



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

NOV 8 2010

The Honorable Christopher S. "Kit" Bond
United States Senate
Washington, D.C. 20510

Dear Senator Bond:

Thank you for your letter to the Secretary of Defense requesting Army administrative separations data for 2008 through 2010, and assistance to ensure military members who have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) are not inappropriately discharged. As the official responsible for Department of Defense (DoD) separations policy, I have been asked to respond.

Enclosed with this letter is the Department of the Army's response to your request. Since May 2008, Army policy has required PTSD and TBI screening for any Soldier being considered for administrative separation where the basis for discharge involves mental health. This includes a "condition, not a disability" discharge for a mental health condition. The Army is clarifying its existing personality disorder administrative separation policy to apply the same medical exam and review requirements to all mental health-related administrative separations.

Thank you for your continued support to the dedicated men and women of the Armed Forces who serve our great Nation.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley".

Clifford L. Stanley

Enclosure:
As stated

11-L-0109 VVA (Army) 357



UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Sam Brownback
United States Senate
Washington, D.C. 20510

10 8

Dear Senator Brownback:

Thank you for your letter to the Secretary of Defense requesting Army administrative separations data for 2008 through 2010, and assistance to ensure military members who have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) are not inappropriately discharged. As the official responsible for Department of Defense (DoD) separations policy, I have been asked to respond.

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UNDER SECRETARY OF DEFENSE
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PERSONNEL AND
READINESS

The Honorable Charles E. Grassley
United States Senate
Washington, D.C. 20510

20 8

Dear Senator Grassley:

Thank you for your letter to the Secretary of Defense requesting Army administrative separations data for 2008 through 2010, and assistance to ensure military members who have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) are not inappropriately discharged. As the official responsible for Department of Defense (DoD) separations policy, I have been asked to respond.

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Sincerely,

Clifford L. Stanley

Enclosure:
As stated

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UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

101 8

The Honorable Patrick J. Leahy
United States Senate
Washington, D.C. 20510

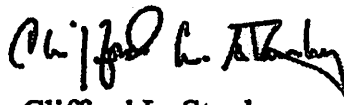
Dear Senator Leahy:

Thank you for your letter to the Secretary of Defense requesting Army administrative separations data for 2008 through 2010, and assistance to ensure military members who have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) are not inappropriately discharged. As the official responsible for Department of Defense (DoD) separations policy, I have been asked to respond.

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Thank you for your continued support to the dedicated men and women of the Armed Forces who serve our great Nation.

Sincerely,


Clifford L. Stanley

Enclosure:
As stated

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INFORMATION PAPER

SAMR-MP
25 October 2010

SUBJECT: Screening of Personality and Adjustment Disorder Discharges

1. References:

- a. Letter from Senator Bond et al. to Secretary Gates, 15 October 2010.
- b. Department of Defense Instruction 1332.14, Enlisted Administrative Separations, 28 August 2008.
- c. Memorandum, USD-PR, subject: Continued Compliance Reporting on Personality Disorder (PD) Separations, 10 September 2010.
- d. Army Regulation 635-200, Active Duty Enlisted Separations, Rapid Action Revision Issue Date: 27 April 2010.
- e. OTSG/MEDCOM Policy Memo 09-056, Guidance for Administrative Separation for Personality Disorder (PD) or other Behavioral Conditions, 22 July 2009.
- f. OTSG/MEDCOM Policy Memo 10-040, Screening Requirements for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) for Administrative Separations of Soldiers, 9 July 2010.

