

IN THE CASE OF: [REDACTED]

BOARD DATE: 9 December 2024

DOCKET NUMBER: AR20240003726

APPLICANT REQUESTS: in effect, change to his narrative reason for separation from "Condition – Not a Disability" to a "non-medical related honorable discharge."

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:
DD Form 149 (Application for Correction of Military Record)

FACTS:

1. The applicant states he is requesting a change from his medical honorable discharge to a non-medical related honorable discharge. He believes he was misdiagnosed with a mental disorder (intermittent explosive disorder). He did not exhibit any of the symptoms of this disorder and he is willing to be reevaluated if necessary. This correction should be made because he does not exhibit any of the behavioral symptoms associated with intermittent explosive disorder. He has never received disability compensation and he does not want this misdiagnosis to affect any possible future employment. He does not have documents to support his claim, but he is willing to be reevaluated by a medical doctor or physician. The reasoning behind his request is simply due to the fact of observing his own behavior and not exhibiting any outbursts or symptoms.

2. The applicant enlisted in the Regular Army on 26 July 2016 and held military occupational specialty 14T, Patriot Operator/Maintainer. He was advanced to specialist/E-4 in July 2018, and he reenlisted on 12 March 2019.

a. He was assigned to an Air Defense Artillery unit at Fort Bliss, TX. He was frequently counseled for various events/behaviors including:

- 12 August 2020, altercation with another Soldier and making threats to kill him.
- 28 August 2020, kicking the recycling bin out of anger.
- 3 September 2020, slamming the door at the post shopette and causing property damage.
- 22 October 2020, vocalizing killing a commissioned officer during physical training, disrespecting a commissioned officer, and inappropriate behavior toward civilians.

- 22 October 2020, road rage, verbal altercation, using vehicle in unsafe manner, being belligerent behavior with Military Police
- 23 October 2020, yelling and making inappropriate gestures.
- 26 October 2020, yelling at civilians, causing disruption at the pharmacy.

b. On 28 December 2020, the applicant underwent a mental status evaluation. His Screen/Findings show "Patient has a sustained history, since at least high school, of explosive episodes. These episodes have been occurring at and away from work. His most recent was a week after Christmas, with member being unsure of date. He is on the ARCT because of these episodes."

- Behavioral Health (BH) Diagnosis: Intermittent Explosive Disorder
- Meets criteria for chapters 5-13 and 5-17 of Army Regulation 635-200 (Active Duty Enlisted Administrative Separations),
- Currently meets medical retention standards.
- His condition is of sufficient severity to interfere with his ability to function in the military.
- He is not amenable to BH treatment and is unlikely to respond to Command efforts at rehabilitation.

c. On 6 April 2021, the applicant's immediate commander notified the applicant of his intent to initiate separation action against him (the applicant) under the provisions of AR 635-200 (Active Duty Enlisted Administrative Separations), paragraph 5-17, due to other designated physical or mental disorder. The commander stated the reasons for her proposed action are: The applicant meets DSM-5 diagnostic criteria for Intermittent Explosive Disorder and the diagnosis is of sufficient severity to render him unsuited to function in the military. The commander recommended an uncharacterized discharge.

d. On 6 April 2021, the applicant acknowledged receipt of the notice from his commander. He consulted with counsel who advised him of the basis for the contemplated action to separate him for Other Designated Physical or Mental Conditions under AR 635-200, Chapter 5-17, and its effects; of the rights available to him; and of the effect of any action taken by him in waiving his rights. He acknowledged he is not entitled to consideration of his case by an administrative separation board and/or personal appearance before an administrative separation board. He also declined making a statement on his own behalf. He acknowledged that he may expect to encounter substantial prejudice in civilian life if a general discharge under honorable conditions is issued to him.

e. After this acknowledgement, the applicant's immediate commander initiated separation action against him under the provisions of AR 635-200, paragraph 5-17, due to other designated physical or mental health condition. The commander stated the applicant's outbursts and behavioral state made him incapable of performing his day-to-

day duties. The intermediate commander recommended approval with issuance of an honorable discharge.

f. On 15 April 2021, the separation authority approved the applicant's discharge under the provisions of AR 635-200, paragraph 5-17, due to other designated physical or mental health condition with an honorable discharge.

g. His DD Form 214 (Certificate of Release or Discharge from Active Duty) shows he was discharged on 28 April 2021 under the provisions of AR 635-200, paragraph 5-17, due to a condition, not a disability. He completed 4 years, 9 months, and 3 days of creditable active military service. This form also shows:

