. If the veteran has a fluctuating GAF score, explain the reasons for the fluctuation.

GAF scores are very important to the people at the VA who "rate" the severity of the veteran's mental health condition. If a veteran has a GAF score higher than 55, the VA generally assumes that the veteran's condition has minimal impact of his/her life and grants them a low amount of benefits.

PARAGRAPH 5: Describe the veteran's current mental health symptoms in detail using the DSM-IV criteria for the veteran's particular diagnosis.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS LIKE DANNY DEPRESSION

...continued

PARAGRAPH 6: Explain the “link” between the veteran’s mental health symptoms and the in-service event, injury, or disease that may have caused or exacerbated the veteran’s depression.

This is the most important part of any support letter.

Your professional opinion, along with evidence presented by the veteran and his/her representative, will be used to prove that the veteran’s mental disability started in or around their military service and existed continuously from their military service to the present day.

If the veteran began manifesting symptoms of depression in service, describe those in-service symptoms and/or diagnoses. Explain how the in-service symptoms/diagnoses indicate that they veteran exhibited in-service depression.

If the veteran began manifesting symptoms of depression after service, describe those post-service symptoms and/or diagnoses and describe the in-service events that could have caused those symptoms.

Regardless if the depressive symptoms began in or after service, describe the trajectory of the veteran’s mental health condition from the time it began manifesting to the present day. This will be used to show “continuity of symptomatology.”



Most importantly, use the magic keywords “as likely as not” to state that the depressive symptoms/diagnoses are related to the veteran’s military service. For example, “It is as likely as not that Danny Depression’s depression started during his time in the Navy, and that it has existed continuously from that time until the present.”

NOTE: The VA will dismiss a linkage statement as conclusory unless the clinician explains their reasoning in making the statement. If you follow the tips outlined above, your final linkage statement will be supported by medical, military and other evidence and should be accepted by the VA as non-conclusory.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS LIKE DANNY DEPRESSION

...continued

PARAGRAPH 7: Describe the veteran's functional impairments using the language described in the table below. This information will be used to determine how much the veteran will be compensated for his/her mental health condition.

General Rating Formula for Mental Disorders:	Degree of Severity
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name	100
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships	50
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events)	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication	0

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS LIKE DANNY DEPRESSION

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
1 Identify veteran and purpose of letter	“Mr. Danny Depression asked me to write this letter.”	“I am writing this letter in support of Danny Depression’s claim for service-connected compensation for Major Depressive Disorder. Mr. Depression served in the U.S. Navy from 2001-2004.” <i>Include additional relevant details about the veteran and his military service.</i>
2 Identify yourself, your credentials, and experience	Ineffective letters say little-to-nothing about the clinician’s credentials; thereby, decreasing the letter’s validity and credibility.	“I am a clinical psychologist at the VA Greater Los Angeles Healthcare System and am a volunteer mental health clinician with The Soldier’s Project, a consortium of pro bono mental health providers. I have over 10 years experience working with veterans with mental disorders.”
3 Describe your relationship with the patient	Ineffective letters say little-to-nothing about the relationship with the patient, e.g., “I have met with the patient on two occasions.” <i>Exception: If a clinician is particularly well-qualified, a short clinical history may be sufficient so long as paragraph 2 emphasizes those qualifications.</i>	“Danny Depression was admitted to the VA Domiciliary in May 2010 and has been under my care since that time. We meet once per week for individual therapy and twice per week for group therapy.”
4 State the veteran’s diagnoses	“Danny is diagnosed with major depressive disorder as well as other cognitive disorder NOS. He is currently in treatment for these conditions.” <i>This statement does not explain the veteran’s diagnosis and relies on the person processing the claim to weed through the veteran’s entire medical record, which may cause delays, errors in processing, and a reduced chance of success.</i>	“Based on my clinical judgment, Danny Depression’s diagnosis can be summarized as follows: Axis 1: Major Depressive Disorder Axis 2: List Axis 3: List Axis 4: Military service, list others Axis 5: GAF score of 40.”

