



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



In the matter of:

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ISCR Case No. 19-00151

Applicant for Security Clearance

**Appearances**

For Government: Brittany White, Esq., Department Counsel

For Applicant: *Pro se*

08/09/2019

**Decision**

HARVEY, Mark, Administrative Judge:

From December 2018 to July 2019, Applicant attended 23 individual sessions of psychotherapy. Her treating psychologist concluded she did not have any mental-health issues of security concern. Guideline I (psychological conditions) security concerns are mitigated. Access to classified information is granted.

**Statement of the Case**

On May 17, 2017, Applicant completed and signed a Questionnaire for National Security Positions (SF 86) or security clearance application (SCA). (Government Exhibit (GE) 1) On February 22, 2019, the Department of Defense (DOD) Consolidated Adjudications Facility (CAF) issued a statement of reasons (SOR) to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017. (Hearing Exhibit (HE) 2)

The SOR detailed reasons why the DOD CAF did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and recommended referral to an administrative judge to

determine whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guideline I.

On April 5, 2019, Applicant responded to the SOR, and she requested a hearing. (HE 3) On May 9, 2019, Department Counsel was ready to proceed. On May 31, 2019, the case was assigned to me. On June 28, 2019, the Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing, setting the hearing for July 11, 2019. (HE 1) Applicant waived her right to 15 days of notice of the date, time, and location of her hearing. (Tr. 12-13)

During the hearing, Department Counsel offered five exhibits; Applicant offered eight exhibits; Applicant did not object to Department Counsel's exhibits; and Department Counsel's proffered exhibits were admitted into evidence. (Transcript (Tr.) 16; Government Exhibit (GE) 1-5) Department Counsel objected to Applicant Exhibit (AE) A, a statement from Dr. Y, Applicant's current treating psychologist, and AE B, a statement from Applicant's mother, due to lack of authentication because they were unsigned, had no letterhead, and the statement from her treating psychiatrist contained two different fonts and repeated a sentence. (Tr. 17-18, 54-55) Applicant said the statements were documents she received via email from her physician and mother, and she said she would obtain authentication after the hearing. (Tr. 18-21, 54-56) I admitted the documents indicating the lack of signatures went to the weight the documents would receive. (Tr. 21) Department Counsel had no additional objections and the eight exhibits were admitted. (AE A-AE H) On July 19, 2019, DOHA received a transcript of the hearing. On August 2, 2019, Dr. Y emailed a signed letter to me. (AE I) On August 5, 2019, Applicant's mother's notarized letter was provided to me. (AE J) Department Counsel did not object to admissibility of AE I and AE J. The record closed on August 9, 2019. (Tr. 88)

Some details were excluded to protect Applicant's right to privacy. Specific information is available in the cited exhibits.

### **Findings of Fact**

SOR ¶ 1.a alleges Applicant was "diagnosed with possible Psychosis, possible Bipolar Disorder, and possible Borderline or Antisocial Personality Disorder based in part on [her] history of high-risk behaviors, including assuming other people's identities, self-harm, thoughts of harming others, and taking out a \$20,000 loan in your mother's name without her permission."

SOR ¶ 1.b alleges that in December 2018, a licensed psychologist "diagnosed [Applicant] with Other Specified Personality Disorder (mixed personality features) and Generalized Anxiety Disorder."

In Applicant's SOR response, she denied SOR ¶ 1.a and admitted SOR ¶ 1.b. (HE 3) She also provided extenuating and mitigating information. Applicant's admissions are accepted as findings of fact. Additional findings of fact follow.

Applicant is 34 years old, and she is a senior consultant and program management office software development team lead. (Tr. 6, 29; GE 1) In 2002, she graduated from high school. (Tr. 6) In 2012, she received a bachelor's degree with a major in political science with a focus in international affairs. (Tr. 6-7, 28) In 2019, she received a master's degree in international security. (Tr. 6-7) She has never married, and she does not have any children. (Tr. 7) Her parents divorced when she was six years old. (Tr. 76) She has no siblings; however, she is close to her stepbrother. (Tr. 77) She has not served in the U.S. armed forces. (Tr. 7)

## **Psychological Conditions**

When Applicant was 10 years old, she received treatment for autism-related issues because she had anxiety and difficulty reading social cues. (Tr. 31) From age 10 to 12, she did not receive treatment, and then treatment resumed when she was 13, stopped when she was 14, and resumed again when she was 15. (Tr. 32) She was occasionally prescribed antidepressants. (Tr. 32)