2. On 15 October 2010, Senators Bond, Grassley, Brownback and Leahy wrote to Secretary Gates expressing their concerns about screening of Personality and Adjustment Disorder discharges. They requested data on the number of Soldiers discharged under Chapters 5-13 and 5-17 and the number of those that have deployed. OSD further requested information regarding actions taken, or underway, to ensure that Service members who deployed to an Imminent Danger Pay area, who were diagnosed with either Adjustment Disorder, Personality Disorder, or Other Designated Physical or Mental Condition and were discharged in Fiscal Years 2008-2010 did not have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). Actions taken or underway include:

- a. In 2006 and 2007, public concern was raised that the Army was discharging some Soldiers returning from combat for personality disorder who were also suffering from PTSD and/or TBI related to their combat experiences. To address these concerns, the United States Army Medical Command (MEDCOM) issued policy in August 2007 to their Regional Medical Commands directing Office of the Surgeon General (OTSG) higher level review of administrative separations based upon a diagnosis of personality disorder including whether or not PTSD, TBI and/or other co-morbid mental illness may have been a significant contributing factor to the diagnosis. In May 2008, MEDCOM

SAMR-MP

SUBJECT: Screening of Personality and Adjustment Disorder Discharges

issued additional policy requiring PTSD and TBI screening prior to Soldiers being considered for administrative separation.

b. In August 2008, the Department of Defense (DoD) mandated similar requirements (DoDI 1332.14) regarding separations on the basis of a personality disorder to include:

(1) A Psychiatrist or PhD-level Psychologist must diagnose the personality disorder.

(2) A peer or higher-level mental health professional must corroborate the diagnosis.

(3) Diagnosis must be endorsed by the Surgeon General of the Military Department concerned.

(4) The diagnosis must consider whether PTSD, TBI and/or other co-morbid mental illness may have been a significant contributing factor to the diagnosis.

c. In February 2009, Army policy was updated implementing the above DoD requirements.

d. On 25 July 2010, pursuant to the provisions mandated by section 512 of Public Law 111-84, National Defense Authorization Act for Fiscal Year 2010 and 10 U.S.C. § 1177 and 1553, the Under Secretary of Defense for Personnel & Readiness issued policy via Directive Type Memorandum 10-022, requiring a medical exam evaluation for Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) prior to administratively separating Service members, under conditions other than honorable, who had deployed overseas in support of a contingency operation during the previous 24 months. On 30 Aug 10, the Assistant Secretary of the Army for Manpower & Reserve Affairs responded to OUSD (P&R) that OTSG Policy Memorandum 10-040, dated 9 June 2010, included procedures ensuring compliance with requirements promulgated in OUSD DTM 10-022.

e. OTSG Policy Memorandum 10-040, outlines procedures for PTSD and TBI screening for all Soldiers considered for administrative separation who require a mental status evaluation, or who have been deployed overseas in support of a contingency operation, and who are diagnosed by a physician, clinical psychologist, or psychiatrist as experiencing PTSD or TBI or who otherwise reasonably allege, based on their service while deployed, the influence of such a condition. OTSG Policy Memorandum 09-056 provides guidance for administrative separation for Personality Disorder and other behavioral conditions. A revision of the that policy, currently in staffing, will

SAMR-MP

SUBJECT: Screening of Personality and Adjustment Disorder Discharges

require review and endorsement of all Soldiers who have deployed that are being processed under Chapter 5-17.

f. In accordance with OSD guidance, the Army is conducting a review of at least 10 percent of all Personality Disorder separations for fiscal year 2010. Additionally, we are currently identifying Soldiers separated for Personality Disorder in order to inform them of the process to correct their discharge characterization and how to obtain mental health assessment through the Department of Veterans Affairs.

4. Social Security Numbers of Soldiers with Chapter 5-13 and Chapter 5-17 discharges for fiscal years 2008, 2009, and 2010 were obtained from the Total Army Personnel Database. These records were then forwarded to the Patient Administration Systems and Biostatistics Activity to identify those Soldiers with a diagnosis of Personality Disorder or Adjustment Disorder. They were also forwarded to the Personnel Contingency Cell to determine if the Soldier had deployed. Comparison of these databases yielded the following information:

a. Number of Adjustment Disorder (AD) discharges (Chapter 5-17).

(1) FY08 2,032

(2) FY09 2,427

(3) FY10 2,033

b. Number of AD discharges who had deployed to an Imminent Danger Pay (IDP) area.