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS LIKE DANNY DEPRESSION

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE, continued.

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
5 Describe the veteran's current symptoms	<p>"Danny has made steady progress in treatment for his depression. His symptoms have abated over the course of our treatment, but I will continue to work with him to abate the symptoms that cause him the most distress."</p> <p><i>Ineffective letters give a list of symptoms that do not align with the DSM-IV criteria for the mental disorder or emphasize the veteran's progress. This makes it difficult for VA claims adjudicators to accurately assess the severity of the veteran's condition.</i></p>	<p>"Danny currently exhibits the following symptoms: [X, Y, Z]. These symptoms are consistent with Major Depressive Disorder. Based on [my interview with Danny/my review of Danny's mental health treatment records/my discussion with Danny's psychologist/any other source of documentation], I believe Danny has exhibited [these symptoms/other symptoms of the same condition] continuously from his discharge from the military to the present day. Specifically, [explain what symptoms he has exhibited and if possible, explain how those symptoms are consistent with his diagnosis]."</p>
6 Link the veteran's current symptoms to their military service	<p>"Danny Depression's depressive disorder is due to his military experience."</p> <p><i>Vague language about the link between the veteran's military experience and current diagnosis typically renders a letter invalid.</i></p> <p><i>Remember that the "as likely as not" standard is key VA linkage language; VA adjudicators are trained to look for this language specifically.</i></p>	<p>"I have reviewed records from Danny's time in the military and conducted a mental health history interview with Danny. Based on that review and my professional training, I believe it is as likely as not that Danny first exhibited symptoms of depression while serving in the military. Specifically, his military record shows that he began to exhibit the following symptoms: [X,Y, Z]. These symptoms are consistent with depression."</p>
7 Describe the veteran's functional impairments	<p>"Because of his chronic fatigue, Danny Depression cannot function well. For example, he misses appointments regularly."</p> <p><i>Ineffective letters do not describe how the veteran's symptoms affect their life personally, socially, and occupationally.</i></p>	<p>"Mr. Depression's anhedonia renders him unable to complete tasks without supervision (i.e., he needs reminders to take medication and attend appointments). He has been unable to participate in the workforce because he cannot concentrate more than one-hour at a time, becomes easily frustrated with simple tasks, and has poor hygiene, which also impairs his ability to interact with the public."</p> <p><i>Be very descriptive in your functional assessment, using the table on page 9.</i></p>

WRITING LETTERS OF SUPPORT FOR VETERANS WITH COMBAT-RELATED POST TRAUMATIC STRESS DISORDER

CARLOS COMBAT

A Case Illustration for Veterans with Combat-Related PTSD

Carlos, a 23-year-old Mexican-American OIF veteran, entered the Army straight out of high school. As an infantryman, Carlos patrolled the searing hot streets of Iraq day in and day out. One afternoon, Carlos and his unit came upon an Iraqi woman with a bundle in her arms. They ordered her to put the bundle down and to put her hands up, but she wouldn't budge. Suddenly there was a loud explosion followed by a gunshot. One of Carlos' buddies, in reaction to the first blast, shot and killed the woman. It was then that Carlos noticed that the bundle she was holding was a baby. Carlos felt sick. This was only one of many stories Carlos has tried to forget.

Now back in South LA, Carlos tries to adjust to civilian life. Sometimes he's fine – like when he's shopping for groceries and all his thoughts are on the ingredients for that night's dinner. Sometimes he's reminded just how different he is – like when someone accidentally dropped a can of soup at the grocery store and he immediately dropped to the ground, covered his head, and screamed, "Get down!" Carlos laughs off his embarrassment as many infantrymen and women do, but silently wonders what will become of him. He has trouble sleeping, concentrating, and getting along with others. He hasn't been able to hold a steady job. He has married and divorced twice in four years. He needs help.