- Block 26 (Separation Code) – JFV
- Block 27 (Reentry Code – 3
- Block 28 (Narrative Reason for Separation) – Condition, Not a Disability

3. MEDICAL REVIEW:

a. The applicant is applying to the ABCMR requesting to change his narrative reason for separation from “Condition-Not a Disability” to non-medical related honorable discharge. More specifically, the applicant contends that he was misdiagnosed Intermittent Explosive Disorder (IED) in-service and is requesting correction because he does not exhibit any of the behavioral symptoms associated with this condition. On his application, the applicant indicated Other Mental Health Issues is related to his request. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) the applicant enlisted in the Regular Army (RA) on 26 July 2010, 2) while assigned to an Air Defense Artillery unit he was counseled for various events/behaviors including: an altercation with another Soldier and making threats to kill him, kicking the recycling bin out of anger, slamming the door at the post shoppette and causing property damage, vocalizing killing a commissioned officer during physical training, disrespecting a commissioned officer, and inappropriate behavior towards civilians, road rage, verbal altercation, using a vehicle in an unsafe manner, being belligerent with Military Police (MP), yelling and making inappropriate gestures, yelling at civilians, and causing a disruption at the pharmacy, 3) on 28 December 2020 he underwent a Mental Status Evaluation (MSE), was diagnosed with Intermittent Explosive Disorder, and was cleared for administrative separation, 4) the applicant was discharged on 28 April 2021 under the provisions of AR 635-200, Paragraph 5-17, due to condition, not a disability. His separation code was noted as JFV and reentry code as ‘3.’

b. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the ROP and casefiles, supporting documents and the applicant’s military service and available medical records. The electronic Physical Evaluation Board (ePEB) and VA’s Joint

Legacy Viewer (JLV) were also examined. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

c. In-service medical records were available from 29 July 2016 through 06 May 2021. There were no records for the applicant in ePEB.

- Review of the applicant's medical records shows that he initiated BH treatment as a walk-in at the encouragement of his command on 20 May 2020 due to problems with sleep and relationship/familial concerns. He continued to follow-up with BH on at least a weekly basis through the date of his separation. At the time of his initial appointment he was diagnosed with Insomnia and a rule out (R/O) of Intermittent Explosive Disorder. The applicant was then command-directed to BH the next day due to yelling at Soldiers in the barracks and completed the evaluation on 22 May 2020. It was noted that the commander expressed concern about the applicant's "random outbursts, threatening other Soldiers, difficulty focusing on tasks in the classroom and family distractions." He was diagnosed with Insomnia and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct with a R/O of IED. He met with a psychiatric nurse practitioner (PNP) the same day noting symptoms of anxiety, high irritability, hostility, emotional hypersensitivity, depression, difficulty falling asleep, middle-night awakening, and nonrestorative sleep. He was diagnosed with Primary Insomnia and Generalized Anxiety Disorder (GAD). During several visits his provider noted that he appeared to laugh without comment. The applicant was trialed on Trazodone for sleep which he self-discontinued following resolution of stressors. On 17 June 2020, the provider appeared to rule out IED as it was indicated that his behavior was related to 'peer, academic performance, and family stressors' with his diagnoses noted as Adjustment Disorder, Unspecified and Insomnia, Unspecified. He continued to meet with BH at until 24 June 2020 due to PCS.
- The applicant was seen as a walk-in due to command referral at his new duty station on 02 July 2020 due to problems with anger and irritability with difficulty controlling his outbursts which were directed at subordinates and superiors alike. The applicant had three psychiatric admissions in-service (08-13 July 2020; 05-09 November 2020; and 19-25 November 2020). At the time of his initial hospitalization, he was admitted for behavioral health stabilization related to verbal aggression and homicidal ideation (HI). During his hospital stay it was documented that he wanted to talk to the Family Advocacy Program (FAP) regarding emotional abuse from his wife though after speaking with them decided to not file a report. At the time of discharge his diagnoses were documented as Adjustment Disorder with Mixed Disturbance of Emotions and Conduct with a R/O of IED, relationship distress with spouse, and consider personality traits. During the course of his hospital stay (though not noted on his discharge