(1) FY08 346

(2) FY09 475

(3) FY10 767

c. Number of Personality Disorder (PD) discharges (Chapter 5-13 < 24 months of service; Chapter 5-17 with 24 or more months of service).

(1) FY08 641

(2) FY09 575

(3) FY10 365

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SUBJECT: Screening of Personality and Adjustment Disorder Discharges

d. Number of PD discharges who had deployed to an IDP area.

(1) FY08 211

(2) FY09 157

(3) FY10 149

e. Number of Condition, Not Disability discharges (Chapter 5-17 minus PDs w/24 or more months of service).

(1) FY08 3,654

(2) FY09 3,501

(3) FY10 3,154

f. Number of Condition, Not a Disability discharges who had deployed to an IDP area.

(1) FY08 724

(2) FY09 561

(2) FY10 1,003

COL David Sproat/david.sproat@us.army.mil/(703) 693-7240



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON, DC 20310-0111

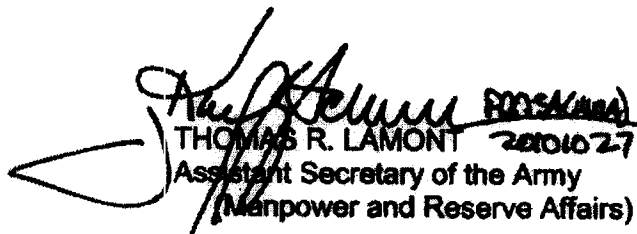
SAMR

MEMORANDUM FOR THE UNDER SECRETARY OF DEFENSE, PERSONNEL
AND READINESS

SUBJECT: Administrative Separation of Soldiers with Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI)

1. As requested, this letter provides information to address the concerns of Senators Bond, Grassley, Brownback and Leahy. The Army is dedicated to ensuring that all Soldiers with physical and mental conditions caused by wartime service receive the care they deserve. The enclosure outlines the number of Soldiers discharged in Fiscal Years 2008-2010 for Personality Disorder, Adjustment Disorder, and Other Physical or Mental Conditions, and how many have deployed to an Imminent Danger Pay Area. Please realize that there are complexities involved beyond the numerical data, and that the Army has taken actions to ensure these Soldiers were appropriately screened for PTSD and TBI.
2. In 2006 and 2007, public concern was raised that some Soldiers returning from combat tours had been discharged from the military for Personality Disorders, but were subsequently suffering from PTSD or TBI related to their combat experiences. The Army issued policies to address these concerns, and implemented the requirement for higher level review of administrative separations for Personality Disorder at Office of The Surgeon General and screening for PTSD and TBI. The Army also issued guidance outlining procedures for PTSD and TBI screening for all Soldiers considered for administrative separation who required a mental status evaluation, or who had been deployed to an Imminent Danger Pay Area.
3. In accordance with OSD guidance, the Army is conducting a review of at least 10 percent of all Personality Disorder separations for fiscal year 2010. Additionally, we are identifying Soldiers who deployed to an Imminent Danger Pay Area who were separated for Personality Disorder since 2001 in order to inform them of the process to correct their discharge characterization and how to obtain mental health assessment through the Department of Veterans Affairs.
4. My POC for this action is COL David Sproat at (703) 693-7240 or david.sproat@us.army.mil.

End


THOMAS R. LAMONT 20101027
Assistant Secretary of the Army
(Manpower and Reserve Affairs)

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FY83 - FY93 ACTIVE-DUTY ARMY ENLISTED SEPARATIONS (SOURCE PERSINSD AUTOMATED FILES/REPORTS)

(pg 1 of 3)