WHAT VA BENEFIT IS CARLOS COMBAT APPLYING FOR & WHAT DOES HE NEED TO PROVE TO GET IT?

Carlos Combat is applying for VA Service-Connected Compensation benefits for PTSD.

You can use the tips below to draft letters for veterans experiencing combat-related PTSD. Veterans who have PTSD secondary to military sexual trauma will be discussed in the next section.

Carlos must show that it is "as likely as not" that he meets the three fundamental requirements of service-connection discussed on page 3. Since Carlos is applying for PTSD benefits, he must also show that there was a "stressor" event in service that could have caused his PTSD. Specifically, Carlos needs to show:

1. He has a current diagnosis of PTSD.
2. He experienced a verified traumatic "stressor" event in service that could have caused his PTSD.
3. His current PTSD is related to that stressor event.

CLINICIAN TIP! As a combat veteran, Carlos may be able to take advantage of relaxed VA rules that eliminate verification of the veteran's claimed stressor. In order for combat veterans like Carlos to be entitled to these liberalized regulations, they must meet all of the additional following requirements:

- The stressor must be related to "fear of hostile military or terrorist activity," and
- A VA or contracted VA psychologist/psychologist confirms that the stressor is adequate to support a PTSD diagnosis.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD LIKE CARLOS COMBAT

We encourage you to follow this paragraph-by-paragraph format when drafting letters of support for veterans who have combat-related PTSD.

PARAGRAPH 1: Identify the veteran and the purpose of your letter of support.

PARAGRAPH 2: Identify yourself, including your credentials and your experience. If you are a VA or contracted VA provider, state that clearly in your letter and in your signature, especially if the veteran's PTSD is related to "fear of hostile military or terrorist activity."

PARAGRAPH 3: Explain your relationship with the veteran, e.g., the length of time you've known/treated the veteran, the type and breadth of your sessions, etc.

PARAGRAPH 4: State the veteran's DSM-IV diagnoses using the Axes format. If the veteran has a fluctuating GAF score, explain the reasons for the fluctuation.

GAF scores are very important to the people at the VA who "rate" the severity of the veteran's mental health condition. If a veteran has a GAF score higher than 55, the VA generally assumes that the veteran's condition has minimal impact of his/her life and grants them a low amount of benefits.

PARAGRAPH 5: Describe the veteran's current mental health symptoms in detail using the DSM-IV criteria for PTSD.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD LIKE CARLOS COMBAT

...continued

PARAGRAPH 6: Explain the “link” between the veteran’s mental health symptoms and the in-service stressor event that may have caused or exacerbated the veteran’s PTSD.

This is the most important part of any support letter.

Your professional opinion, along with evidence presented by the veteran and his/her representative, will be used to prove that the veteran’s PTSD is related to their combat experience.

- *Describe the in-service stressor events as relayed by the veteran and state whether the veteran’s account is credible. This is particularly important if the veteran is claiming combat-related trauma.*
- *If the veteran began manifesting symptoms of PTSD in service, describe those in-service symptoms and/or diagnoses. Explain how the in-service symptoms/diagnoses indicate that the veteran exhibited in-service PTSD.*
- *If the veteran began manifesting symptoms of PTSD after service, describe those post-service symptoms and/or diagnoses.*
- *Regardless if the PTSD symptoms began in or after service, describe the trajectory of the veteran’s mental health condition from the time it began manifesting to the present day. This will be used to show “continuity of symptomatology.” The VA acknowledges, however, that PTSD may first manifest years after service.*
- *Most importantly, use the magic keywords “as likely as not” to state that the PTSD is related to the veteran’s military service. For example, “It is as likely as not that Carlos Combat’s PTSD is related to his experience witnessing the death of a woman and her child while patrolling as an infantryman in Iraq in May 2003.”*

NOTE: The VA will dismiss a linkage statement as conclusory unless the clinician explains their reasoning in making the statement. If you follow the tips outlined above, your final linkage statement will be supported by medical, military and other evidence and should be accepted by the VA as non-conclusory.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD LIKE CARLOS COMBAT

...continued

PARAGRAPH 7: Describe the veteran's functional impairments using the language described in the table below. This information will be used to determine how much the veteran will be compensated for his/her mental health condition.

