



**DEPARTMENT OF DEFENSE  
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of: )  
 )  
 ) ISCR Case No. 24-00024  
 )  
Applicant for Security Clearance )

## **Appearances**

For Government: Cynthia Ruckno, Esq., Department Counsel  
For Applicant: *Pro se*

02/19/2025

## Decision

BENSON, Pamela C., Administrative Judge:

Applicant failed to mitigate security concerns under Guideline G (Alcohol Consumption), Guideline H (Drug Involvement and Substance Misuse), and Guideline I (Psychological Conditions). National security eligibility for access to classified information is not granted.

## **Statement of the Case**

On May 2, 2024, the Defense Counterintelligence and Security Agency (DCSA) Consolidated Adjudication Services (CAS) issued Applicant a Statement of Reasons (SOR), detailing security concerns under Guidelines G, H, and I. The action was taken under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the Adjudicative Guidelines (AG) effective within the DOD on June 8, 2017.

On May 22, 2024, Applicant provided a response to the SOR, and he admitted all of the SOR allegations. (SOR ¶¶ 1.a, 2.a, and 3.a-3.d) He requested a hearing before an administrative judge, and the case was assigned to me on August 21, 2024. On

September 23, 2024, the Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing for a video teleconference scheduled for October 16, 2024. The hearing was convened as scheduled.

During the hearing, Department Counsel offered Government Exhibits (GE) 1-8, and Applicant offered Applicant Exhibits (AE) A through F; there were no objections, and all proffered documents were admitted into evidence. The Government also requested that I take administrative notice of facts set forth in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, as it relates to Alcohol Use Disorder, Opioid Use Disorder, Bipolar II Disorder, and Cyclothymic Disorder. The documents provide elaboration and context for the listed mental health issues. I take administrative notice of the facts included that are general, technical, or scientific, and within their specialized knowledge. They are limited to matters not subject to reasonable dispute. Applicant did not object to me taking the requested administrative notice.

DOHA received the hearing transcript (Tr.) on October 23, 2024.

### **Findings of Fact**

Having thoroughly considered the evidence in the record, I make the following findings of fact. Applicant is 57 years old. He earned a bachelor's degree in mathematics and statistics in 1991. He was hired by a federal contractor in November 2019. His job title is system reliability engineering architect. Applicant was previously married and later divorced in 1991. He married his current wife in 1993. His son, daughter, and stepson are adults. This is Applicant's first application for a DOD security clearance. (Tr. 18; GE 1)

#### **Alcohol Consumption:**

While Applicant was a senior in high school, he started regularly consuming alcohol on the weekends, and his pattern of alcohol use increased in college to almost daily use of beer. During his adult years, he would drink a few beers after he returned home from work, and on the weekends, he would consume even more. Beginning in 1997, he worked for a large non-government employer. Applicant testified that his employer had alcohol available on the work premises. His alcohol consumption became a problem for him in approximately 2012, around the age of 45. For the next five years he started drinking vodka during work, and he also had a couple of co-workers he considered his friends. They "would drink pretty much every day." He would come home from work and continue drinking alcohol. In 2017, when his drinking was at its heaviest and to the point "he was probably drinking a fifth every night," his medical doctor reported that Applicant showed signs of liver damage. Applicant's employer "eliminated his position" and Applicant was let go in November 2017 after 20 years of employment. (Tr. 19-21, 32, 38, 41; GE 1)

During the hearing, Applicant claimed this his alcohol and drug use did not affect his work performance because he always received good performance reviews. However,

his treatment records listed that he performed poorly at work. When he was confronted with the conflicting information, Applicant stated that he had signed a nondisclosure agreement (NDA), and he stated that his previous employer got rid of employees once they turned age 50. His NDA disclosed that he was released for elimination of job position and “relative lack of performance.” (Tr. 41-44)

In January 2018, Applicant was voluntarily admitted into a treatment facility, in part, for his excessive use of alcohol. He was diagnosed, in part, with alcohol use disorder – severe. He left treatment against medical advice after five days. (SOR ¶ 1.a) Applicant admitted in his response to the SOR, “it is true that I consumed at least a fifth of vodka per day on average for about two and a half years. There were numerous times during [this period] that I would attempt to quit on my own, making it approximately two weeks each time before ultimately relapsing.” He also admitted that he did not complete alcohol treatment at this facility, however, he stated that he completed the 12-step alcohol program on his own and with the support of his religious faith, however, he did not submit supporting documentation. He knew after staying five days in the treatment facility that alcohol was not his problem. He believed his problems were related to his underlying mental health issues associated with his stepfather committing suicide the previous year. He does not believe that he currently has a problem with alcohol because he rarely drinks. The last time he consumed alcohol was about a year ago. (Tr. 22-24, 38-39; SOR response)