NA = Not Applicable

<u>Reason</u>	<u>FY83</u>	<u>FY84</u>	<u>FY85</u>	<u>FY86</u>	<u>FY87</u>	<u>FY88</u>	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>	<u>FY92</u>	<u>FY93</u>
Expiration of Service Obligation (Chapter 4)	72,111	53,688	49,020	71,092	36,286	31,377	60,121	54,027	40,294	43,226	39,208
Convenience of Government (Chapter 5)											
Secretarial Authority	163	106	170	193	147	397	599	990	2,038	3,859	2,387
Surviving Son/Daughter	1	0	3	5	1	0	0	4	12	6	8
Parenthood (invol. Sep.)	229	132	141	135	117	103	120	127	762	444	479
Lack of Jurisdiction	9	6	4	5	4	9	2	0	1	1	1
Illegal Aliens	4	0	0	3	1	1	1	2	0	2	0
Procurement Med Fitness Standards	4,286	3,832	3,537	6,108	5,409	4,740	4,610	2,971	3,864	3,199	3,973
WO Flight Training Med Disqual	27	22	48	75	51	17	23	44	29	7	3
Personality Disorder	1,422	682	1,023	1,846	2,314	2,403	2,438	2,409	2,075	1,311	1,191
Conceal Arrest Record	80	43	41	30	20	15	15	7	8	6	8
SUB TOTAL	6221	4823	4967	8400	8064	7685	7,808	6,554	8,789	8,835	8,050
Convenience of Government (Chapter 6)											
Hardship/Dependency	1,348	1,207	942	1,384	1,661	1,966	2,232	2,502	2,394	1,837	1,698
Parenthood/Sole Parents (Vol. Sep.)	698	520	452	646	678	738	881	1,103	1,263	642	523
SUB TOTAL	2,046	1,727	1,394	2,030	2,339	2,704	3,113	3,605	3,657	2,479	2,221
Defective Enlistment (Chapter 7)											
Minority	4	1	1	0	0	1	1	1	0	1	1
Erroneous Enlistment	311	208	187	260	232	147	88	78	94	73	67
Unfulfilled Enlistment Commitment	172	134	128	146	120	144	153	258	152	105	131
Fraudulent Entry	1,126	521	309	393	293	295	318	233	309	215	176
SUB TOTAL	1613	864	625	799	645	587	560	570	555	394	375

FY94 - FY04 ACTIVE-DUTY ARMY ENLISTED SEPARATIONS (SOURCE PERSINSD AUTOMATED FILES/REPORTS)

(pg 1 of 3)

NA = Not Applicable

<u>Reason</u>	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
Expiration of Service Obligation (Chapter 4)	28,610	25,496	32,019	29,120	25,472	26,644	27,620	31,972	25,186	19,460	36,277

Convenience of Government (Chapter 5)											
Secretarial Authority	730	596	639	387	229	88	57	61	45	41	34
Surviving Son/Daughter	0	2	0	5	3	5	4	2	2	4	5
Parenthood (invol. Sep.)	547	679	1,052	998	1,193	1,532	1,252	1,343	1,310	1,851	2,266
Lack of Jurisdiction	0	1	0	0	0	2	1	6	13	5	9
Illegal Aliens	1	0	0	0	0	0	2	2	0	2	0
Procurement Med Fitness Standards	3,943	2,906	3,176	3,805	3,438	3,596	4,186	4,233	3,852	4,243	4,037
WO Flight Training Med Disqual	2	2	4	2	21	20	34	51	43	36	19
Personality Disorder	1,135	908	924	801	837	664	728	805	734	980	988
Conceal Arrest Record	20	18	30	21	88	65	105	84	104	134	193
Attend School	2,437	2,834	3,512	2,518	1,906	1,708	1,318	1,307	812	604	705
Other Physical Conditions	0	36	41	152	89	583	579	810	1,358	2,055	2,795
SUB TOTAL	8,815	7,982	9,378	8,689	7,804	8,263	8,266	8,704	8,273	9,955	11,051

Convenience of Government (Chapter 6)											
Hardship/Dependency	1,480	1,452	1,527	1,238	1,103	946	940	819	540	574	606
Parenthood/Sole Parents (Vol. Sep.)	435	436	411	246	310	377	487	223	248	215	218
SUB TOTAL	1,915	1,888	1,938	1,484	1,413	1,323	1,427	1,042	788	789	824