General Rating Formula for Mental Disorders:	Degree of Severity
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name	100
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships	50
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events)	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication	0

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD LIKE CARLOS COMBAT

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
1 Identify veteran and purpose of letter	“Mr. Carlos Combat asked me to write this letter.”	“I am writing this letter in support of Carlos Combat’s claim for service-connected compensation for PTSD. Mr. Combat served as an infantryman in the US Army and was based in Iraq from 2008-2010.” <i>Include additional relevant details about the veteran and his military service.</i>
2 Identify yourself, your credentials, and experience	Ineffective letters say little-to-nothing about the clinician’s credentials; thereby, decreasing the letter’s validity and credibility.	“I am a clinical psychologist at the VA Greater Los Angeles Healthcare System and am a volunteer mental health clinician with The Soldier’s Project, a consortium of pro bono mental health providers. I have over 10 years experience working with veterans with mental disorders, including combat-related PTSD.”
3 Describe your relationship with the patient	Ineffective letters say little-to-nothing about the relationship with the patient, e.g., “I have met with the patient on two occasions.” <i>Exception: If a clinician is particularly well-qualified, a short clinical history may be sufficient so long as paragraph 2 emphasizes those qualifications.</i>	“Carlos Combat was admitted to the VA Domiciliary in May 2011 and has been under my care since that time. We meet once per week for individual therapy and twice per week for group therapy.”
4 State the veteran’s diagnoses	“Carlos is diagnosed with PTSD as well as other cognitive disorder NOS. He is currently in treatment for these conditions.” <i>This statement does not explain the veteran’s diagnosis and relies on the person processing the claim to weed through the veteran’s entire medical record, which may cause delays, errors in processing, and a reduced chance of success.</i>	“Based on my clinical judgment, Carlos Combat’s diagnosis can be summarized as follows: Axis 1: PTSD Axis 2: List Axis 3: List Axis 4: Military service, list others Axis 5: GAF score of 40.”

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD LIKE CARLOS COMBAT

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE, continued.

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
5 Describe the veteran's current symptoms	<p>"Carlos has made steady progress in treatment for his PTSD. His symptoms have abated over the course of our treatment, but I will continue to work with him to abate the symptoms that cause him the most distress."</p> <p><i>Ineffective letters give a list of symptoms that do not align with the DSM-IV criteria for the mental disorder or emphasize the veteran's progress. This makes it difficult for VA claims adjudicators to accurately assess the severity of the veteran's condition.</i></p>	<p>"Carlos currently exhibits the following symptoms: [X, Y, Z]. These symptoms are consistent with PTSD. Based on [my interview with Carlos/my review of Carlos' mental health treatment records/my discussion with Carlos' psychologist/any other source of documentation], I believe Carlos has exhibited [these symptoms/other symptoms of the same condition] since XX and continues to live with them to the present day. Specifically, [explain what symptoms he has exhibited and if possible, explain how those symptoms are consistent with his diagnosis]."</p>
6 Link the veteran's current symptoms to their military service	<p>"Carlos Combat's PTSD is related to traumatic events that he experienced as a combat infantryman."</p> <p><i>Vague language about the link between the veteran's military experience and current diagnosis typically renders a letter invalid.</i></p> <p><i>Remember that the "as likely as not" standard is key VA linkage language; VA adjudicators are trained to look for this language specifically.</i></p>	<p>"I have reviewed records from Carlos' time in the military and conducted a mental health history interview with Carlos. Carlos stated that while in service he experienced numerous combat-related traumatic events, including [describe events]. In my professional experience, these events are consistent with the veteran's service as an infantryman in Iraq because [state reasoning]. I therefore believe it is as likely as not that Carlos' PTSD symptoms are related to the traumatic experiences he witnessed in service."</p>
7 Describe the veteran's functional impairments	<p>"Because of his PTSD, Carlos Combat cannot function well. For example, he has been unable to hold steady employment."</p> <p><i>Ineffective letters do not describe how the veteran's symptoms affect their life personally, socially, and occupationally.</i></p>	<p>"Carlos exhibits severe PTSD symptoms, including regular nightmares, hyperavoidance, and hyper-sensitivity to loud noises. Carlos' symptoms impair his ability to X,Y,Z. He has been unable to maintain employment because [state reasons]."</p> <p><i>Be very descriptive in your functional assessment, using the table on page 15.</i></p>

WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MILITARY SEXUAL TRAUMA

PATTY PERSONAL TRAUMA

A Case Illustration for Veterans with PTSD Secondary to Personal Trauma

Patty served in the Army from 2000-2002. While in Germany, she was raped by another soldier in her unit. Out of shame, fear of retaliation, and isolation in her unit, Patty did not make an official report. Instead, she began showing up late to duty, disobeyed orders from her commanding officers, and received two Article 15 complaints for her behavior. Her family and friends told her that she was acting differently and seemed removed.

Following her discharge from service, Patty tried to go to school in New York using her GI Bill benefits. She ground her teeth down to nubs because of the stress she was experiencing. She began to have severe panic attacks daily, she could not sleep, and eventually had to drop out of school. She joined an PTSD/MST program in New Jersey and eventually went into another program in California.

WHAT VA BENEFIT IS PATTY PERSONAL TRAUMA APPLYING FOR & WHAT DOES SHE NEED TO PROVE TO GET IT?

Patty Personal Trauma is applying for VA Service-Connected Compensation benefits for PTSD secondary to Military Sexual Trauma (MST).

You can use the tips below to draft letters for veterans experiencing PTSD based on any form of personal trauma, including MST, non-combat-related injuries and experiences, etc. Use the tips under Carlos Combat's scenario for veterans who have PTSD based on combat experiences.

Patty must show that it is "as likely as not" that she meets the three fundamental requirements of service-connection discussed on page 3. Since Patty is applying for PTSD benefits, she must also show that there was a "stressor" event in service that could have caused her PTSD. Specifically, Patty needs to show:

4. She has a current diagnosis of PTSD.
5. She experienced a verified traumatic "stressor" event in service that could have caused her PTSD.
6. Her current PTSD is related to that stressor event.

CLINICIAN TIP! The VA recognizes that victims of personal trauma rarely report the incident due to the sensitive nature of the event. The VA therefore allows veterans who experienced personal trauma to corroborate their "stressor" in a variety of ways. Your medical statement is considered invaluable evidence to link the veteran's behavior changes or similar symptomology with the claimed personal trauma. This is further discussed on page 20.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MST LIKE PATTY PERSONAL TRAUMA

We encourage you to follow this paragraph-by-paragraph format when drafting letters of support for veterans who have PTSD secondary to personal trauma.

PARAGRAPH 1: Identify the veteran and the purpose of your letter of support.

PARAGRAPH 2: Identify yourself, including your credentials and your experience. If you are a VA or contracted VA provider, state that clearly in your letter and in your signature.

PARAGRAPH 3: Explain your relationship with the veteran, e.g., the length of time you've known/treated the veteran, the type and breadth of your sessions, etc.

PARAGRAPH 4: State the veteran's DSM-IV diagnoses using the Axes format. If the veteran has a fluctuating GAF score, explain the reasons for the fluctuation.