#### **Drug Involvement and Substance Misuse:**

In January 2018, Applicant was admitted into a treatment facility, in part, for his excessive use of drugs. He was diagnosed, in part, with opioid use disorder – severe, and cocaine use disorder - mild. He left treatment against medical advice after five days. (SOR ¶ 2.a) His medical records reflect that he was at high risk of relapse without stabilization and education on the disease of addiction. Applicant admitted that he did not complete the treatment program, and when he checked himself out after being detoxed, he immediately visited a mental health professional. (Tr. 25; SOR response)

Applicant used cocaine starting around 2011, while in college, and he continued to use cocaine for about the next seven years. In his response to the SOR, he stated that for one year he “would buy one or two eight-balls, consume them, try to stop for several weeks, and relapse.” The cost of cocaine was very expensive. He stated that from 2015 to 2017 he used cocaine, and especially during the last six months he was using it “regularly” and “way too much.” He stated, “it was significant. It was probably daily, you know, for quite a while. And I would use for a month or two, and then I wouldn’t have any for another month, and then get more and use it until it was gone and repeat the cycle.” He last used cocaine about in about 2017, and he no longer associates with friends that use illegal drugs. (Tr. 25-27, 44-45; SOR response)

Applicant testified during the hearing that he started using oxycodone in about 2017 after he injured his back. Later during the hearing, he stated that his oxycodone use

actually started in 2014. He did not visit his medical doctor to discuss pain management, but instead he turned to his friend at work who offered him free pain medication. Applicant started taking one to two oxycodone pills a day, and he felt like he built up a tolerance over time, so he would take one more pill, and eventually another. During his last six months of use, he was taking several pills a day. He began to purchase the oxycodone from his friend. He would use drugs in the morning before going to work, and sometimes he would take a pill on his lunch break. The medical records stated he was taking 10 to 12 pills a day, either orally or by snorting them. These records also stated that Applicant reported drinking a half gallon of vodka a day, and he consumed marijuana edibles weekly. The records reflected that he was spending \$3,000 a week for alcohol and drugs, and he liquidated his 401k account. (Tr. 27-31, 42, 46-49, 54-55, 59; GE 5, 6)

Applicant decided to go to the treatment facility in January 2018 because he was physically addicted to the oxycodone, and if he tried to stop, he would become sick. Applicant left the facility after five days and against medical advice, and he never used oxycodone pills again. He admitted that he has never successfully completed a substance abuse program. He testified; "I've made a commitment to God. I've made a commitment to myself. I've made a commitment to my family, and I will, regardless of any outcome of anything, I just don't want to drink or do drugs anymore." (Tr. 27-31, 42, 46-49, 54-55, 59; GE 1, 5, 6)

Although this information was not alleged in the SOR, Applicant listed on his security clearance application (SCA), that he executed in January 2020, and again in June 2022, that in the last seven years, he misused prescription oxycodone from "12/2017 to 2/2018; [he] hurt [his] back and a friend had some oxycodone so I started taking them and continued to self-medicate because it helped me sleep and deal with depression." This information he listed was not accurate or truthful. Based on the SCA's seven-year scope, Applicant should have listed on his January 2020 SCA he had misused oxycodone from 2014 to 2/2018. On his June 2022 SCA he should have listed that he had misused oxycodone from 2015 to 2/2018. Applicant also did not disclose his use of cocaine or marijuana, on either the January 2020 SCA or June 2022 SCA. (GE 1, 2; Tr. 50-51)

During Applicant's July 2020 background interview, he talked about his listed use of oxycodone on his January 2020 SCA with an authorized DOD investigator. Applicant denied misusing any other pain medication and agreed with the information he provided on his January 2020 SCA. He denied using any other illegal drugs. Applicant responded to interrogatories in March 2024. He agreed with the investigator's summary of the July 2020 interview, except he corrected the report to reflect that he did purchase oxycodone pills for about a year in 2017. At first, he would purchase five pills a month, but near the end of 2017 he was buying 40 pills per month. (GE 3)

The interrogatory also provided a chart and asked Applicant to list his illegal drug use. He disclosed that his first use of cocaine occurred in December 1989 and his last use occurred in January 2018. He also listed that he had first used marijuana in high

school, and he used it bi-monthly until January 2018. His opioid misuse occurred from March 2015 to January 25, 2018, when he took his last pill. (GE 3)