summary) he was also diagnosed with Unspecified Psychotic Disorder, and it appeared the provider noted a likely referral to a Medical Evaluation Board (MEB). He was prescribed Trazodone, Seroquel (sleep), and Ativan (anxiety) and was placed on a temporary BH profile. He had also been trialed on Geodon (antipsychotic) and Lexapro (antidepressant) during his first hospital stay. He was seen on 14 July 2020 following his discharge and was diagnosed with Problems Related to Unspecified Psychosocial Circumstances, noting he met retention standards of AR 40-501 though was not deployable. He was psychiatrically hospitalized a second time from 05-09 November 2020 after having two anger-related incidents in one day. His diagnoses at the time of discharge were noted as IED, R/O Tic Disorder, and Anxiety Disorder, Unspecified. The applicant requested to be psychiatrically hospitalized on 19 November 2020 due to feeling as though he has been misdiagnosed as he did not feel as though his diagnosis of IED accounted for all of his symptoms (e.g., impulsivity, paranoia, and 'almost hearing voices'). While admitted, the provider conducted a thorough clinical interview to assist with diagnostic clarification, to include obtaining collateral information from his parents. The provider documented the applicant endorsed a history of 'experimentation' with several substances prior to joining the military including psilocybin mushrooms, LSD, and MDMA but primarily used marijuana. He reported being psychiatrically hospitalized multiple times during adolescence. Per his parents' report, he experienced a psychotic episode following his last use of LSD, which lasted 6 months, and resulted in several psychiatric hospitalizations. The provider noted that behaviors that were previously hypothesized to be in relation to responding to internal stimuli were likely motor and vocal tics, which he reported active attempts to suppress tics. The provider also noted the applicant reported symptoms of obsessive-compulsive disorder (OCD) in childhood and that attempts to suppress compulsions could be contributing to increased anxiety. His discharge diagnoses were documented as IED, Unspecified Anxiety Disorder, R/O Personality Disorder and R/O Tourette's Disorder. He was trialed on several medications to include Risperidone (antipsychotic), Fluoxetine (antidepressant), Clonidine (anxiety), and Divalproex (mood). He underwent an MRI on 24 November 2020, which was within normal limits, and was ordered due to poor impulse control, motor tic, rage/anger outbursts, and possible delusions. At the time of each discharge the applicant was placed on a temporary BH profile.

- There were several episodes of anger/irritability documented throughout the record to include road rage which resulted in his being escorted to BH by the MPs (22 October 2020), becoming belligerent in the pharmacy waiting area, and being disruptive at a civilian fast-food establishment resulting in his being held by the MPs (26 October 2020). It was also documented throughout the record that the applicant reported he had experienced problems with anger and irritability

prior to joining the Army. On 28 October 2020, his treating provider outlined the applicant's symptoms in relation to DSM-5 criteria for IED, to which it was documented that the applicant agreed that he had the condition. On 10 November 2020, his provider noted that an MEB would be appropriate due to his diagnosis and lack of response to treatment and a P3 profile was initiated for IED [Advisor's note: per AR 635-200, paragraph 5-14, conditions not amounting to disability IAW AR 40-501 fall under the purview of administrative separations, to which IED does not constitute a mental condition amounting to disability].

- The applicant underwent an MSE on 04 January 2021 for Chapter 5-13/5-17 separation. He was diagnosed with IED and the provider noted that he was able to understand and participate in administrative proceedings and was recommended for administrative separation. A Report of Medical History dated 21 January 2021 documented that the applicant was put on a BH P3 profile in November 2020 which was noted as provisional and had not been accepted. As such, the applicant was cleared for chapter separation.
- His outpatient BH provider primarily diagnosed him with Irritability and Anger until 30 October 2020 when his diagnosis was updated to IED. His outpatient BH provider continued to check-in with the applicant approximately weekly via t-con until his separation. Prior to his separation, it was noted that he had not had any anger outbursts since December 2020 and that he appeared to benefit from being at home away from work stressors and stabilized on his medication.

d. Review of JLV shows the applicant is not service-connected through the VA for any conditions.