When Applicant was 16 years old, her 20-year-old team lead during an internship sexually assaulted her. (Tr. 33, 39, 59-62; AE J at 2-3) Applicant described it as a "date rape." (Tr. 61) She made a police report about the assault about four years later; however, he was never charged. (Tr. 61) She received mental-health treatment for about six months. (Tr. 33, 62)

## **Dr. K's Treatment and Notes**

Dr. K's treatment notes are a combination of brief handwritten notes and checklists. (GE 4) The notes are a series of conclusions with few supporting details or facts about Applicant's past conduct and behavior. (GE 4)

During therapy after the sexual assault occurring about 18 years ago, Applicant wondered whether she had been previously sexually assaulted by her father or someone else. (Tr. 39) She had some flashes or dreams about being sexually assaulted. (Tr. 40) She was confident that her father had not sexually assaulted her. (Tr. 40) She regretted telling Dr. K years later about her previous suspicions about her father sexually molesting her. (Tr. 40-41) She was able to rule out the possibility that her father sexually assaulted her. (Tr. 41) She believed a babysitter may have sexually assaulted her when she was about three years old based on "vague impressions." (Tr. 41) Applicant's mother described the sexual assault in her statement. (AE J at 3)

In December 2012 and January 2013, Applicant sought and received treatment from Dr. K because she was upset, embarrassed, and ashamed about having an 18-month affair with an older, married coworker. (Tr. 22, 34, 36, 62-65) It was against her employer's informal unofficial rules; however, she denied that she engaged in the affair to obtain any professional advantage. (Tr. 22, 64-65; AE J at 4) She ended the affair because she knew it was morally wrong and they were "lying to everybody." (Tr. 62) She may have exaggerated her faults in the way she described her behavior to Dr. K because she wanted accountability. (Tr. 22, 24, 67; AE J at 1) She was highly anxious, and she

wanted Dr. K to take her concerns seriously. (Tr. 22-23) She wanted him to help her address the underlying cause of her bad decisions. (Tr. 23, 34-35, 67) She met with Dr. K six times, and then he retired. (Tr. 23, 45) Her treatment was transferred to Dr. M, and she saw him once or twice, and then she stopped seeking counseling. (Tr. 23, 45-46)

Dr. K's treatment notes indicate "when I script or pattern after others' boyfriend in martial arts, tried to appear as martial artist." (GE 4 at 1) His notes indicate she assumed the identities of other people and portrayed different personalities. (GE 4 at 1) However, Dr. K did not explain how she said she manifested these behaviors other than his note about Applicant's involvement in martial arts. He does indicate Applicant explained that sometimes she adopted mannerisms of friends; however, she denied that she assumed their identities. (Tr. 68) She was in a two-year relationship with a man who showed her some martial arts. (Tr. 68) He complimented her athletic ability in martial arts, and she told Dr. K that she was good in martial arts. (Tr. 69) This was an exaggeration because she did not have any formal training in martial arts. (Tr. 69) She denied that she has ever lied about her name, occupation, or educational background. (Tr. 69) Dr. K said she was a "pathological liar" and "made up stories" (GE 4 at 1); however, he did not give an example or provide a basis for these conclusions.

Applicant experimented with cutting herself when she was 19 or 20 years old; however, the cutting was slight and so insignificant that she did not bleed. (Tr. 70) She tried it because some of her friends were doing it. (Tr. 70) Dr. K described her admission of self-harm or cutting. Applicant's mother denied that Applicant engaged in self-harm. (AE J at 3) He also indicated she engaged in other high-risk behaviors including assuming other's identities, homicidal ideation, taking out a loan in her mother's name, and noted his diagnosis of possible Psychosis, possible Bipolar Disorder, and possible Borderline or Antisocial Personality Disorder.

Dr. K indicated in his medical records that Applicant forged her mother's signature on a \$20,000 student loan application. (Tr. 51) Applicant said she signed her mother's name on the application for a \$7,000 student loan because her mother was out of the country. (Tr. 51; SOR response) Applicant's mother corroborated Applicant's statement about the circumstances of Applicant signing her mother's name. (AE J at 2) When Applicant's mother returned, Applicant told her that she signed her name on the application. (Tr. 52) Her mother asked her not to sign her name without informing her first. (Tr. 52) Applicant repaid the student loan. (Tr. 51; AE J at 2) Applicant never intended to commit theft or deceive her mother about the loan. (Tr. 53)

Dr. K said Applicant disclosed that she shoplifted a necklace when she was in college. Applicant admitted the theft to her mother. (AE J at 2)