GAF scores are very important to the people at the VA who "rate" the severity of the veteran's mental health condition. If a veteran has a GAF score higher than 55, the VA generally assumes that the veteran's condition has minimal impact of his/her life and grants them a low amount of benefits.

PARAGRAPH 5: Describe the veteran's current mental health symptoms in detail using the DSM-IV criteria for PTSD.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MST LIKE PATTY PERSONAL TRAUMA

...continued

PARAGRAPH 6: Explain the “link” between the veteran’s mental health symptoms and the in-service stressor event that may have caused or exacerbated the veteran’s PTSD.

This is the most important part of any support letter.

Your professional opinion, along with evidence presented by the veteran and his/her representative, will be used to prove that the veteran’s PTSD is related to their in-service personal trauma.

- *Describe the in-service stressor events as relayed by the veteran and state whether the veteran’s account is credible. This is particularly important if the veteran is claiming combat-related trauma.*

Section 3.304(f) of title 38, Code of Federal Regulations states: “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. Examples of such evidence include, but are not limited to: records from law enforcement authorities, rape crisis centers, hospitals, or physicians; pregnancy tests or tests for sexually transmitted diseases; and statements from family members, roommates, fellow service members, or clergy. Evidence of behavior changes following the claimed assault is one type of relevant evidence that may be found in these sources. Examples of behavior changes that may constitute credible evidence of the stressor include, but are not limited to: a request for a transfer to another military duty assignment; deterioration in work performance; substance abuse; episodes of depression, panic attacks, or anxiety without an identifiable cause; or unexplained economic or social behavior changes.”

- *Describe any changes in behavior following the assault or trauma and explain how those behavior changes are consistent with your diagnosis.*
- *Regardless if the PTSD symptoms began in or after service, describe the trajectory of the veteran’s mental health condition from the time it began manifesting to the present day. This will be used to show “continuity of symptomatology.” The VA acknowledges, however, that PTSD may first manifest years after service.*
- *Most importantly, use the magic keywords “as likely as not” to state that the PTSD is related to the veteran’s military personal trauma. For example, “It is as likely as not that Patty Personal Trauma’s PTSD is related to the military sexual assault that she experienced in Germany...”*

NOTE: The VA will dismiss a linkage statement as conclusory unless the clinician explains their reasoning in making the statement. If you follow the tips outlined above, your final linkage statement will be supported by medical, military and other evidence and should be accepted by the VA as non-conclusory.

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MST LIKE PATTY PERSONAL TRAUMA

...continued

PARAGRAPH 7: Describe the veteran's functional impairments using the language described in the table below. This information will be used to determine how much the veteran will be compensated for his/her mental health condition.

General Rating Formula for Mental Disorders:	Degree of Severity
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name	100
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships	50
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events)	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication	0

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MST LIKE PATTY PERSONAL TRAUMA

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
1 Identify veteran and purpose of letter	“Ms. Patty Personal Trauma asked me to write this letter.”	“I am writing this letter in support of Patty Personal Trauma’s claim for service-connected compensation for PTSD secondary to Military Sexual Trauma. Ms. PT served in the Army from 2000-2002.” <i>Include additional relevant details about the veteran and his military service.</i>
2 Identify yourself, your credentials, and experience	Ineffective letters say little-to-nothing about the clinician’s credentials; thereby, decreasing the letter’s validity and credibility.	“I am a clinical psychologist at the VA Greater Los Angeles Healthcare System and am a volunteer mental health clinician with The Soldier’s Project, a consortium of pro bono mental health providers. I have over 10 years experience working with veterans with mental disorders, including PTSD secondary to MST.”
3 Describe your relationship with the patient	Ineffective letters say little-to-nothing about the relationship with the patient, e.g., “I have met with the patient on two occasions.” <i>Exception: If a clinician is particularly well-qualified, a short clinical history may be sufficient so long as paragraph 2 emphasizes those qualifications.</i>	“Patty PT was admitted to the VA Domiciliary Women’s Program in May 2010 and has been under my care since that time. We meet once per week for individual therapy and twice per week for group therapy.”
4 State the veteran’s diagnoses	“Patty is diagnosed with PTSD as well as other cognitive disorder NOS. She is currently in treatment for these conditions.” <i>This statement does not explain the veteran’s diagnosis and relies on the person processing the claim to weed through the veteran’s entire medical record, which may cause delays, errors in processing, and a reduced chance of success.</i>	“Based on my clinical judgment, Patty PT’s diagnosis can be summarized as follows: Axis 1: PTSD Axis 2: List Axis 3: List Axis 4: Military service, list others Axis 5: GAF score of 40.”