e. Based on the available information, it is the opinion of the Agency Medical Advisor that the applicant was diagnosed with several BH conditions in-service to include Intermittent Explosive Disorder, Insomnia, Adjustment Disorder (Unspecified; with Mixed Disturbance of Emotions and Conduct), Anxiety Disorder, Unspecified, Generalized Anxiety Disorder, and Unspecified Psychotic Disorder. Review of records reflect that the applicant's diagnosis of Unspecified Psychotic Disorder, which was only documented during his first psychiatric hospitalization, was later conceptualized to better accounted for by a possible Tic Disorder and he was not definitively diagnosed with a psychotic disorder in-service. Although he was diagnosed with Anxiety Disorder, Unspecified and GAD, these conditions were not documented to fall below medical retention standards in-service. His diagnosis of Irritability and Anger is subsumed by his diagnosis of IED. The applicant's in-service medical records show his primary concerns, reasons for psychiatric hospitalization(s), and ongoing problems were primarily related to the sequelae associated with his diagnosis of IED (e.g., anger and irritability leading to frequent anger outbursts). As the diagnosis of IED does not fall under the purview of AR 40-501 and therefore does not require disposition through medical channels, separation under Chapter 5-17 (under today's standards Chapter 5-14) due to IED

appears to be fair and equitable. Thus, there is not BH support to change his narrative reason for separation.

f. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? Yes, in-service records show he was diagnosed with several potentially mitigating conditions to include Generalized Anxiety Disorder, and Unspecified Psychotic Disorder and Adjustment Disorder.

(2) Did the condition exist or experience occur during military service? Yes, per the applicant's assertion and in-service medical records.

(3) Does the condition or experience actually excuse or mitigate the discharge? No. Review of the applicant's medical records shows he was diagnosed with several BH conditions in-service to include Intermittent Explosive Disorder, Insomnia, Adjustment Disorder, Anxiety Disorder, Unspecified, Generalized Anxiety Disorder, and Unspecified Psychotic Disorder. Of note, the applicant's diagnosis of Unspecified Psychotic Disorder, which was only documented during his first psychiatric hospitalization, was later conceptualized to be better accounted for by a possible Tic Disorder. Although he was diagnosed with Anxiety Disorder, Unspecified and GAD, these conditions were not documented to fall below medical retention standards. Additionally, his diagnosis of Adjustment Disorder was not specified as Chronic and therefore does not fall under the purview of AR 40-501. The applicant's in-service medical records show his primary concerns, reasons for psychiatric hospitalization(s), and ongoing problems were primarily related to the sequelae associated with his diagnosis of IED (e.g., anger and irritability leading to frequent anger outbursts). As the diagnosis of IED does not fall under the purview of AR 40-501 and therefore does not require disposition through medical channels, separation under Chapter 5-17 (under today's standards Chapter 5-14) due to IED appears to be fair and equitable. Thus, there is not BH support to change his narrative reason for separation.

BOARD DISCUSSION:

The Board carefully considered the applicant's request, evidence in the records, a medical review, and published Department of Defense guidance for liberal consideration of requests for changes to discharges. The Board considered the applicant's statement, his record of service, and the reason for his separation. The Board considered the review and conclusions of the ARBA Medical Advisor. The Board concurred with the conclusion of the medical advising official regarding there being insufficient evidence to support changed the reason for his discharge. Based on a preponderance of the evidence, the Board determined the reason for the applicant's discharge was not in error or unjust.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.

12/16/2024

X

CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Army Regulation 635-200 (Active Duty Enlisted Administrative Separations) sets forth the basic authority for the separation of enlisted personnel.

a. Paragraph 5-17 states commanders who are special court-martial convening authorities may approve separation under this paragraph based on other physical or mental conditions not amounting to disability that potentially interfere with assignment to or performance of duty. A recommendation for separation must be supported by documentation confirming the existence of the physical or mental condition. Members may be separated for physical or mental conditions not amounting to disability, which is sufficiently severe that the Soldier's ability to effectively perform military duties is significantly impaired.

2. Army Regulation 635-5-1 (Separation Program Designator (SPD) Codes) provides the specific authorities (regulatory or directive), reasons for separating Soldiers from active duty, and the SPD code to be entered on the DD Form 214. It identifies SPD code JFV as the appropriate code to assign to enlisted Soldiers who are administratively discharged under the provisions of AR 635-200, paragraph 5-17, based on a condition, not a disability.

3. On 25 July 2018, the Under Secretary of Defense for Personnel and Readiness issued guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records (BCM/NRs) regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal sentence. BCM/NRs may grant clemency regardless of the type of court-martial. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to other corrections, including changes in a discharge, which may be warranted based on equity or relief from injustice. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. In determining whether to grant relief based on equity, injustice, or clemency grounds, BCM/NRs shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

4. Section 1556 of Title 10, United States Code, requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//