Defective Enlistment (Chapter 7)											
Minority	0	0	0	2	2	0	0	3	1	1	1
Erroneous Enlistment	37	39	45	47	198	80	440	212	164	328	125
Unfulfilled Enlistment Commitment	90	75	49	87	80	52	57	97	69	50	72
Fraudulent Entry	216	163	211	377	360	239	288	333	197	141	101
SUB TOTAL	343	277	305	513	640	371	785	645	431	520	299

FY05 - FY09 ACTIVE-DUTY ARMY ENLISTED SEPARATIONS (SOURCE PERSINSD AUTOMATED FILES/REPORTS)

(pg 1 of 3)

NA = Not Applicable

Reason	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Expiration of Service Obligation (Chapter 4)	31,719	28,194	24,376	20,446	21,637	23,000				

Convenience of Government (Chapter 5)

Secretarial Authority	64	29	29	16	14	14				
Surviving Son/Daughter	4	7	8	6	5	4				
Parenthood	2,052	1,876	2,307	2,215	1,791	1,572				
Lack of Jurisdiction	-	-	-	3	-					
Illegal Aliens	1	-	-	1	-					
Procurement Med Fitness Standards	3,733	2,193	2,275	2,747	2,809	2,363				
Physical Condition (Voluntary)	44	66	21	22	16	14				
Personality Disorder	1,038	1,086	1,078	647	270	117				
Conceal Arrest Record (Misc Vol & Invol)	135	70	41	57	146	77				
Attend School	715	695	582	516	433	365				
Other Physical Conditions (Involuntary)	2,515	1,453	2,747	3,662	3,844	3,436				
SUB TOTAL	10,301	7,475	9,088	9,892	9,328	7,962				

Convenience of Government (Chapter 6)

Hardship/Dependency	503	386	451	348	233	192				
Parenthood/Sole Parents (Vol. Sep.)	516	199	56	49	48	37				
SUB TOTAL	1,019	585	507	397	281	229				

Defective Enlistment (Chapter 7)

Minority	-	1	2	-	1					
Erroneous Enlistment	144	200	84	349	182	269				
Unfulfilled Enlistment Commitment	67	88	66	72	40	56				
Fraudulent Entry	122	71	50	61	86	20				
SUB TOTAL	333	360	202	482	309	345				

INFORMATION PAPER

DASG-HSZ
6 July 2008

SUBJECT: PTSD Screening and Soldiers

1. Purpose: To provide information on policy screening updates for PTSD for Soldiers

2. Facts:

a. This information paper is being written to inform the public on screening for PTSD, specifically “What are you doing to ensure that Soldier's identified with a pre-existing personality disorder aren't wrongfully discharged when the real problem is something else such as PTSD or TBI? “

b. A new policy was implemented in August 2007, where all recommendations for a 5-13 personality disorder discharge need to be reviewed by the Chief of Behavioral Health at the installation (enclosed).

c. All Soldiers discharged for selected administrative reasons are required to receive a mental status evaluation as per Army Regulation 635-200. A new policy was implemented in May 2008 where Soldiers who are being discharged for any reason related to misconduct need to be specifically screened for PTSD and TBI (enclosed).

d. Since approximately 1998, all Soldiers redeploying from the theater of operations have been required to complete the Post Deployment Health Assessment (DD Form 2796) either before leaving theater or shortly after redeployment. The DD Form 2796 screens for PTSD, Major Depression, concerns about Family issues, and concerns about drug and alcohol abuse. The primary care provider reviews the form, interviews the Soldier as required, and refers the Soldier to a behavioral health care provider as required. The primary care provider may make referrals to on-site counselors or to military treatment facilities. Approximately 5 to 6% of Soldiers are referred to behavioral health.