BASIC GUIDELINES FOR WRITING LETTERS OF SUPPORT FOR VETERANS WITH PTSD SECONDARY TO MST LIKE PATTY PERSONAL TRAUMA

...continued

SAMPLE EFFECTIVE AND INEFFECTIVE LANGUAGE, continued.

PARAGRAPH	INEFFECTIVE LANGUAGE	EFFECTIVE LANGUAGE
5 Describe the veteran's current symptoms	<p>"Patty has made steady progress in treatment for her PTSD. Her symptoms have abated over the course of our treatment, but I will continue to work with her to abate the symptoms that cause her the most distress."</p> <p><i>Ineffective letters give a list of symptoms that do not align with the DSM-IV criteria for the mental disorder or emphasize the veteran's progress. This makes it difficult for VA claims adjudicators to accurately assess the severity of the veteran's condition.</i></p>	<p>"Patty currently exhibits the following symptoms: [X, Y, Z]. These symptoms are consistent with PTSD due to MST. Based on [my interview with Patty/my review of Patty's mental health treatment records/my discussion with Patty's psychologist/any other source of documentation], I believe Patty has exhibited [these symptoms/other symptoms of the same condition] since XX and continues to live with them to the present day. Specifically, [explain what symptoms she has exhibited and if possible, explain how those symptoms are consistent with her diagnosis]."</p>
6 Link the veteran's current symptoms to their military service	<p>"Patty Personal Trauma's PTSD is related to military sexual assault that took place in Germany."</p> <p><i>Vague language about the link between the veteran's military experience and current diagnosis typically renders a letter invalid.</i></p> <p><i>Remember that the "as likely as not" standard is key VA linkage language; VA adjudicators are trained to look for this language specifically.</i></p>	<p>"I have reviewed records from Patty's time in the military and conducted a mental health history interview with her. Patty stated that while in service she was sexually assaulted. [Describe the sexual assault.] After the sexual assault, Patty exhibited numerous behavior changes, including [state behavior changes.] In my professional experience, these symptoms are consistent with the veteran's military sexual trauma because [state reasoning]. I therefore believe it is as likely as not that Patty's PTSD symptoms are related to the MST she experienced in service."</p>
7 Describe the veteran's functional impairments	<p>"Because of her PTSD, Patty avoids relationships and has been unable to complete her education."</p> <p><i>Ineffective letters do not describe how the veteran's symptoms affect their life personally, socially, and occupationally.</i></p>	<p>"Patty exhibits severe PTSD symptoms, including regular nightmares, hyperavoidance, liable affect, substance abuse, and anhedonia. Patty's symptoms impair her ability to X,Y,Z because [state reasons]."</p> <p><i>Be very descriptive in your functional assessment, using the table on page 21.</i></p>

SPECIAL CONSIDERATIONS IN WRITING LETTERS OF SUPPORT

GETTING THE MOST MONEY FOR THE VETERAN – VA RATING CONSIDERATIONS

Once the VA finds that a certain health condition is service-connected, the VA assesses the severity of that condition and assigns it a “rating” from 0-100%. The VA Rating Table for mental disorders is located on page 9. In order for a veteran to receive a particular rating, the veteran’s medical records and/or statement of support must show that they meet most, but not necessarily all, of the conditions listed to the left of the rating.

