



Discharged Problems Associated with Traumatic Brain Injury

Having a behavioral problem refers to a wide range of unwanted activities and conduct on the part of an individual. Specifically, negative changes in behavior include substance abuse, spousal and family abuse, Depression, insubordination and other soldier misconduct, and violence. All of these activities can have a negative effect on both a service member's family life and career. While most behavioral problems are temporary, some may last for extended periods of time and result in bad conduct discharges.ⁱ These discharges can make a veteran ineligible for veteran's benefits.

In addition to behavioral problems, there is a danger associated with mental health issues as they relate to TBI. Personality Disorder diagnoses can lead to a separation from the service such that veteran's benefits become unavailable. A Personality Disorder diagnosis may be given instead of a PTSD or TBI diagnosis. This essentially means that the symptoms are being associated with a pre-existing condition for which the military will not provide treatment or compensation.

Receiving either a bad conduct discharge or a personality disorder discharge can have a drastic effect on the life of a person suffering from a TBI or PTSD. As a result, it is important to understand each of these discharges and how they relate to TBI.

The Relation Between Behavioral Problems and Traumatic Brain Injury

There may be a connection between behavioral problems and the physical harm that is done to the brain when a TBI occurs. Thus, if the area of the brain that processes memory is damaged, the injured person's abilities to recall may diminish. Carolyn Rocchio of the Brain Injury Association writes, "[b]rain damage involving frontal or temporal lobes of the brain resulting in confusion, memory loss, poor organizational skills, disinhibition, poor reasoning skills and judgment can change the individual dramatically and it is very difficult for others to understand these changes."ⁱⁱ

The development of behavioral problems often takes time. This behavior may develop from aggravation with the rehabilitation and recovery process.ⁱⁱⁱ A TBI can lead to an inability to recall certain things, or to plan events successfully during the course of a day. For an individual who was previously in complete control of their lives, the sudden inability to perform basic functions can be extremely aggravating. In addition, there may be added pressure created by the other significant changes in life stemming from TBI. For example, career plans may change, or relationships may be altered. These changes can all serve to build upon each other until causing an emotional breakdown that comes in the form of a behavioral problem.

Bad Conduct Discharges Stemming from Behavioral Problems

One significant problem associated with TBIs is what some refer to as the military misconduct catch-22.^{iv} The term refers to the situation that arises when a military member who is suffering from a TBI experiences significant emotional and behavioral problems as a result of the injury and is subsequently discharged from military service for misconduct. Such individuals may experience irrational anger, depression, and lack of concern for the consequences of their actions.^v Often, these problems can be exasperated by a tendency toward self medication in the form of alcohol or drug abuse.^{vi} The combination of these problems often results in unacceptable behavior on the part of the injured individual such as spousal abuse, crime, and failure to conform to required military standards. The military's response to such situations is more often than not to administratively discharge the offending member. Thus, a military member who is acting inappropriately as a result of a TBI is discharged for misconduct. This results in that individual being unable to receive aid from the VA for the very TBI that has led to his discharge.

One study states that a discharge for criminal conduct is 2.7 times more likely for a person suffering from a TBI.^{vii} Likewise, discharges for alcohol or drugs are 5.4 times higher for those suffering from a moderate TBI. According to the Department of Defense (DoD), symptoms of TBI and Post Traumatic Stress Disorder (PTSD) may make it more difficult to comply with the military's strict code of conduct. A special defense Task Force gave examples as being "a) difficulty controlling one's emotions; b) problems completing complex tasks and managing complex stimuli; c) self-medicating with drugs and alcohol; d) engaging in thrill-seeking/reckless/high-risk behavior; and, e) disruptions in sleeping that further causes a decline in job performance."

If you or a loved one has been discharged for behavioral problems and you believe that this discharge was wrong you should file a complaint with an appropriate Discharge Review Board (DRB). Each branch of service has its own review board. However, these boards are not available if a court martial has occurred, or to make medical discharge determinations. For more information visit the appropriate review board website: [Army Review Board](#), [Navy And Marine Corps Review Board](#), [Air Force Review Board](#), [Coast Guard Review Board](#).

