



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

TJR
Docket No: 8364-01
18 September 2002



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 17 September 2002. 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 opinions furnished by the Department of Mental Health Services, Naval Medical Center, 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 regard, the Board substantially concurred with the comments contained in the advisory opinion.

Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

The Board also noted that you are entitled to submit the attached Application for the Review of Discharge or Dismissal from the Armed Forces of the United States (DD Form 293) to the Naval Council of Personnel Boards, attention: Naval Discharge Review Board, Building 36, Fourth Floor, Washington Navy Yard, 901 M Street, S. E., Washington, DC 20374-5023 for consideration of an upgrade of your discharge and a change in your narrative reason for discharge.

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

Enclosures

**DEPARTMENT OF MENTAL HEALTH SERVICES
NAVAL MEDICAL CENTER
SAN DIEGO, CA 92134**

Addressee: Chairman, Board for Correction of Naval Records, Department of the Navy, Washington, DC 20370-5100

From: [REDACTED]

Subject: Comments and Recommendations in the case of former SMSN, USN,
[REDACTED]

Ref: (a) Docket No: 08364-01

Encl: (1) BCNR File

(2) Service Record

1. Reference (a) requests a psychiatric review of the petitioner's request for correction of her record to upgrade her re-entry code from DD 214 to an RE-3 or higher, and to dispute the diagnosis of a personality disorder. I have reviewed enclosures (1), (2) and (3), and offer the following comments.

2. I will review some of the history:

31OCT96	Enlistment Physical: Answered "no" to having or ever having had Depression or excessive worry, Frequent indigestion, or Stomach, liver or intestinal trouble. Answered "no" to ever having attempted suicide. Enlistment Physical: Acknowledges having been rejected for military service for having failed ASVAB in January 1996, El Paso, TX
31 OCT96	Questionnaire for National Security Positions: Answered "no" to having consulted, in the previous 7 years, with a mental health professional, or another health care provider about a mental health related condition.
JUN 1998	MEDEVAC off USS Kitty Hawk to San Diego during ship's deployment because she "could not handle the stress of the ship, was not able to exercise when she wanted, the food was making her sick, and she had suicidal thoughts." She was treated for one month at the mental health clinic (records not included in BCNR File), North Island, and returned to the ship fit for full duty.
SEP 1998	MEDEVAC off USS Kitty Hawk (now home ported in Yokosuka, Japan) for the same reasons as above. She received treatment by a Navy Psychiatrist at USNH Yokosuka, and diagnosed with an eating disorder not otherwise specified. She remained in

Yokosuka on Limited Duty Status from December 1998 until found fit for full duty by 25 August 1999.

14SEP99 Mental Health Evaluation, Ship's Psychologist, USS Kitty Hawk in accordance with DOD Directive 6490.1, and DOD Instruction 6490.4: service member reported a history of anorexia- and bulimia-like symptoms without treatment prior to enlistment in the Navy. At the time of this evaluation, she remained "unmotivated for continued active duty, states that nothing has changed about her dislike of the ship, and says that she does not and will not eat the ship's food." In addition, a history of the following was elicited: a sense of entitlement and unreasonable expectations, unstable self-image, emotional instability, self-harming behavior (including starvation, self-induced vomiting, hitting and kicking objects when angry, and a past history of irresponsible alcohol use), and at least five occasions between the ages of 18 and 23 of behavior that could have led to her suicide (including overdose of medications, trying to drown herself, and contemplating jumping off a cliff or from the 09 level of the ship). She was diagnosed with the following: Axis I: Eating Disorder Not Otherwise Specified (Existed Prior to Entry); Alcohol Abuse (By History, Not Current); Axis II: Personality Disorder Not Otherwise Specified with Narcissistic and Borderline Traits; Axis III: Gastric Problems per Medical Record. She was found at the time of this evaluation to be psychologically unsuitable for continued military service due to a personality disorder, and was recommended for expeditious administrative separation.

15OCT99 Separation Physical: Answered "yes" to having attempted suicide prior to enlistment.

05JUL00 Psychiatric Evaluation for consideration of waiver for former service member to enlist in the United States National Guard, [REDACTED], Medical Corps, United States Army. Findings were as follows: Impression: "No emotional or mental disorder. R/o Post 1995-96 history of anorexia/unspecified personality disorder in complete remission." Prognosis: "Good (current GAF=80-85). Recommendation: "Psychiatrically cleared for reentry to military service/Waiver highly encouraged."

27 JUN01 Psychological Assessment: Actuarial personality evaluation. Tests included Beck Depression Inventory, Beck Hopelessness Scale, Beck Anxiety Inventory, Millon Clinical Multiaxial Inventory-II, Minnesota Multiphasic Personality Inventory-II. Interpretation of test results concluded that there were mild to moderate anxiety symptoms; mild symptoms of depression on one scale, but none on two others; minimal feelings of hopelessness; and no evidence of personality disorder or disturbance on the MCMI-2 and MMPI-2 protocols.

3. Discussion: There are several details that cannot be considered due to unavailable records. For example, the exact nature and severity of the former service member's suicide attempt(s) are unknown. Records from her mental health treatment at North Island (June 1998) and Yokosuka (1998-99) were not available for review. And the details of her eating disorder and alcohol abuse prior to enlistment, as well as while on active duty, were not elaborated. There is no description of her relationship history prior to enlistment, while on active duty, or since her discharge from the Navy except for the fact that she was married while on active duty, and now is described as divorced. Likewise, her occupational history since her discharge from the military is not described in any detail. Finally, in [REDACTED] psychiatric evaluation recommending a waiver for reentry into military service, there is no indication that the former service member's prior mental health records were reviewed or even provided; in fact, [REDACTED] report states specifically that, "there is no patterned history of any behaviors that have resulted in notable functional impairments in any domains that are consistent with a personality disorder," which would suggest that [REDACTED] had not been made aware of former SMSN's significant occupational impairment over the course of 16 months of active duty military service. Finally, the psychological testing results from June 2001 were summarized in a brief one-page report; full testing results were not provided for review.

From the records that are available for review, it is clear that while on active duty, former [REDACTED] exhibited extreme difficulty in response to routine psychosocial stressors of military duty, which were readily handled by other service members. Her response to these routine military/occupational stressors was maladaptive, resulting in significant functional impairment to the extent that she had to be medically evacuated from her ship on two separate occasions in order to receive mental health treatment. She was afforded a period of 8 months of limited duty during which time she received mental health treatment, yet when returned to full duty, she remained unable to adapt to routine military duty. Furthermore, during the 16 months (June 1998 to October 1999) of occupational impairment and mental health treatment, SMSN disclosed that her history of impulsive behavior, suicidal thoughts and attempts, and eating disorder, predated her enlistment into the Navy by several years, which is indicative of a longstanding pattern of maladaptive behavior, consistent with a personality disorder.

4. Summary: In response to the Board's question, "Does the evidence of record support the in-service diagnosis of a personality disorder?" the answer is yes. The record shows that former [REDACTED] demonstrated failure to adapt to routine military stressors and duty, despite significant accommodation and mental health treatment over a period of 16 months prior to her discharge from the Navy. This, in addition to the history she provided at the time regarding her long history of maladaptive and impulsive behavior supports the diagnosis of a personality disorder. The post-service evaluations provided, which indicate that no such

disorder exists, are insufficient in scope and detail to refute the diagnosis of personality disorder.

5. Recommendation: There is no reason to change the characterization of former SMSN's diagnosis, or re-entry status.



Resident Psychiatrist



Staff Psychiatrist