When a veteran’s condition is not severe enough to qualify for a 100% rating, but the veteran is unable to obtain and maintain employment because of their service-connected condition, the VA will assess the veteran for “total disability based on individual unemployable” (TDIU) benefits. Entitlement to TDIU generally requires evidence of unemployment due to the disability in question (i.e., employment history or employer records) and medical evidence that the veteran’s service-connected disability renders him or her totally disabled and unemployable (i.e., a doctor’s opinion letter). If your patient cannot work because of a potentially service-connected mental health impairment, clearly explain how their mental disorder impairs their ability to work and state that the veteran’s mental disorder renders them unable to work in a full-time capacity.

LOOK OUT FOR DUAL DIAGNOSES!

VA law states that veterans cannot be compensated for substance abuse disorders by themselves or for conditions that arise solely out of substance abuse disorders. Veterans can be compensated, however, if they have a co-occurring mental health condition. When a veteran has a dual diagnosis, it is important for the clinician to state that the substance abuse developed secondary to the mental health or physical disability and/or that the substance abuse is immaterial to the mental disorder diagnosis. For example, “Viviana Veteran has PTSD that was triggered by events that occurred while she was deployed in Iraq. As the result of her PTSD, she began to abuse methamphetamines and developed psychosis secondary to methamphetamine use. Both her substance abuse and the psychosis that developed are as likely as not caused by her post-traumatic stress disorder.”

BEWARE OF PERSONALITY DISORDERS!

Veterans cannot obtain service-connected compensation for “personality disorders” listed on Axis II. When a veteran has been diagnosed with a personality disorder during or after service, and the clinician believes that the veteran has mental health conditions other than the personality disorder, the clinician must explain how the Axis I and II diagnoses differ, as well as explicitly distinguish the symptoms and functional impairments of the multiple diagnoses. This will ensure that the VA compensate the veteran appropriately for the mental health condition that is superimposed on the personality disorder.

ADDRESSING MULTIPLE MENTAL HEALTH DIAGNOSES

Many veterans have multiple Axis I and II mental health diagnoses or have been diagnosed with varying conditions throughout their psychiatric treatment. If you have such a patient and they are asking for a letter of support, you have two options:

- 1) Write a longer letter discussing every diagnosis that you believe started during service or was caused by events during service. If you decide to do this, it is very important that you explicitly state that you think that each condition is “as likely as not” linked to their service.
- 2) Discuss only the condition that your client has asked you to discuss. While your client may have overlapping diagnoses with complex origins, the VA only needs to know your opinion about the single condition that the veteran is applying for, and whether that condition “as likely as not” began in service, was triggered by events occurring in service, or was aggravated by the veteran’s military service.

THE INTERACTIONS BETWEEN PTSD AND TRAUMATIC BRAIN INJURY (TBI)

We know that most of the information in this guide is common sense and that mental health clinicians are already well-versed in documenting their patients’ conditions. Nonetheless, there are several legal tricks of

COLLABORATING WITH LEGAL WORKERS TO DRAFT VETERAN’S PERSONAL STATEMENTS

We know that most of the information in this guide is common sense and that mental health clinicians are already well-versed in documenting their patients’ conditions. Nonetheless, there are several legal tricks of

VETERANS BENEFITS

**THE SOLIDERS PROJECT, IN COLLABORATION WITH
INNER CITY LAW CENTER & LEGAL AID FOUNDATION OF LOS ANGELES**

PRESENTERS

MELISSA TYNER, ESQ., INNER CITY LAW CITY LAW CENTER, mtyner@innercitylaw.org
NICOLE M. PEREZ, MSW, ESQ., LEGAL AID FOUNDATION OF LOS ANGELES, nperez@lafila.org
ELLY KUGLER, ESQ., INNER CITY LAW CENTER, ekugler@innercitylaw.org