Separation for Personality Disorder

The risks associated with mental instability on the part of a wounded warrior can have significant implications for the type of discharge that a soldier receives. Since 2001, almost 22,000 military members have been discharged from service as having a pre-existing personality disorder. Such a discharge results in these veterans being unable to receive VA treatment for their behavioral problems because a personality disorder discharge attributes these problems to pre-existing conditions.^{viii} Thus, instead of receiving a diagnosis for PTSD or TBI, the member is diagnosed with a personality disorder. For this reason, it is crucial that soldiers and their families inform medical personnel of a problem as soon as it becomes apparent.

While the issue surrounding the military's use of personality disorder discharges is highly controversial and the subject of close scrutiny by the U.S. legislature. DoD leadership has stated,

“[t]he Department is confident that given the positive trends, service members who experience or assert PTSD or TBI are being diagnosed and that those diagnoses are being considered prior to separation.”^{ix} The problem arises from a conflict between the military’s unwillingness to pay for a condition that they see as unconnected to service, and the desire to ensure that those who legitimately suffer from PTSD and TBI are being treated. The idea is that personality disorders are virtually untreatable, and stem from conditions that existed well before joining the military. However, PTSD/TBI is very treatable and is caused by events that occurred as a result of the soldier’s membership in the armed forces.

The line between a personality disorder and PTSD/TBI is hard to draw. The symptoms are virtually identical, and diagnosis is made at the discretion of mental health specialists. As with any human endeavor, the possibility of error is always present. However, there are some that argue these diagnoses are intentional on the part of the military as a way of avoiding having to pay for injured warriors. These arguments have received strong support in the U.S. legislatures and new review requirements are in place requiring a senior review board to evaluate all personality disorder discharges. Since this change, personality disorder discharges have decreased by 75 percent. However, there is some evidence that the military is now using a new, yet similar practice under the category of adjustment disorders.^x

If you have been discharged with a personality disorder and you believe that you in fact have a TBI or suffer from PTSD you should contact the [Department of Veteran’s Affairs](#).

Conclusion

The type of discharge that a veteran receives can play an important role in the care that is available after separation from the military. Bad conduct discharges can result in the inability to receive veteran’s benefits after being removed from the service. These discharges may occur as a result of behaviors that manifest following a TBI. Thus, there is a danger that an individuals who suffer from a TBI will not receive treatment for their injury if they develop behavioral problems and are removed from the service. Accordingly, it is crucial that military members and their families recognize early indicators of this behavior in order to receive treatment prior to the initiation of an adverse administrative action by the military. For more information on what families can do to prevent this risk see [A Family’s Guide to Traumatic Brain Injury](#). To learn more about the types of discharges that a service member can be given and their effects of one’s ability to receive benefits see [Military Discharges](#).

There is an additional risk in failing to identify symptoms of TBI at an early stage; namely, the danger of being discharged for having a personality disorder. Personality disorder is a diagnosed condition that is viewed as having stemmed from conditions that existed prior to the injured person’s entry into service. A personality disorder diagnosis often occurs in place of PTSD or TBI. It is significant because it results in separation from the service, disqualification of veteran’s benefits, and often requires a veteran to pay back any bonus money received from joining the service. While the government is currently working to improve this process, it is crucial that service members and family seek care at the first sign of trouble in order to aid

medical personnel in a proper diagnosis. That being said, the decision as to which diagnosis will be given is made by mental health personnel and is therefore always subject to error.

i <http://www.dvbic.org/Families---Friends.aspx>

ii http://www.biausa.org/publications/impaired_cognition.htm

iii http://www.biausa.org/publications/impaired_cognition.htm

iv Carissa Picard, The Military's Misconduct Catch-22, available at <http://www.military.com/opinion/0,15202,182937,00.html> (Jan 14, 2009).

v Defense Health Board Task Force on Mental Health, An Achievable Vision: Report of the Department of Defense Task Force on Mental Health, available at <http://www.health.mil/dhb/mhtf/MHTF-Report-Final.pdf> at 30 (June 2007).

vi Id.

vii http://journals.lww.com/jtrauma/Abstract/1996/12000/Outcome_after_Traumatic_Brain_Injury_in_the_U_S_.5.aspx

viii <http://www.veteranstoday.com/2008/03/14/personality-discharge-limit-in-defense-authorization-bill/>

ix Lernes J. Hebert, <http://www.stripes.com/blogs/stripes-central/stripes-central-1.8040/personality-disorder-discharge-problems-persist-1.118432>

x <http://www.vawatchdog.org/10/nf10/nfaug10/nf081610-2.htm>