Applicant stated that he left the treatment facility in 2018 in an effort to turn his life around. This was not his attempt to avoid treatment or to return to abusing alcohol and drugs again. He found a licensed mental health counselor who shed light on the neurological impact of trauma, and the counselor advised Applicant that with the right medications, therapy, and abstinence from drugs and alcohol, he would regain control of his life again. (SOR response; Tr. 28; GE 4)

### **Psychological Conditions:**

In January 2018, Applicant was admitted into a treatment facility for his alcohol and drug disorders. He left treatment against medical advice after five days. (SOR ¶ 3.a) He admitted that he had suicidal ideations. In approximately February 2018, Applicant was evaluated at a mental health facility. He was diagnosed with cyclothymic disorder, in partial remission, and attention deficit hyperactivity disorder (ADHD). (SOR ¶ 3.b) Applicant admitted these allegations, and stated he was fortunate to be properly diagnosed, which in turn provided him with a goal for appropriate treatment. He learned several techniques to identify and manage his emotions. In addition, he continues to take prescribed medications, and regularly checks with his psychiatrist to ensure their efficacy. (SOR response; Tr. 33-35; GE 6)

In approximately January 2020, Applicant was evaluated at a mental health facility. He was diagnosed with bipolar disorder, in partial remission, ADHD, and social anxiety disorder. (SOR ¶ 3.c) Applicant admitted this information. His psychiatrist recommended he continue his treatment when he moved to another state. Applicant sought a local medical professional because he wanted to continue with his medication regimen. He no longer has regular counseling sessions since he now uses two different on-line applications to monitor his mental health. One application he uses on almost a daily basis, has taught him different practices. The other application involves a hotline he can call anytime to talk with someone. He also has a great support system comprised of family, friends, and co-workers. (Tr. 35-37; GE 5)

SOR ¶ 3.d alleges that Applicant was evaluated by a licensed psychologist on September 5, 2023. Based on the clinical interview, available medical records and mental health treatment records, testing observations, and results of the Personality Assessment Inventory (PAI), the psychologist determined that he met criteria for unspecified anxiety disorder. His lack of mental health treatment, chronic history of mental health symptoms and current medications were potential risk factors for relapse. The evaluator determined that his judgment, reliability, and trustworthiness were not appropriately intact. His history of impulse control difficulties, emotional dysregulation, severe substance abuse, sleep difficulties and anxiety symptoms may increase the likelihood that he may become impaired. It was recommended that Applicant engage in a comprehensive psychological evaluation and psychiatric review given his current medication use and severity of

symptom history. A re-evaluation was recommended by the psychologist after engagement in these interventions. (GE 7)

Applicant admitted that he told the licensed psychologist that he was not involved in any current psychotherapy services despite ongoing social anxiety, concentration difficulties, and sleeping problems. He stated that he follows a personal mental health regimen. He uses two on-line applications, meditation, prayer, exercise, fly-fishing, and he has the nicest lawn in his community, to assist with his mental health. (SOR response)

### **Character Evidence:**

Applicant submitted four letters of recommendation. Two letters were from friends that have known Applicant for over 30 years. One colleague mentioned that “[Applicant] is unwavering in his abstinence from alcohol.” Both friends describe Applicant as loyal, intelligent, and trustworthy. Two letters of recommendation were also provided by individuals from his current workplace. One associate mentioned that she had also worked with Applicant when he had been working for a large nongovernment employer. She stated, “I know that [Applicant] consumed alcohol back then, but I never saw it adversely impact his work or his performance.” She then changed jobs to work for their current employer. Once she heard of Applicant’s transformation, she wanted him to work for the federal contractor too. She said, “He has always been trustworthy, but knowing that he hasn’t had a drop of alcohol (or otherwise) in over 6.5 years is even more reassuring.” A high-level executive from the company stated that Applicant has worked under his direct supervision for three years. He described Applicant as dedicated, sincere, honest, and he unequivocally recommended him for security clearance eligibility. Applicant also submitted documentation of his base salary, merit pay, stock offers, and bonuses he received in 2015, 2016, and 2017. (AE B, C, D, E, F)

### **Policies**

When evaluating an applicant’s suitability for a security clearance, the administrative judge must consider the AG. In addition to brief introductory explanations for each guideline, the AG list potentially disqualifying conditions and mitigating conditions, which are used in evaluating an applicant’s eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the “whole-person concept.” The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that “[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security.” In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Likewise, I have avoided drawing inferences grounded on mere speculation or conjecture.

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Directive ¶ E3.1.15 an “applicant is responsible for presenting witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel, and has the ultimate burden of persuasion as to obtaining a favorable security decision.”

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk that an applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

Section 7 of EO 10865 provides that decisions shall be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See also EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

## **Analysis**

### **Guideline G: Alcohol Consumption**

AG ¶ 21 expresses the alcohol consumption security concern as follows:

Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.

AG ¶ 22 lists potential conditions that could raise security concerns and may be disqualifying in this case including:

(b) alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;

- (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder; and
- (e) failure to follow treatment advice once diagnosed.

Beginning in 2012, Applicant consumed vodka at work. It increased to the point he was drinking during duty hours nearly every day. In January 2018, Applicant was diagnosed with alcohol use disorder, severe. He left treatment against medical advice after five days of inpatient treatment. The volume of his alcohol consumption is sufficient to constitute “binge” alcohol consumption. He has not completed a substance abuse treatment program. AG ¶¶ 22(b), 22(c), 22(d), and 22(e) are established.

AG ¶ 23 provides conditions that could mitigate security concerns including:

- (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual’s current reliability, trustworthiness, or judgment;
- (b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

The Appeal Board in ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013) explained Applicant’s responsibility for proving the applicability of mitigating conditions as follows:

Once a concern arises regarding an Applicant’s security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. See *Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th

Cir. 1990), cert. denied, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. See Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in *Egan, supra*. “Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security.” Directive, Enclosure 2 ¶ 2(b).

Applicant has a history of heavy alcohol consumption, to the point where he was drinking a fifth to a half gallon of vodka per day. After learning from his doctor that his liver showed signs of damage, Applicant voluntarily entered a substance abuse treatment program in January 2018. There he received inpatient treatment for a condition diagnosed, in part, as alcohol use disorder, severe. Against medical advice and recommendation, he left treatment after five days. He has claimed that once he began to receive mental health treatment in 2018, he no longer has the urge to drink alcohol.

Applicant has not completely abstained from alcohol use, although some of the individuals who provided recommendation letters believe he has 6.5 years of total abstinence. This false belief, and other inconsistencies in the record, show that Applicant’s credibility is questionable. During the hearing he admitted that he last consumed alcohol about one year ago. While Applicant claims that he now drinks on rare occasions, while he monitors his mental health by the use of two on-line applications, he did not provide sufficient evidence to show that his past excessive use of alcohol occurred under circumstances that are unlikely to recur, or that it no longer casts doubt on his current reliability, trustworthiness, or judgment. He has never completed substance abuse treatment. More time in sobriety with supporting documentation is needed in order to show the Government that he can be trusted and that he will not return to excessive alcohol consumption. None of the mitigating conditions apply. Alcohol consumption security concerns are not mitigated.

#### **Guideline H: Drug Involvement and Substance Misuse**

The security concern relating to the guideline for drug involvement and substance misuse is set out in AG ¶ 24:

The illegal use of controlled substances, to include the misuse of prescription and non-prescription drugs, and the use of other substances that cause physical or mental impairment or are used in a manner inconsistent with their intended purpose can raise questions about an individual’s reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person’s ability or willingness to comply with laws, rules, and regulations.

AG ¶ 25 provides conditions that could raise a security concern and may be disqualifying in this case:

- (a) any substance misuse (see above definition);
- (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of substance use disorder; and
- (e) failure to successfully complete a drug treatment program prescribed by a duly qualified medical or mental health professional.

Applicant's admissions and the record establishes AG ¶¶ 25(a), 25(d), and 25(e).

The guideline also includes conditions that could mitigate security concerns arising from drug involvement and substance misuse. The following mitigating conditions under AG ¶ 26 are potentially applicable:

- (a) the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
- (b) the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions to overcome the problem, and has established a pattern of abstinence, including, but not limited to:
  - (1) disassociation from drug-using associates and contacts;
  - (2) changing or avoiding the environment where drugs were being used;
  - (3) providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility; and
- (d) satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Applicant's claimed last use of oxycodone, cocaine, and marijuana occurred in January 2018. As previously noted, he entered a substance abuse treatment program in January 2018. There he received inpatient treatment for a condition diagnosed, in part, as opioid use disorder, severe, and cocaine use disorder, mild. Against medical advice

and recommendation, he left treatment after five days. His medical records reflect that he is at high risk of relapse without stabilization and education on the disease of addiction. He was physically addicted to opioids, and he did not have a prescription for the opioids he used. He has claimed that once he began to receive mental health treatment in 2018, he no longer has the urge to use any illegal drugs.