Dr. K advised her that she needed medication to calm her and slow her racing thoughts, and not to address bipolar disorder. (Tr. 24) Dr. K said he was not going to formally diagnose Applicant. (Tr. 37) "He said that the medication would help [her with] anxiety and the rapid cycling of things." (Tr. 39) She took the medication as directed but gradually reduced the dosage. (Tr. 25) On December 12, 2012, Dr. K completed "history" and a checklist of Applicant's mental health. (GE 4 at 1-7) Dr. K wrote rule out Bipolar

and rule out Borderline or other personality disorder i.e. antisocial during his intake “impression.” (GE 4 at 7) He repeated these impressions on December 27, 2012, and added Psychosis Not Otherwise Specified (NOS). (GE 4 at 8) On January 8, 2013, Dr. K and Applicant discussed her relationship with a married man at work, and Dr. K said “she had [an] affair to gain advantage in workplace” and for “impression” he wrote simply “Psychosis NOS.” (GE 4 at 9) On January 15, 2013, Dr. K wrote about Applicant’s desire to appear attractive and desirable, and under “impression” he again wrote “Psychosis NOS.” (GE 4 at 10) On January 22, 2013, Dr. K discussed Applicant’s relationship with her mother and described Applicant as emotionally needy, and highly disorganized, and his “impression” was again “Psychosis NOS” and “Borderline” personality disorder. (GE 4 at 11) Dr. K did not provide his final conclusions or diagnosis.

Applicant received prescriptions from Dr. K, Dr. M, and general practitioners for Seroquel, and it helped because it slowed her racing thoughts and reduced her anxiety. (Tr. 42-44, 46) However, it was “pretty flattening” and “blunted” her reactions to others. (Tr. 42) Applicant was aware that Seroquel “is used to treat certain mental/mood conditions (such as schizophrenia, bipolar disorder, sudden episodes of mania or depression associated with bipolar disorder).” (Tr. 43-44; See also “Seroquel” webpage, WebMD website, <https://www.webmd.com/drugs/2/drug-4718/seroquel-oral/details>) Dr. K told her that he was prescribing Seroquel to help her with anxiety and to slow her emotions, and he never told her it was for the serious mental illnesses such as bipolar disorder. (Tr. 44) Around March of 2018, she stopped taking Seroquel. (Tr. 44-45)

## **Evaluation of Dr. B**

In December 2018, Dr. B, a psychologist, reviewed Applicant’s medical and security records, conducted a Personality Assessment Inventory (PAI) test, and interviewed Applicant and her mother. (GE 2) Dr. B did not provide therapy or counseling to Applicant. Dr. B said:

neuropsychiatric notes from [Dr. K in] 2012 show that she has a history of: “pathological lying, being manipulative, making up stories, assuming identities of others, portraying different personalities, telling people she was a rape victim (accusing her father), telling people she had PTSD, trying to prove she was gay . . . sleeping with others’ spouses to gain advantage in the workplace . . . preoccupation with image and needing to appear attractive, rapidly developing fantasy personas . . . thoughts of harming others and self-harm.” (GE 2 at 3-4)

When Dr. B called Applicant’s mother, her mother said the loan Applicant applied for was for \$500. (GE 2 at 4)

During Dr. B’s interview of Applicant, Dr. B described Applicant in generally normal and positive terms. However, Dr. B said, “Her insight, judgment, and memory seemed poor, and many of her recollections seemed vague.” (GE 2 at 5) For example, Applicant denied past self-harm and homicidal ideation. Applicant’s guardedness was attributed to “a combination of denial, concealment, and intentional lack of full candor.” (GE 2 at 5)

When Dr. B interviewed Applicant, she denied any history of self-harm. (Tr. 70) She did not disclose that she told Dr. K about cutting herself. (Tr. 34, 70) She believed Dr. B's question about self-harm was more focused on whether she was currently considering self-harm than on her conduct more than 10 years ago. (Tr. 70) She denied having any thoughts of self-injury or to harm others. (Tr. 70-71) Applicant has never been a mental health inpatient. (Tr. 71)

Applicant denied that she was a "pathological liar," and she denied that she admitted to Dr. K that she was a pathological liar. (Tr. 39) She denied that she assumed the identity of another. (Tr. 39) Dr. B noted that based on Applicant's self-report and her PAI, which she described as "valid," "it would seem she was grappling with mild anxiety." (GE 2 at 7) However, Dr. B concluded because of background information, her clinical interview, and observations and PAI "she may meet criteria for a personality disorder." (GE 2 at 7)