e. Since 2005, completing the Post-Deployment Health Reassessment (PDHRA) screening program has been required of all redeployed Soldiers 90 to 180 after they have redeployed. Specific questions about TBI have been recently added. If following the re-assessment there are identified healthcare needs, Soldiers are offered care through military medical treatment facilities, VA medical centers or VET centers, or by private healthcare providers through TRICARE. Approximately 12 % of Soldiers are referred to behavioral health.

f. All Soldiers (AD, USAR, and ARNG) were mandated to participate in training on Mild Traumatic Brain Injury (mTBI) and Post Traumatic Stress Disorder (PTSD) by 18 OCT 2007. This chain teaching program was intended to provide leaders and Soldiers information and resources on concussions and Post Combat and Operational Stress. The "Chain Teach" product was designed to provide an overview and understanding of concussion injuries such as mTBI and Post Combat Stress Reactions that may result in PTSD. Approximately 900,000 Soldiers received this training by the end of 2007. There are a number of other trainings available for Soldiers and their Families, available at www.battlemind.org or www.behavioralhealth.army.mil.

g. All Army deploying behavioral health providers now attend the Combat and Operational Stress Control Course. Emphasizing the policies above is part of the curriculum. This information is also reinforced at the annual Force Health Protection conference.

3. The Way Ahead

- a. Continue to ensure that Soldiers are carefully evaluated and treated for PTSD, TBI, and other psychiatric illnesses.

COL Ritchie/(703) 681-1975

Approved by COL Cordts

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DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 08-018
19 MAY 2008

MCCG

Expires 19 MAY 2010

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Screening for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) Prior to Administrative Separations

1. References.

- a. Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005.
- b. Army Medical Action Plan, Phase III task, "Consider mTBI and PTSD Separations", July 2007.
- c. Sigford, B., M.D., Veterans Affairs, National Director, Physical Medicine and Rehabilitation, December 2007. Screening and Evaluation of Possible TBI in OEF/OIF Veterans, Brief.
- d. Post Traumatic Stress Disorder Checklist (PCL) for DSM-IV, 1 November 1994, Weathers, Litz, Huska, & Keane, National Center for PTSD – Behavioral Science Division.

2. Purpose. To outline procedures for PTSD and mTBI screening of Soldiers considered for administrative separations, including but not limited to Chapter 9, Alcohol or other Drug Abuse Rehabilitation Failure; Chapter 13, Unsatisfactory Performance; Chapter 5-13, Personality Disorder; Chapter 5-17, Other Mental Health Condition; and Chapter 14-12, Patterns of Misconduct, reference 1.a.

3. Proponent. The proponent for this policy is HQ, MEDCOM, Office of the Assistant Chief of Staff for Health Policy and Services, ATTN: MCHO-CL-H.

4. Responsibilities.

- a. The Surgeon General has overall responsibility for policy guidance in defining and implementing the Army Medical Department's behavioral healthcare screening requirements.
- b. The Directorate of Health Policy and Services, through the Proponency Chiefs of the Offices for Behavioral Health and Rehabilitation and Integration are responsible for the distribution of behavioral health evaluation and mTBI requirements and reviewing, revising, updating, and deleting existing policies conflicting with these requirements.

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MCCG

SUBJECT: Screening for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) Prior to Administrative Separations

c. Medical Treatment Facility (MTF) Commanders will ensure that all Soldiers are screened for PTSD and mTBI during routine mental health evaluations for administrative separations related to the Chapters identified in paragraph 2., above.

5. Discussion.

a. There has been concern that Soldiers with undiagnosed or untreated PTSD or mTBI are being administratively discharged from the Army. Therefore, it is paramount that the Army adequately assesses every one of these Soldiers for PTSD or mTBI.

b. This guidance refers to Soldiers who receive mental health evaluations from behavioral health clinicians for administrative separations.