Applicant is to be commended for finally attempting to conquer his addiction. However, at this time, it is simply too soon to find that he is finally and firmly recovered from his addiction issues. He has not completed a prescribed substance abuse treatment program, nor received a favorable prognosis by a duly qualified medical professional. He has not provided sufficient evidence that his substance abuse is unlikely to recur. Based on his September 2023 DOD evaluation, the clinician's opinion was that Applicant's judgment, reliability, and trustworthiness were not appropriately intact, in part, due to his history of substance abuse. I concur with this assessment because Applicant was not reliable or trustworthy in reporting his history of illegal drug use during his security clearance investigation. AG ¶¶ 26(a) and 26(d) do not apply since there is no evidence in the record to show a return to abusing drugs in unlikely to recur or "satisfactory completion of a prescribed drug treatment program." Applicant has not met his burden and failed to mitigate the drug involvement and substance misuse security concerns.

### **Guideline I: Psychological Conditions**

AG ¶ 27 expresses the security concern for psychological conditions:

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

The medical diagnoses and records in evidence raised the following Psychological Conditions Disqualifying Conditions under AG ¶ 28:

- (b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
- (c) voluntary or involuntary inpatient treatment; and
- (d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability,

reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions.

Applicant's admissions and the record establishes AG ¶¶ 28(b), 25(c), and 25(d).

I considered the following mitigating conditions under AG ¶ 29:

(a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer has indications of emotional instability; and

(e) there is no indication of a current problem.

I took into consideration that Applicant is a valued employee by his current employer, and he is compliant taking his prescribed medications. I am concerned, however, that he is not currently attending therapy sessions despite his admission that he has ongoing social anxiety, concentration difficulties, and sleeping problems. Applicant stated that he follows a personal mental health regimen. He uses two on-line applications, meditation, prayer, exercise, fly-fishing, and he has the nicest lawn in his community, to stabilize his mental health.

Overall, I give adequate weight to the licensed psychologist's opinion that Applicant's judgment, reliability, and trustworthiness are not appropriately intact. The September 2023 report provided details as to what tests were administered and what medical documents were reviewed to determine how the clinician arrived at his conclusions. The diagnosis was that Applicant had alcohol use disorder, in sustained remission, opioid use disorder, in sustained remission, and unspecified anxiety disorder. His lack of mental health treatment, chronic history of mental health symptoms and current medications were potential risk factors for relapse. It was recommended that Applicant engage in a comprehensive psychological evaluation and psychiatric review given his current medication use and severity of symptom history. A re-evaluation was

recommended after engagement in these interventions. As such, the psychological conditions security concerns are not mitigated.

### **Whole-Person Concept**

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all the circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

- (1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case.

Applicant is a valued employee at his place of employment, and his efforts to take control of his life are to be commended. However, I am not convinced that past psychological issues or excessive use of alcohol and/or illegal drugs are unlikely to recur. It was recently recommended that Applicant engage in a comprehensive psychological evaluation and psychiatric review given his current medication use and severity of symptom history. To date, he has not followed this recommendation from a licensed psychologist. As such, the record evidence leaves me with questions and doubts about his eligibility and suitability for a security clearance.

This decision should not be construed as a determination that Applicant cannot or will not attain the state of reform necessary for award of a security clearance in the future. With additional treatment, a favorable prognosis, and a longer track record of behavior consistent with his obligations, he may be able to demonstrate persuasive evidence of his security clearance worthiness. I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, the AGs, and the Appeal Board's jurisprudence to the facts and circumstances in the context of the whole person. Applicant failed to mitigate the alcohol consumption, drug involvement and substance misuse, and psychological conditions security concerns.

## **Formal Findings**

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline G:	AGAINST APPLICANT
Subparagraph 1.a:	Against Applicant
Paragraph 2, Guideline H:	AGAINST APPLICANT
Subparagraph 2.a:	Against Applicant
Paragraph 3, Guideline I:	AGAINST APPLICANT
Subparagraphs 3.a-3.d:	Against Applicant

## **Conclusion**

In light of all of the circumstances presented by the record in this case, it is not clearly consistent with the national security to grant or continue Applicant's eligibility for a security clearance. Eligibility for access to classified information is denied.

Pamela C. Benson  
Administrative Judge