



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

CRS
Docket No: 5049-02
24 January 2003

[REDACTED]

[REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of Title 10, United States Code, Section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 22 January 2003. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Bureau of Medicine and Surgery, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Additionally, an RE-4 reenlistment is authorized by regulatory guidance and is often assigned to an individual separated due to a diagnosed personality disorder, especially if the person is suicidal. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records.

Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

Mental Health Services
Naval Medical Center
San Diego, CA 92134-5000

11 November 2002

From: [REDACTED]

To: Chairman, Board of Corrections of Naval Records
Department of the Navy, Washington, DC 20370-5100

Subj: COMMENTS AND RECOMMENDATIONS [REDACTED]

Ref: (a) Docket No: 5049-02

Encl: (1) BCNR File
(2) Service Record

1. Reference (a) requested a psychiatric specialty review of the petitioner's request for correction of his record to have diagnosis of Personality Disorder with Borderline, Dependent, and Avoidant traits be removed from his record.
2. I will review some of the history:
 - 24 NOV 98 Enlisted in the USN for four years
 - 16 JUN 99 Confessed to his command chaplain that he almost overdosed on Tylenol pm. He was referred to mental health for further evaluation and treatment.
 - 16 JUN 99 At the time of his evaluation, he reported thoughts of suicide for 1.5 months as well as depressed mood, reduced concentration, guilt about his son, anhedonia, and decreased energy, and problems sleeping for 2-3 months. He related his symptoms were exacerbated by his impending deployment on West Pac and the discovery that his ex-girlfriend had left his son with his mother. He also related a history of two prior suicide attempts at ages 14 and 16 years by overdose (first by overdose on Aspirin and the second by overdose on muscle relaxants.) He stated that each required psychiatric hospitalization, but no psychiatric medication management or psychotherapy. He did admit, however, to having to attend anger management counseling as a teen after he pointed a BB gun at a girl. He also admitted to a history of polysubstance abuse and alcohol abuse. Prior to enlistment he was using marijuana up to every other day, and sporadic use of methamphetamine, cocaine, and LSD. He admitted to drinking up to two cases of beer a month, but able to consume a case in one day even since enlistment. He admitted to "drinking to get drunk." He also admitted a history off blacking out once while intoxicated, driving under the influence without getting caught, and alcohol interfering with a past job. When asked what he would do if not separated from the Navy, he stated, "I would try to kill myself again." On mental status examination, he endorsed suicidal ideation with a plan to overdose on Tylenol.

-17 JUN 99 During his admission at time of interview by psychiatry resident and attending staff psychiatrist on the 17 JUN 99, he endorsed a history of mood instability, chronic emptiness, and preoccupation with being criticized in social situations. He dropped out of high school at age 16 years because of criticisms by other students. Prior to that he had a history of suspensions for fighting in high school. He also endorsed a history of difficulty expressing disagreement with others as well as needing to rely on his mother for decision-making. He endorsed going to excessive lengths to obtain support from others. This led him to stay in an abusive relationship with his ex-girlfriend for longer. He also endorsed inhibition in social situations. It was noted in the narrative summary from his hospitalization that he has a poorly adapting coping mechanism evident by use of suicide attempts as a means of coping. Discharge Diagnosis was Adjustment Disorder with depressed mood, alcohol abuse, and polysubstance abuse by history. (He declined a SARD consult which was offered); and Personality Disorder, NOS with Borderline, Dependent, and Avoidant Personality Features. Administrative separation was recommended on the basis of Personality Disorder as his longstanding disorder of character and behavior was felt to be of such severity to render him incapable of serving adequately in the Navy and it was felt that he could be at ongoing risk of self harm if retained in the Navy. He was able to make a no-harm contract at the time of discharge from the hospital, given the knowledge that administrative separation was being recommended.

- 22JUN99 The member was notified that discharge was being considered by reason of convenience of the government due to diagnosis of personality disorder. He was advised of his procedural rights. After consultation with legal counsel, he elected to have the case reviewed by the general court-martial convening authority (GCMCA).

-14 JUL99 GCMCA directed an honorable discharge and assignment of an RE-4 reenlistment code

-22JUL99 The member received an Honorable Discharge.

3. Summary of known history after discharge from the USN:

-02OCT01 In a letter the member maintains that the Chaplain misunderstood him and that he felt like dying but was not considering suicide. He wishes to join the Army Reserves.

-02FEB02 The member requested psychological testing be done. MMPI-2 and MCMI-II were administered by ██████████ PhD. In a letter ██████████ states that the member denied ever being suicidal and denied any substance history and stated this was the member's means to get home to attend his son. During ██████████ interview the member stated he had anger management counseling for 16 weeks at age 13 years, but denied any other psychiatric history. There is no mention of his other suicide attempts in this letter. ██████████ states there was no evidence of minimization of any psychological difficulties. He states that the test profiles are "indicative of an absence of any significant psychopathology. He appears to be somewhat dependent, but not to any serious degree."

4. Discussion: The actual test results from the above-mentioned psychological testing were not available for review. Review of the actual test results would be helpful. The letter from ██████████ alone does not provide proof that there is (or was in the past) a

diagnosis of a Personality Disorder. The diagnosis of a Personality Disorder is not made by test scores alone and the ultimate diagnosis resides with the Diagnostic Interview. There are discrepancies between the history the member gave while in service and the history he gave to [REDACTED] in February 2002. Even if he lied and thus was being manipulative, at the time of his evaluation in service or after discharge, this in and of itself suggests some maladaptive characterological traits. Based on the documentation of his psychiatric evaluation and hospitalization while on active duty, where the patient was interviewed and interacted with staff on numerous occasions and observed overnight, it appears the member did indeed meet criteria for Personality Disorder NOS with Borderline, Dependent, and Avoidant Features. This was clearly documented in his Narrative Summary of hospitalization dated 27JUN99. In relation to his Personality Disorder, he presented a history of maladaptive coping marked by a history of suicide attempts when stressed (three during his life up to that point) and he clearly stated if he weren't separated from the Navy, "I would try to kill myself again."

5. Recommendation: The evidence of record does support the in-service diagnosis of a personality disorder. There is no reason to change the diagnosis.

