



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



In the matter of:

)
)
)
)
)

ISCR Case No. 23-01853

Applicant for Security Clearance)

Appearances

For Government: William Miller, Esq., Department Counsel

For Applicant: Samir Nakhleh, Esq.

03/27/2025

Decision

Curry, Marc E., Administrative Judge:

Given the circumstances that prompted Applicant's depression and alcohol abuse, the amount of time that has elapsed since the last episode, and the fact that she has maintained sobriety for three years, while raising her children, working, and spending part of that time attending college, graduating *cum laude*, I conclude that she has mitigated the security concerns. Clearance is granted.

Statement of the Case

On October 19, 2023, the Defense Counterintelligence and Security Agency Consolidated Adjudications Services (DCSA CAS) issued a Statement of Reasons (SOR) to Applicant, detailing trustworthiness concerns under Guideline G (alcohol consumption) and Guideline I (psychological conditions). The DCSA CAS took the action under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the National Adjudicative Guidelines (AG) effective for any adjudication on or after June 8, 2017.

On November 14, 2023, Applicant answered the SOR, admitting all the allegations except subparagraph 1.d, and requested a hearing. On May 3, 2024, the case was assigned to me. DOHA issued a notice of video-teleconference hearing on June 3, 2024, scheduling the hearing for August 6, 2024. The hearing was held as scheduled. I considered ten government exhibits, identified as Government Exhibits (GE) 1 - GE 10, eight Applicant Exhibits (AE) A – H, and Applicant's testimony. At the Government's request, I took administrative notice of the facts set forth in the *Diagnostic and Statistical Manual of Mental Disorders*, (5th Ed.), regarding alcohol-related disorders, incorporating it into the record as Hearing Exhibit I. At Department Counsel's request, I amended the SOR to add subparagraph 1.g as follows:

In about July 2021, you were admitted to [a hospital] for suicidal ideation involving misuse of alcohol.

During direct examination, Applicant testified that she was no longer employed. During a break, Department Counsel checked the Joint Personnel Adjudications Systems database and discovered that Applicant was no longer sponsored. Consequently, he moved to dismiss the case for lack of jurisdiction. (Transcript (Tr.) 29) Applicant's counsel objected, arguing that once a hearing begins, the court must issue a ruling regardless of when the loss of sponsorship occurred. I reserved judgment on this issue and left the record open for ten days for the parties to provide written arguments in support of their respective positions. The hearing proceeded. (Tr. 31)

Both parties filed timely motions after the hearing. After considering them, I ruled on September 27, 2024, in favor of the Government and granted Department Counsel's motion to dismiss for lack of jurisdiction, whereupon the case was closed.

On October 17, 2024, Department Counsel informed me that Applicant had been hired by a company that was going to sponsor her for a security clearance. Moreover, he waived any objection to me re-opening the case. Consequently, after notifying Applicant's counsel, I re-opened the case that day, adjudicating it based on the record developed at the hearing on August 6, 2024, including all the exhibits, together with the transcript received on August 20, 2024. As Applicant's new employer is sponsoring her for a security clearance rather than for a data processing position, Department Counsel on March 11, 2025, amended the caption of the original SOR to reflect this change.

Findings of Fact

Applicant is a 28-year-old married woman with one minor child and two minor stepchildren. She has been married since 2023. (AE G at 2) She graduated from high school in 2014 and enrolled in college, attending for two years before dropping out and joining the U.S. Navy in 2018. (GE 1 at 14) While in the Navy, she worked as an intelligence specialist, serving through 2023 when she was honorably discharged. (Tr. 17) While in the Navy, her job performance was highly regarded. In July 2021, a supervisor described her as a "hard-charging sailor, dedicated to improvement and raising the bar." (GE 10 at 34) Currently, she works as a defense contractor in the cybersecurity field. A

coworker describes her as a woman with exemplary commitment to her duties, who "consistently displays a high level of professionalism, integrity, and diligence in handling sensitive information and performing tasks related to [the] organization's mission." (AE E) She was first granted a security clearance in June 2019. (Tr. 19)

Applicant had a drinking problem. It began during the COVID lockdown. Applicant had just relocated cross-country when the pandemic began and had already found the situation disconcerting because this was the first time she had ever lived this far from home. (Tr. 23) This feeling became compounded when the COVID lockdown occurred. It was further compounded when structural problems resulted in the barracks being condemned and the sailors being moved into individual apartment apartments off base. (Tr. 23) Bored and lonely when she was off duty, Applicant began drinking alcohol to pass the time. (Tr. 24)