Dr. B concluded that Applicant's "behavioral health history suggests numerous behaviors that cast doubt on her judgment, reliability and/or trustworthiness; as such, it may be imprudent to grant her access to classified information. Based on previous medical opinions and current diagnoses, she presents with conditions that could pose a significant risk to national security." (GE 2 at 8)

#### **Dr. Y's Evaluation and Treatment**

After Dr. M's sessions, Applicant did not see a psychologist or psychiatrist until December 2018. (Tr. 47-48) Documentation from Dr. M's sessions is not included in the file. (GE 4) She frequently attended church and she received some spiritual guidance between 2013 and 2018. (Tr. 47-48) She resumed treatment with Dr. Y, a psychologist, in December 2018 to help her with relationships. (Tr. 49-50) She had 23 appointments with Dr. Y from December 2018 to July 2019. (Tr. 50; AE G)

Dr. Y said he had read and assessed the reports by Dr. K and Dr. B, provided to Applicant in relation to her clearance hearing. Dr. Y described Applicant's mental condition as follows:

[S]he has a custom of seeking professional counseling, which comes from her family culture which views mental health similarly to physical health. [Her] commitment to personal growth, mental health and strong relationships leads her to a healthy pattern of counseling and other healthy behaviors. I have worked with [her] weekly since December of 2018 and have found her to be responsible, candid, and discerning. I recommend her for clearance at the Secret level.

[She] voluntarily began cognitive behavioral therapy sessions with me in December 2018, and she has seen me regularly about once per week since then. My overall assessment of [her] is that she is a woman who is voluntarily and earnestly seeking to improve on a few primitive defense mechanisms that impact her immediate, primary relationships (e.g., her

mother, a past serious boyfriend). She is consistently clear, alert, aware and coherent; she is successful professionally and academically, builds and maintains positive relationships with colleagues, supervisors, clients, friends and acquaintances. Her home life has been consistent and stable for nearly seven years. She is dedicated to and motivated by issues of national security and is a strong patriot; she is intelligent, sensitive to information sharing violations, and a sensible professional. It is my view of [Applicant] that:

- She is aware of her shortcomings and faults and earnest in her desire and attempts at improving[.]
- She does not display or report criminal, harmful, violent or erratic thoughts or behaviors[.]
- She is forthcoming when discussing her goals for improvement[.]
- She has displayed and maintained a strong and consistent sense of identity throughout our sessions.
- She generally maintains a consistent, steady demeanor.
- She builds stable, positive and mature relationships with friends, colleagues, family, and partners.

I have not seen any of the very concerning behaviors referred to by Dr. [K] from 2013.

[Applicant] has not shown any paranoid or bizarre behaviors, delusional thinking, hallucinations, no self-harming or thoughts of harming others. She has been engaging in healthy dating of men and has been doing well in her relationship with her mother.

Seven years is a long time and [Applicant] has been and continues to mature as a responsible adult woman.

It is my professional opinion that she can be trusted with classified information at the sensitive but unclassified and Secret levels and that she will be an asset to national security.

(AE I)

Applicant has excellent credit, has never been arrested, has no record of violence against others, and an excellent work history. (Tr. 74; AE D; AE G; AE H) She has solid relationships with family and friends. (Tr. 74)

## Policies

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, “no one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy to have access to such information.” *Id.* at 527. The President has authorized the Secretary of Defense or his designee to grant applicant’s eligibility for access to classified information “only upon a finding that it is clearly consistent with the national interest to do so.” Exec. Or. 10865.

Eligibility for a security clearance is predicated upon the applicant meeting the criteria contained in the adjudicative guidelines. These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with an evaluation of the whole person. An administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. An administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable.

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation about potential, rather than actual, risk of compromise of classified information. Clearance decisions must be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See Exec. Or. 10865 § 7. Thus, nothing in this decision should be construed to suggest that it is based, in whole or in part, on any express or implied determination about applicant’s allegiance, loyalty, or patriotism. It is merely an indication the applicant has not met the strict guidelines the President, Secretary of Defense, and DNI have established for issuing a clearance.

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of establishing controverted facts alleged in the SOR. See *Egan*, 484 U.S. at 531. “Substantial evidence” is “more than a scintilla but less than a preponderance.” See *v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant’s security suitability. See ISCR Case No. 95-0611 at 2 (App. Bd. May 2, 1996).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant “has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance.”

ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). “[S]ecurity clearance determinations should err, if they must, on the side of denials.” *Egan*, 484 U.S. at 531; see AG ¶ 2(b).

