



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 10-040

MCCG

Expires 9 June 2012

09 JUN 2010

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Screening Requirements for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) for Administrative Separations of Soldiers

1. References:

- a. Department of Defense Instruction 1332.14, Enlisted Administrative Separations, 28 August 2008.
- b. Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, Rapid Action Revision Issue Date: 17 December 2009.
- c. National Defense Authorization Act (NDAA), H.R.2647, Health Care Provisions, Fiscal Year 2010.
- d. Medical Command (MEDCOM) Regulation 40-38, Command-Directed Mental Health Evaluations, 1 June 1999.

2. Purpose: To outline procedures for PTSD and mTBI screening of all Soldiers considered for administrative separations 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 mTBI or who otherwise reasonably allege, based on their service while deployed, the influence of such a condition.

3. Proponent: The proponent for this policy is the Behavioral Health Proponency, Assistant Chief of Staff for Health Policy and Services.

4. Responsibilities:

- a. The Surgeon General has overall responsibility for policy guidance in defining and implementing the MEDCOM's behavioral healthcare and mTBI screening requirements.

* This policy memo supersedes OTSG/MEDCOM Policy Memo 08-018, 19 May 08, subject: Screening for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) Prior to Administrative Separations.

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b. The Directorate of Health Policy and Services, through the Proponency Offices for Behavioral Health and Rehabilitation and Reintegration, are responsible for the distribution of behavioral health (BH) evaluation and mTBI requirements and reviewing, revising, updating, and deleting existing policies conflicting with these requirements.

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., below, or for any case involving Soldiers diagnosed with or reasonably asserting PTSD or mTBI.

5. Discussion:

a. This guidance refers to Soldiers who require mental health evaluations from behavioral health clinicians for administrative separations, or for Soldiers diagnosed with or reasonably asserting PTSD or mTBI.

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

6. Policy:

a. BH Departments within each MTF will ensure that mental health evaluations related to administrative separations are conducted by a BH clinician as required for all Soldiers diagnosed with or reasonably asserting PTSD or mTBI, in accordance with Army Regulation 635-200, the 2010 National Defense Authorization Act (Section 512) and MEDCOM Regulation 40-38.

b. Enclosures 1 and 2 contain screening tools for both PTSD and mTBI that can assist the clinician during the assessment. These tools will be administered by BH clinicians to every Soldier requiring mental health evaluations prior to administrative separations, and to all Soldiers reasonably asserting PTSD or mTBI who have been deployed overseas in support of a contingency operation. The Primary Care-Post-Traumatic Stress Disorder (PC-PTSD) measure enclosed is currently being utilized by the Department of Veterans Affairs as a screening tool. These tools are also located at <https://www.us.army.mil/suite/page/222>.

c. These screening tools are not diagnostic. A positive screen will require a comprehensive evaluation to establish the correct diagnosis, with referral and other testing, if necessary. A "yes" response to any three items in the PC –PTSD tool, or any one item in the mTBI screening, will be considered a positive screen indicating the need for further evaluation and possible treatment of PTSD or mTBI, respectively.

d. PTSD screening and/or full comprehensive evaluation shall be performed by a clinical psychologist or psychiatrist; mTBI screening and/or full comprehensive evaluation

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may be performed by a physician, clinical psychologist, psychiatrist, or other healthcare professional, as appropriate.

e. Soldiers who screen positive for PTSD or mTBI, or who have already been diagnosed by a physician, clinical psychologist, or psychiatrist as experiencing PTSD or mTBI, will receive a full comprehensive examination to assess whether the effects of the PTSD or mTBI are contributing or related to the reason for separation.

f. Screenings, as well as full comprehensive evaluations for positive and existing cases of Soldiers diagnosed with PTSD or mTBI, will be documented in the "Additional Comments" section of the Mental Status Evaluation Form MEDCOM 699 (Enclosure 3); and in the progress note located in the Soldiers' AHLTA record. Compliance will be monitored in accordance with AR 635-200.

g. The result of the evaluation, with a medical opinion as to the effects of mTBI and/or PTSD on the separation action will be provided to the commander for inclusion in the separation documentation and personnel files before separation proceedings can occur.

3 Encls

1. Primary Care - PTSD
2. TBI Screening Questions from PDHA, DD2796
3. Mental Status Evaluation Form MEDCOM 699



ERIC B. SCHOOMAKER

Lieutenant General

The Surgeon General and

Commanding General, USAMEDCOM

Primary Care Posttraumatic Stress Disorder (PC-PTSD) Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
Yes / No

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
Yes / No

3. Were constantly on guard, watchful, or easily startled?
Yes / No

4. Felt numb or detached from others, activities, or your surroundings?
Yes / No

Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F. D., Sheikh, J. I. (2004). The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Primary Care Psychiatry*, 9, 9-14.

Encl 1

**Mild TBI Screening Questions from Post-Deployment Health Assessment (PDHA),
DD2796**

1. During this deployment, did you experience any of the following events?

- | | |
|--|----------|
| (1) Blast or explosion (IED, RPG, land mine, grenade, etc.) | Yes / No |
| (2) Vehicular accident/crash (any vehicle, including aircraft) | Yes / No |
| (3) Fragment wound or bullet wound above your shoulders | Yes / No |
| (4) Fall | Yes / No |
| (5) Other event (for example, a sports injury to your head). | Yes / No |

Describe:

2. Did any of the following happen to you, or were you told happened to you,
IMMEDIATELY after any of the event(s) you just noted in question 1?