6. Policy.

a. Behavioral Health Departments within each MTF will ensure that Soldiers receiving mental health evaluations related to the Chapters identified in paragraph 2., above are conducted by a behavioral health clinician IAW AR 635-200. Evidence of documentation of a screen for both PTSD and mTBI must be part of DA Form 3822-R, Report of Mental Status Evaluation and documented in the progress note located in the Soldiers' Armed Forces Health Longitudinal Technology Application (AHLTA) record.

b. There are screening tools (enclosures 1 and 2) for both PTSD and mTBI that can assist the clinician during the assessment. These tools are also located at <https://www.us.army.mil/suite/page/222>. The consensus of the subject matter experts is that the VA screening questions and the PCL found at the website above are the best tools for screening in this population. It should be noted that the mTBI screening tools are not diagnostic. Any positive mTBI screen will require a further evaluation to establish the correct diagnosis with referral and other testing if necessary. Other assessment tools may be added at the discretion of the clinician.

7. Point of contact is COL Elspeth Ritchie, Office of The Surgeon General, DSN 761-1975, Commercial (703) 681-1975 or e-mail elspeth.ritchie@us.army.mil.

2 Encls
1. PCL
2. VHA TBI Clinical Reminder
and Screening Tool



ERIC B. SCHOOMAKER
Lieutenant General
Commanding

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

Date: _____

PTSD Checklist – Military Version (PCL-M)

Instructions: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in *the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience?					
3.	Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful military experience?					
8.	Trouble <i>remembering important parts</i> of a stressful military experience?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being <i>"super alert"</i> or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-M for DSM-IV*. Boston: National Center for PTSD -- Behavioral Science Division, 1991.
This is a Government document in the public domain

Score:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: <input type="text"/>	
PATIENT'S NAME (Last, First, Middle initial)	
SEX	
RELATIONSHIP TO SPONSOR	STATUS
RANK/GRADE	
SPONSOR'S NAME	
ORGANIZATION	
DEPART/SERVICE	SSN/IDENTIFICATION NO.
DATE OF BIRTH	

Date Arrived AOR: _____

Date Departing AOR: _____

AFSC: _____

No. of Previous Deployments to AOR: _____

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV 5-94)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

VHA TBI Clinical Reminder and Screening Tool

Section 1: During any of your OIF/OEF deployment(s) did you experience any of the following events?

(Check all that apply)

- Blast or Explosion
- Vehicular accident/crash (any vehicle, including aircraft)
- Fragment wound or bullet wound above the shoulders
- Fall

Section 2: Did you have any of these IMMEDIATELY afterwards?

(Check all that apply)

- Losing consciousness/"knocked out"
- Being dazed, confused or "seeing stars"
- Not remembering the event
- Concussion
- Head injury

Section 3: Did any of the following problems begin or get worse afterwards?

(Check all that apply)

- Memory problems or lapses
- Balance problems or Dizziness
- Sensitivity to bright light
- Irritability
- Headache
- Sleep problems

Section 4: In the past week, have you had any of the symptoms from Section 3?

(Check all that apply)

- Memory problems or lapses
- Balance problems or dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 09-012

MCHO-CL

13 MAR 2009

Expires 13 March 2011

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: MEDCOM Procedures for Chapter 5, paragraph 5-13 and 5-17 Personality Disorder (PD) Separations

1. References.

- a. Department of Defense Instruction (DoDI) 1332.14, "Enlisted Administrative Separations". Aug 08.
- b. Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, 6 Jun 05.
- c. OTSG/MEDCOM Policy 08-018, Screening for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) Prior to Administrative Separations, 19 May 08.
- d. MEDCOM memorandum MCCG, Review of Personality Disorder (Chapter 5, paragraph 5-13) Administrative Separations, 6 Aug 07.

2. Purpose. To outline new PD procedures under reference 1b., Chapter 5, paragraph 5-13 and 5-17.

3. Proponent. The proponent for this policy is the Director, Behavioral Health Proponency, Office of The Surgeon General (OTSG), ATTN: DASG-HSZ.