By June 2020, Applicant was consuming, on average, a bottle of wine per night. (GE 6 at 2) On July 4, 2020, Applicant invited several friends to her apartment to drink alcohol. Subsequently, she drank to the point where she vomited and blacked out. After she sobered up, she began experiencing memory loss, anxiety and insomnia. By July 9, 2020, she was having auditory and visual hallucinations, prompting her to check into the hospital. While at the hospital, she was evaluated and diagnosed with alcohol use disorder, moderate. (Answer at 2) On July 14, 2020, she was transferred to a residential treatment facility where she received treatment for 30 days. (GE 6 at 3) Upon discharge, the physician who conducted her check-out evaluation recommended that she abstain from future alcohol use.

In April 2021, Applicant was evaluated by a licensed psychologist and diagnosed with alcohol-use disorder, moderate, in early remission. (Answer at 2) The evaluator concluded that she lacked insight and did not appear to be aware of how her problematic alcohol use contributed to her July 2020 hospitalization. (Answer at 2; GE 6 at 4)

In July 2021, Applicant expressed a desire to commit suicide after consuming two bottles of wine. (Tr. 60) After going to the hospital emergency room, she was transferred to the behavioral health unit. After meeting with a counselor, she was discharged. (Tr. 60 - 61)

In August 2021, Applicant self-admitted into a hospital after attempting to kill herself by drinking a bottle of wine and taking nine sleeping pills. (Answer at 2; GE 8 at 64; Tr. 61) Applicant had recently delivered her son before the episode, and she was experiencing postpartum depression. These feelings were magnified when her boyfriend, the father of the child, moved out of their home shortly before the birth of the baby. (GE 8 at 38) At the hospital, she received crisis intervention therapy and was diagnosed with alcohol-use disorder, moderate, and depressive disorder. (GE 7 at 11, 63) Upon discharge, she began attending therapy, as recommended, once per week, and she was prescribed a medication for depression as well as a medication to control her alcohol consumption. (GE 8 at 64)

Applicant went to a hospital again the following month, in September 2021, after an episode of suicidal ideation and the consumption of two bottles of wine. (Answer at 2; Tr.

65) She was diagnosed with alcohol-use disorder, anxiety disorder, as well as relationship distress with spouse or intimate partner. (GE 8 at 56, 81) By October 2021, Applicant's condition had stabilized, as indicated by a therapist's report that concluded she was hopeful, with "a positive future orientation." (GE 8 at 70)

In January 2022, Applicant was admitted to a hospital after another episode of suicidal ideation while under the influence of alcohol. (Answer at 2; GE 9 at 77) This episode was triggered, in part, after a supervisor crept up behind her and pulled her hair. (Tr. 65) Applicant then completed another 30 days of inpatient alcohol rehabilitation, followed by a six-week, intensive outpatient program, and then began attending weekly outpatient individual therapy. (AE G at 1) While hospitalized, both of Applicant's anti-depressant medications and her medication to prevent alcohol consumption were adjusted. (GE 9 at 77) Applicant felt that the adjustments were effective. (GE 9 at 77)

In March 2022, Applicant began attending monthly Alcoholic Anonymous (AA) classes. (AE G at 2) By the end of 2022, Applicant's psychiatrist began weaning her from the medication to control alcohol consumption. (Tr. 68) By August 2023, Applicant, in consultation with her medical provider, began tapering her antidepressant medication. (Tr. 69) Currently, she takes neither type of drug.

Applicant has not consumed any alcoholic beverages since the episode that prompted the January 2022 hospital admission. (Tr. 67) In March 2024, a psychologist evaluated Applicant and diagnosed her with major depressive disorder in full remission, and alcohol use disorder, moderate, in sustained remission. (AE G at 5) Further, the psychologist conducted a comprehensive battery of tests and concluded that "she seem[ed] to be generally calm, stable, adaptable, alert, [and] optimistic" with no sign of depression. (AE G at 3)

Applicant and her boyfriend, the father of her child, are married now. Their relationship is no longer volatile like it was in the past because they "have worked through everything" with therapy. (Tr. 71)

In March 2021, Applicant returned to college. In January 2024, she obtained her bachelor's degree, graduating *cum laude* with a 3.57 grade-point average. (AE C)

Policies

The U.S. Supreme Court has recognized the substantial discretion the Executive Branch has in regulating access to information pertaining to national security, emphasizing that "no one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). When evaluating an applicant's suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are required to be considered 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 overall adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(a), 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 ¶ 1(d) 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. Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel. . ." The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

Under the whole-person concept, the administrative judge must consider the totality of an applicant's conduct and all relevant circumstances in light of the nine adjudicative process factors in AG ¶ 2(d). They are as follows:

- (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.

Analysis

Guideline G: Alcohol Consumption

Under this concern, "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 ¶ 21)

Applicant has a history of problematic alcohol consumption, often coinciding with periods of depression and suicidal ideation. She has been evaluated several times and diagnosed with alcohol-use disorder, and she has a history of relapsing after brief periods of physician-recommended abstinence from alcohol use.

Under these circumstances, the following disqualifying conditions apply under AG ¶ 22:

- (a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been 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; a
- (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.
- (e) the failure to follow treatment advice once diagnosed; and
- (f) alcohol consumption, which is not in accordance with treatment recommendations after a diagnosis of alcohol use disorder.

Applicant's problematic drinking occurred primarily during an 18-month period between approximately June 2020 and January 2022. It began, in part, during the COVID-19 pandemic-related lockdown, when boredom and loneliness led to binge drinking. It was exacerbated by the volatile relationship between Applicant and her boyfriend, the father of her child.

In March 2022, Applicant's treatment team adjusted the medications that she had previously been prescribed to discourage alcohol consumption and prevent depression. Although Applicant had been prescribed various types of drugs to combat alcohol use in the past, the most recent medications were most effective, as her alcohol cravings were curbed and her depression, a major trigger for her abuse of alcohol, decreased.

Applicant has not consumed alcohol in more than three years. She and her boyfriend are now married and are managing their relationship through therapy. Applicant regularly attends AA, and the most recent psychologist who evaluated her in March 2024 concluded that her drinking problem was in sustained remission. Lastly, since her last use of alcohol in January 2022, she has finished college, graduating *cum laude*, while balancing her parental responsibilities and working. Under these circumstances, I conclude the following mitigating conditions under AG ¶ 23 apply:

- (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; 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.

Under these circumstances, I conclude Applicant has mitigated the alcohol consumption security concerns.

Guideline I: Psychological Conditions:

Under this guideline, “certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” (AG ¶ 27) Applicant’s history of suicidal ideation, together with her diagnosis of depressive disorder and her multiple hospitalizations, trigger the application of the following disqualifying conditions under AG ¶ 28:

(a) behavior that casts doubt on an individual’s judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;

(b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness; and

(c) voluntary or involuntary inpatient hospitalization.

The following mitigating conditions are potentially applicable 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;

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

emotional instability; and

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

Given the number of times Applicant experienced acute symptoms of depression after she had begun receiving treatment from mental health professionals, I cannot conclude that the identified condition was either “readily controllable with treatment,” as required under AG ¶ 29(a), or “amenable to treatment,” under AG ¶ 29(b). Nevertheless, she continued to work with her mental health treatment professionals, attending therapy, and tinkering with the medication regime under the treatment professionals’ supervision until she had a breakthrough and stopped having episodes of suicidal ideation. Under these circumstances AG ¶ 29(a) and AG ¶ 29(b) are partly applicable.

Applicant’s mental instability peaked between July 2020 and January 2022, when she was struggling to adjust to a relocation at or about the time of the COVID-19 pandemic lockdown, battling post-partum depression, and working through a toxic relationship with her then-boyfriend (now-husband), who is the father of her child. Her medications appear to be controlling both her depression and her alcohol-use disorder, as she has had no episodes of suicidal ideation or alcohol consumption in more than three years, and her relationship with her husband has stabilized. In addition, the psychologist in March 2024 stated that her diagnosis of major depressive disorder was in full remission. Under these circumstances, I conclude that both AG ¶ 29(d) and AG ¶ 29(e) apply. In sum, I conclude that Applicant has mitigated the psychological conditions security concerns.

Whole-Person Concept

Given the circumstances that prompted Applicant’s depression and alcohol abuse, the amount of time that has elapsed since the last episode, and the fact that she has maintained sobriety for three years, while raising her children, working, and spending part of that time attending college, graduating *cum laude*, I conclude that she has mitigated the 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:

FOR APPLICANT

Subparagraphs 1.a – 1.g:

For Applicant

Paragraph 2, Guideline I:

FOR APPLICANT

Subparagraph 2.a:

For Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, it is clearly consistent with the interests of national security to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is granted.

Marc E. Curry
Administrative Judge