## **Analysis**

### **Psychological Conditions**

AG ¶ 27 articulates 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.

AG ¶ 28 provides two conditions that could raise a security concern and may be disqualifying in this case:

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

The opinions of Dr. K and Dr. B are sufficient to establish AG ¶¶ 28(a) and 28(b). Further details of their opinions will be discussed in the mitigation analysis, *infra*.

Five mitigating conditions under AG ¶ 29 are potentially applicable:

- (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 shows indications of emotional instability; and

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

The DOHA Appeal Board concisely 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).

ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013).

AG ¶ 29(b) applies. During Dr. K's initial assessment of Applicant when he started his treatment, he wrote possible Psychosis, possible Bipolar Disorder, and possible Borderline or Antisocial Personality Disorder. He did not provide a prediction or probability of his belief in the accuracy of these possibilities. His concluding "impression" indicated "Psychosis NOS" and Borderline Personality Disorder. This "impression" is an evaluative determination that is short of a diagnosis and is a step towards a diagnosis. He did not tell Applicant that he diagnosed her with Psychosis and/or Borderline Personality Disorder; however, he did prescribe Seroquel, which is often used to treat serious mental-health disorders involving Psychosis. Applicant believed Seroquel was prescribed to help her with racing thoughts and anxiety. She stopped taking Seroquel around March of 2018. There is no evidence she failed to follow treatment advice or failed to take Seroquel against the advice of a mental-health provider.

Dr. B indicated Applicant may have a personality disorder or may have mild anxiety. Dr. B focused on Applicant's behavior and conditions as the basis for a security concern; however, Dr. B's belief that Applicant had behaviors of security concern was based on Dr. K's cryptic notes and Applicant's unwillingness to provide corroboration of Dr. K's concerns. Applicant acknowledged that she was under significant stress in December 2012 when she sought Dr. K's help, and she exaggerated her mental-health history to him to get him to take her concerns seriously. Although corroboration is not

required, and the Government has no burden to present such evidence, it is notable that there was no corroboration from witness statements, hospital admissions, or police reports that Applicant's behaviors were of security concern.

Clearly, the most reliable diagnosis is from Dr. Y, who had 23 sessions with Applicant from December 2018 to present. Treatment is continuing and the condition has not completely resolved. The magnitude of Dr. Y's contacts with Applicant, and their recency merit more weight than the opinions of Dr. K and Dr. B. Applicant's character statement from her mother, and performance evaluations provide further corroboration of Dr. Y's opinion that Applicant is sufficiently trustworthy to receive access to classified information. Psychological conditions security concerns are mitigated due to the application of AG ¶ 29 (b).

### **Whole-Person Analysis**

In all adjudications, the protection of our national security is the paramount concern. The adjudicative process is a careful weighing of a number of variables in considering the whole-person concept. It recognizes that we should view a person by the totality of his or her acts, omissions, and motivations as well as various other variables. Each case must be adjudged on its own merits, taking into consideration all relevant circumstances and applying sound judgment, mature thinking, and careful analysis. Under the whole-person concept, the administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(a):

- (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 determination of whether to grant a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I have incorporated my comments under Guideline I in my whole-person analysis. Some of the factors in AG ¶ 2(a) were addressed under that guideline, but some warrant additional comment.

Applicant is 34 years old, and she is a senior consultant and program management office software development team lead. In 2012, she received a bachelor's degree with a major in political science with a focus in international affairs. In 2019, she received a master's degree in international security. She has never married, and she does not have any children. Her parents divorced when she was six years old. She has no siblings; however, she is close to her stepbrother.

There was a bona fide security concern in 2012 when Applicant sought assistance from Dr. K. She ended an adulterous relationship with a supervisor where she was employed. She was under stress and exaggerated her mental health issues during her interview with Dr. K.

Applicant has received a reliable diagnosis from Dr. Y, who has 23 sessions with Applicant from December 2018 to present. Dr. Y's opinion that Applicant is sufficiently trustworthy to receive access to classified information is clear and convincing.

It is well settled that once a concern arises regarding an applicant's security clearance eligibility, there is a strong presumption against granting a security clearance. See *Dorfmont*, 913 F. 2d at 1401. I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, and the AGs, to the facts and circumstances in the context of the whole person. Psychological conditions security concerns are mitigated.

### **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 I: FOR APPLICANT

Subparagraphs 1.a and 1.b: 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 or continue Applicant's eligibility for a security clearance. Eligibility for access to classified information is granted.

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Mark Harvey  
Administrative Judge