4. Responsibilities.

- a. The Surgeon General has overall responsibility for policy guidance in defining and implementing the Army Medical Department's behavioral healthcare screening requirements.
- b. The Directorate of Health Policy and Services, Proponency Office for Behavioral Health, is responsible for the distribution of behavioral health policies and reviewing, revising, updating, and deleting existing policies conflicting with these requirements.

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MCHO-CL

SUBJECT: MEDCOM Procedures for Chapter 5, paragraph 5-13 and 5-17 Personality Disorder (PD) Separations

c. Medical treatment facility (MTF) Commanders will ensure that all Soldiers who are referred for PD separations follow the procedures outlined below.

5. Discussion.

a. There has been concern that Soldiers with undiagnosed or untreated PTSD or mTBI are administratively discharged from the Army. MEDCOM has previously issued two policies addressing PD and screening for PTSD and mTBI (references 1c. and 1d.).

b. Reference 1a. outlines updated requirements. These requirements are similar but not identical to the policy changes that the Army issued. This policy memorandum consolidates the different requirements.

c. This guidance refers to Soldiers who receive mental health evaluations from behavioral health clinicians for Chapter 5, paragraph 5-13 and 5-17 PD administrative separations.

6. Policy.

a. DoDI 1332.14, enclosure 3, paragraph 3a(8), Enlisted Administrative Separations, prescribes the following requirements for separations on the basis of enlisted Soldiers who have served or are currently serving in imminent danger pay areas:

- (1) A Psychiatrist or PhD-level Psychologist must diagnose the PD.
- (2) A peer or higher-level mental health professional must corroborate the diagnosis.
- (3) The Army Surgeon General must endorse the diagnosis.
- (4) The diagnosis must address PTSD or other co-morbid mental illness, if present.

b. For Chapter 5, paragraph 5-13, PD evaluations:

(1) In the case of Soldiers who have served or are currently serving in an imminent danger pay area and are within the first 24 months of active duty service, the MTF Chief of Behavioral Health (or an equivalent official) must first corroborate the diagnosis of PD for separation under AR 635-200, Chapter 5, paragraph 5-13.

(2) The corroborated diagnosis will be forwarded for final review and confirmation by the Director, Proponency of Behavioral Health, OTSG (DASG-HSZ).

(3) Medical review of the PD diagnosis will consider whether PTSD and/or mTBI may be significant contributing factors to the diagnosis.

MCHO-CL

SUBJECT: MEDCOM Procedures for Chapter 5, paragraph 5-13 and 5-17 Personality Disorder (PD) Separations

(4) A Soldier will not be processed for administrative separation under AR 635-200, Chapter 5, paragraph 5-13, if PTSD, mTBI, or other co-morbid mental illness are significant contributing factors to a diagnosis of PD, but will be evaluated under the physical disability system in accordance with AR 635-40.

c. For Chapter 5, paragraph 5-17 PD evaluations:

(1) In the case of Soldiers who have served or are currently serving in an imminent danger pay area and have 24 months or more of active duty service, the MTF Chief of Behavioral Health (or an equivalent official) must corroborate the diagnosis of PD for separation under AR 635-200, Chapter 5, paragraph 5-17.

(2) The corroborated diagnosis will be forwarded for final review and confirmation by the Director, Proponency of Behavioral Health.

(3) Medical review of the PD diagnosis will consider whether PTSD and/or mTBI, or other co-morbid mental illness diagnosis may be significant contributing factors to the diagnosis.

(4) A Soldier will not be processed for administrative separation under AR 635-200, Chapter 5, paragraph 5-17, if PTSD or mTBI are significant contributing factors to a diagnosis of PD, but will be evaluated under the physical disability system in accordance with AR 635-40.

7. Our point of contact is COL Elspeth Ritchie, Director, Proponency of Behavioral Health, OTSG. The corroborated diagnosis, with all supporting medical documentation, will be forwarded for final review and endorsement to the OTSG (DASG-HSZ), 5109 Leesburg Pike, Suite 693, Falls Church, Virginia 22041-3258.

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff