

Naval Medical Clinic, Quantico
Mental Health Department
Quantico, VA 22134

Summary of Mental Health Assessment

Name: ROWE, James M.
SS#: 20/304-98-0267

Status: AD/O1/USMC
Date of Report: 10/08/04

Identifying Information: This is a 24-year-old, unmarried, prior enlisted 2nd Lieutenant, United States Marine Corps, currently assigned to The Basic School (TBS), Marine Corps Base, Quantico, VA.

History of the Present Illness: On 10 September 2004, 2nd Lt Rowe was evaluated at the Consolidated Substance Abuse Counseling Center (CSACC) at Quantico for diagnosis and treatment recommendations following an alcohol related incident, which had occurred on 1 August 2004. 2nd Lt Rowe was found to meet criteria for a diagnosis of Alcohol Dependence, and was referred for Intensive Outpatient Treatment.

During that evaluation, 2nd Lt Rowe was also found to meet criteria for the diagnosis of **Posttraumatic Stress Disorder**. Posttraumatic Stress Disorder is his *primary* diagnosis; Alcohol Dependence is considered *secondary* to his primary diagnosis.

2nd Lt Rowe was activated as an enlisted reservist during his senior year of college, deployed, and served in Operation Iraqi Freedom (OIF-1) in an artillery unit from January through June 2003. His unit was among the first of the ground forces to invade Iraq from Kuwait, and over the course of three months, moved all the way through to the city of Tikrit, 90 miles north of Baghdad. As with all ground forces during that period time, he was involved in direct combat, killed enemy troops, witnessed the death and wounding of both coalition and enemy forces, and was himself in constant danger of being wounded or killed.

Upon return from OIF-1, 2nd Lt Rowe returned to college and completed his degree. He also developed the very specific symptoms of Posttraumatic Stress Disorder, including intrusive, distressing thoughts associated with his war experience; efforts to avoid thoughts and feelings about the trauma, and any such activities, places or people that might trigger those thoughts and feelings; markedly diminished interest and participation in significant activities; detachment and estrangement from important relationships; and significant emotional and physiologic changes, including problems with concentration, sleep, anger, and depression. His family members and fiancé remarked how different he had become, how he seemed to have undergone a change in his personality. Whereas he had previously been a happy, caring, empathic, outgoing individual, involved in church, academic, family, and community activities, he became sullen, irritable, isolative, apathetic, and withdrawn.

2nd Lt Rowe's drinking patterns changed as well. Prior to deployment, he drank socially, at college parties, in the company of others, and did not have any signs or symptoms of psychological or physical habituation to the substance, nor any alcohol related incidents; he did not experience any social, occupational, or academic dysfunction as a result of his drinking. After his deployment, he began to drink heavily for the purpose of "numbing" himself; to deal with stress, loneliness and depression; and to get to sleep. He started to drink alone. His relationships and other social activities, academic performance, and physical health were adversely affected by his drinking. He developed both psychological and physiologic dependence upon the substance. The adverse consequences of his drinking culminated on 1 August 2004, when 2nd Lt Rowe was charged with a DUI, returning to base drunk, and in an alcoholic black-out after spending the afternoon drinking in a bar.

Course of Treatment: 2nd Lt Rowe has remained abstinent from alcohol since the date of his DUI. He sought alcohol treatment at his own initiative, and has participated fully in the comprehensive intensive outpatient treatment program offered by CSACC at Marine Corps Base Quantico. He has also volunteered for and participated in individual treatment with the undersigned to address his primary diagnosis of Posttraumatic Stress Disorder.

Prior History: 2nd Lt Rowe has no past psychiatric history, and no history of any previous substance abuse or substance-related incidents. He has no history of disciplinary or legal problems at any time in his life prior to his current charges. He is the youngest of four children from an intact, middle-class, rural mid-western family. He was involved in sports throughout elementary and high school, and did well academically. He enlisted in the Marine Corps Reserves in October 1999, and after completing boot camp and engineer school, enrolled in a Christian university in Indiana. He was called to active duty in January 2003, during his senior year in college, and deployed to Iraq during OIF-1. He was meritoriously promoted to the rank of Corporal in March 2003, and received an honorable discharge from active duty in July 2003. He completed his Bachelor's degree in Accounting in May, 2004. Though he had a number of excellent civilian employment opportunities after graduation, he sought a commission in the United States Marine Corps, and reported to TBS in July 2004; he wanted to continue to serve his country, and considered that he had much to offer as an officer in the Marine Corps, in terms of his intelligence, character, leadership skills, and combat experience. He is engaged to be married later this year.

Diagnostic Impression:

**Axis I: (301.89) Posttraumatic Stress Disorder
(303.90) Alcohol Dependence, in Early Full Remission**

Axis II: No Diagnosis

Axis III: Pending current workup for hypertension and hearing loss

Axis IV: Legal and Occupational Problems

Axis V: Current Global Assessment of Functioning: 80

Analysis: Individuals with Posttraumatic Stress Disorder have very high rates of co-morbid depression and substance abuse. They also have far higher rates of divorce, domestic violence, alcohol and drug-related incidents, disciplinary issues, legal problems, homicide, and suicide compared with their active duty peers without the disorder, or those who have not been exposed to combat. Most individuals with combat-related Posttraumatic Stress Disorder have no idea what has happened to them to cause such marked changes in their behavior and personalities—they just know that they came home “different.”

Approximately 20 % of the Marines and soldiers returning from OIF-1 meet criteria for Posttraumatic Stress Disorder. Symptoms typically are recognized 3-4 months after returning from combat. Recent research supports that Posttraumatic Stress Disorder is an *injury* of both the mind and the brain. Numerous animal models, and human studies show that structural changes occur in the Limbic System—the area of the brain responsible for memory and emotions—in individuals exposed to intense and chronic stress; reduction in volume of these brain structures are seen in imaging studies. There are also measurable changes in production and function of specific neurotransmitters in the brains of individuals with posttraumatic stress disorder, which correspond with the behavioral, emotional, cognitive, perceptual, and personality changes observed in individuals with the diagnosis. Moreover, these structural and functional changes in the brain can be reversible, a process that is enhanced with treatment, and which leads to restoration of emotional, behavioral, and cognitive functioning in the affected individual. In other words: Posttraumatic Stress Disorder is an *injury* from which it is possible to *heal*. In addition, much can be done to prevent the development of Posttraumatic Stress Disorder before any significant damage is done.

In direct response to the increased rates of adverse consequences among Marines returning from OIF and other campaigns, Headquarters Marine Corps developed and implemented the Operational Stress Control and Readiness (OSCAR) Program, aimed at the prevention of Posttraumatic Stress Disorder, early recognition of combat stress reactions, and early intervention and treatment of Marines exposed to combat who exhibit the signs and symptoms while still in the theater. OSCAR teams—consisting of Navy psychiatrists, psychologists, psychiatric technicians (corpsmen), and senior enlisted infantry Marines who have received specialized training—are currently embedded with all of the forward deployed Marine ground forces in Iraq.

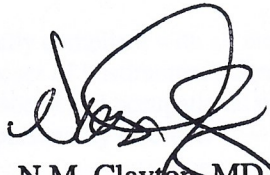
The OSCAR Program was implemented in August 2004, with the beginning of OIF-2-II. Marines deployed in OIF-1, and OIF-2-I did not have the benefit of the education or interventions now available to those currently deployed.

Formulation: 2nd Lt Rowe meets criteria for Posttraumatic Stress Disorder. He also meets criteria for Alcohol Dependence. He did not meet criteria for Alcohol Dependence prior to the onset of symptoms of Posttraumatic Stress Disorder. He had been experiencing social and occupational dysfunction due to his alcohol use, but since entering alcohol treatment, this dysfunction has resolved. His primary diagnosis of

Posttraumatic Stress Disorder was incurred during the course of Lt Rowe's honorable active duty combat service. There is no evidence of a personality disorder.

Recommendations:

1. **Clinically**, 2nd Lt Rowe is participating fully in mental health and alcohol treatment. With continued treatment, his prognosis is excellent.
2. **Administratively**, it is recommended that 2nd Lt Rowe remain on active duty, and that he return to training at TBS upon completion of his outpatient alcohol treatment program, and resolution of his legal issues.
3. **Legal considerations**: from a medical perspective, it is clear that 2nd Lt Rowe's DUI occurred in the context of an as-yet undiagnosed medical condition, which he incurred during the course of honorable active duty service. He had no previous record of legal violations, and since his diagnosis and treatment for the above disorders, he has exhibited no further illegal or dishonorable behavior of any sort. He is an individual of high character. He has taken full responsibility for his behavior, and is taking all of the necessary measures to restore himself to good health. Resources, developed over the past year by Headquarters Marine Corps, and which are currently in place in the theater to educate, identify, intervene, and prevent the development of the kinds of problems that have befallen 2nd Lt Rowe, were not available to this Marine during his combat service. Therefore, leniency is *strongly* recommended in the adjudication of 2nd Lt Rowe's legal case.
4. If there are any further questions, I can be reached at 703-784-1779; DSN: 278-1779.



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