- | | |
|---|----------|
| (1) Lost consciousness or got "knocked out" | Yes / No |
| (2) Felt dazed, confused, or "saw stars" | Yes / No |
| (3) Didn't remember the event | Yes / No |
| (4) Had a concussion | Yes / No |
| (5) Had a head injury | Yes / No |

Encl 2

REPORT OF BEHAVIORAL HEALTH EVALUATION

For use of this form, see XXXXX; The proponent agency is MEDCOM. Release of this information to commanders or their designees is authorized IAW DoD 6025.18-R and DoD Directive 6490.1 when in response to a Command-Directed Mental Health Evaluation request or when a question of safety or fitness for duty exists.

NAME: _____ GRADE/SERVICE: _____ / _____ SSN: _____ - _____ - _____

REASON FOR EVALUATION

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Advanced Training Application (Drill Instructor, Recruiter, etc) |
| <input type="checkbox"/> Command-Directed Mental Health Evaluation | <input type="checkbox"/> Clearance for Admin Sep under AR 635-200, Chapter |
| <input type="checkbox"/> Hospital Discharge | <input type="checkbox"/> MMRB / MEB |
| <input type="checkbox"/> Other: | |

FITNESS FOR DUTY

FROM A BEHAVIORAL HEALTH STANDPOINT, THE ABOVE SERVICE MEMBER IS DEEMED:

- Fit for full duty, including deployment
- Possibly non-deployable due to prescribed medications. Command surgeon waiver is / is not recommended
- Requires temporary duty limitations and may benefit from behavioral health treatment
- Unfit for duty due to a personality disorder or other mental condition that does not amount to a medical disability
- Unfit for duty due to a serious mental condition that is not likely to resolve within 1 year
- Further assessment is needed to determine fitness for duty

PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

- COGNITION:** No obvious impairments Mildly impaired Moderately impaired Severely impaired
- BEHAVIOR:** Cooperative Uncooperative Manipulative Hostile Suspicious Bizarre
- PERCEPTIONS:** Normal Hallucinations Delusions Obsessions
- IMPULSIVITY:** Unlikely to be impulsive Occasionally impulsive Frequently impulsive
- DANGEROUSNESS:** None Suicidal Thoughts Homicidal Thoughts Suicidal Intent Homicidal Intent
- OTHER:** _____

IMPRESSIONS

IN MY OPINION, THIS SERVICE MEMBER:

- Can understand and participate in administrative proceedings
- Can appreciate the difference between right and wrong
- Meets medical retention requirements (i.e. does not qualify for a Medical Evaluation Board)
- Requires further examination or testing to finalize diagnosis and recommendations
- Other: _____

DIAGNOSES (ONLY THOSE REQUIRED FOR ADMINISTRATIVE PROCESSING)

AXIS I (psychiatric conditions):
AXIS II (personality & intelligence disorders):
AXIS III (medical conditions):

PROPOSED TREATMENTS

- None
- Follow-up appointments:
Clinic: Phone No: Location: Date: Time:
Clinic: Phone No: Location: Date: Time:
Clinic: Phone No: Location: Date: Time:
- Recommend command referral to: Unit Chaplain ASAP FAP JAG ACS Other: _____

Date

Encl 3

RECOMMENDED PRECAUTIONS

(to be followed until no longer deemed necessary by a behavioral health provider)

- None
- Ensure the service member attends all follow-up appointments
- Assigned duties should be relatively low-stress and should not involve leadership responsibilities
- Work hours should not exceed _____ per day and the service member should have _____ day(s) off per week.
- Inspect the service member's quarters and secure all hazardous items (e.g. pills, knives, razors, weapons, etc.)
- Prohibit the use of alcohol, as alcohol is a depressant and may decrease inhibitions.
- Restrict access to or disarm all weapons and ammunition (including those that are privately owned)
- Move the service member into the barracks
- Secure all medications and dispense no more than _____ days' worth at a time
- Prohibit contact between the service member and _____ to prevent harm to self or other individual.
- Provide increased supervision (i.e. have someone check in with service member at least daily) *or*...
- Assign someone to monitor the service member every _____ hours from first formation until lights out, and ensure he/she does not sleep in a room alone *or*...
- Provide continuous 24/7 monitoring (e.g. to prevent self-injurious behavior, harm to others, substance use, etc.)
- Other:

ADDITIONAL COMMENTS

- A Temporary Profile with an "S" rating of _____ is hereby activated, to expire _____.
- The service member is psychiatrically cleared for any administrative action deemed appropriate by command.
- The service member may participate in PT as allowed by physical profile, as exercise often improves mood.
- The service member meets psychiatric criteria for expeditious administrative separation IAW
 Chapter 5-13 *or* Chapter 5-17 of AR 635-200 (or equivalent regulation from his/her branch of service).
- The service member does not have a severe mental disorder and is not considered mentally disordered. However, he/she has a long-standing disorder of character, behavior and adaptability (i.e. personality disorder) that is of sufficient severity to interfere with his/her ability to function in the military. Although not currently at significant risk for suicide or homicide, he/she has the potential to become dangerous to self or others in the future.
- The service member has a condition that is likely to impair his/her judgment or reliability as related to access to classified materials.
- It is the professional opinion of the undersigned that this service member will not respond to command efforts at rehabilitation (such as transfer, disciplinary action or reclassification), or to any behavioral health treatment methods currently available in the military.
- The service member shows no evidence of a disorder that would limit his/her potential to succeed in the military. He/she is cleared to participate in advanced military training (e.g. recruiting, drill instructor, sniper school, etc).
- The service member has been screened for Post Traumatic Stress Disorder and Traumatic Brain Injury. These conditions are either not present or, if present, do not meet AR 40-501 criteria for a medical evaluation board. Command is advised to consider the influence of these conditions, if present, when determining final disposition.
- If the service member shows signs of further deterioration, command should call _____ during duty hours. After _____ hours, they should escort the service member to the nearest Emergency Department.
- Other:

Date