



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



In the matter of:)	
)	
)	ISCR Case No. 19-02632
)	
Applicant for Security Clearance)	

Appearances

For Government: Andrew H. Henderson, Esq., Department Counsel
For Applicant: Catie Young, Esq.

April 9, 2021

Decision

GLENDON, John Bayard, Administrative Judge:

Applicant failed to mitigate security concerns regarding psychological conditions. Based upon a review of the pleadings, the documentary evidence, and Applicant’s testimony, national security eligibility for access to classified information is denied.

Statement of the Case

On May 16, 2016, Applicant filed a security clearance application (SCA). The Department of Defense Consolidated Adjudications Facility (DoD CAF) issued a Statement of Reasons (SOR) to Applicant on November 25, 2019, detailing national security concerns under Guideline I (Psychological Considerations). The DoD CAF acted under Executive Order 10865, *Safeguarding Classified Information within Industry* (Feb. 20, 1960), as amended; DoD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Jan. 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) promulgated in Security Executive Agent Directive 4, *National Security Adjudicative Guidelines* (Dec. 10, 2016), effective within DoD on June 8, 2017.

Applicant responded to the SOR allegations in writing in an answer, dated February 11, 2020, in which he admitted parts of the Government's allegations with detailed explanations and denied other parts. (Answer). He requested a hearing before an administrative judge of the Defense Office of Hearings and Appeals (DOHA). On November 12, 2020, the case was assigned to me. DOHA issued a Notice of Hearing on February 16, 2021, scheduling the hearing for March 10, 2021.

I convened the hearing as scheduled. Department Counsel presented three proposed exhibits, marked as Government Exhibits (GE) 1 through 3. I marked Department Counsel's March 20, 2020 discovery letter, which lists the Government's exhibits, as Hearing Exhibit I. At the conclusion of the hearing, the Government offered a fourth exhibit, marked GE 4. (Tr. at 8, 77.)

Applicant's counsel introduced a number of exhibits at the hearing, which she designated as Applicant Exhibits (AE) A through G. She also provided a substitute Exhibit List, which I marked as Hearing Exhibit II. She requested that I keep the record open until March 24, 2021, to give her the opportunity to submit additional exhibits. I approved her request. Applicant's counsel emailed three exhibits on March 24, 2021 (Hearing Exhibit III) and the record closed. She identified the supplemental exhibits as AE H, I, and J. In the absence of any objections, I admitted all of the exhibits of both parties into the record. DOHA received the hearing transcript (Tr.) on March 19, 2021. (Tr. at 6, 8-11, 82.)

Findings of Fact

Applicant's personal information is extracted from his SCA unless otherwise indicated by a parenthetical citation to the record. After a thorough and careful review of the pleadings, including Applicant's admissions in his Answer, his testimony, and the documentary evidence in the record, I make the following findings of fact.

Applicant is 35 years old and married in 2016. He and his wife have no children. He earned a bachelor's of science degree in 2011. He is currently enrolled in a master's program, which is scheduled to finish in the fall of 2022. He and a friend co-founded a business that serves as a subcontractor for a U.S. Government contractor. (Tr. at 11-14.)

Following Applicant's graduation in 2011, his employer at the time sponsored him to apply for a security clearance. He was granted an interim secret clearance while his application was pending. The DoD CAF required that Applicant provide written answers and documents in response to interrogatories relating to his past treatment for mental-health disorders. Applicant failed to respond to the interrogatories in a timely manner. The DoD CAF revoked his interim clearance and terminated the processing of his application. (Tr. at 15-17.)

June 2019 Mental Health Evaluation

In May 2016, Applicant reapplied for a clearance. In March 2019, the DoD CAF requested that Applicant voluntarily participate in an independent psychological

evaluation. He agreed to do so, and on June 20, 2019, a licensed clinical psychologist (the LCP) conducted an evaluation. The next day, she prepared a nine-page summary of her psychological evaluation (June 2019 Report) and attached her eight-page CV, to establish her credentials.

The LCP concluded that Applicant's diagnostic profile is the following: "Bipolar II Disorder, Generalized Anxiety Disorder, Attention-Deficit/Hyperactivity Disorder (predominantly inattentive type), Alcohol Use Disorder (in sustained remission), Cannabis Use Disorder (in sustained remission), and Nonadherence to Medical Treatment (by history)." She noted that he continues to experience anxiety daily. She wrote that "the risk of future mood disturbance seems moderate" and that "it can be mitigated through treatment compliance" and other ongoing efforts. She concluded, however, that:

[Applicant] currently presents with several conditions and a behavioral health history that could pose a significant risk to his judgment, reliability and/or trustworthiness concerning classified information. Although [Applicant] reported having "very good judgment under most circumstances," he continues to struggle with behavioral and emotional regulation on a daily basis. Furthermore, questionable treatment compliance points to a guarded prognosis.

SOR Allegations

The SOR contains the following three allegations:

1.a. Mental-health treatment in 2004 at an addiction and recovery facility.

Applicant was diagnosed with Bipolar Disorder and Attention Deficit Disorder. SOR ¶ 1.a also alleges that he missed appointments and failed to follow his treatment plan.

In his Answer, Applicant denies that this allegation is factually correct. He was treated for substance abuse at the identified facility in 2004 when he was 19 years old. He claims he was never diagnosed with any mental disorders during his treatment for addiction. (Answer at 3-4.)

Applicant testified at the hearing that at that time, he was self-medicating his depression and anxiety with marijuana and alcohol. His father encouraged him to seek help, and Applicant attended 12 weekly group sessions on an out-patient basis at the addiction recovery facility identified in the SOR. Applicant also received medication. The facility did not provide mental-health services and provided no diagnosis of his mental-health condition. He clarified that when he was 18 he was hospitalized for two weeks and received a formal mental-health diagnosis of Bipolar II Disorder. (See discussion under SOR ¶ 1.b, below.) At that time, he was also suffering from a serious problem with suicidal ideation. A few years earlier, when he was 14 or 15, he was diagnosed with depression. Applicant has established that this allegation in the SOR identified the wrong facility, but is otherwise correct. (Tr. at 22-24, 45, 54-55, 64, 75.)

Applicant admitted that after his substance-abuse treatment, he did not fully comply with his mental health treatment plan, which was established in the earlier 2003 to 2004 period. In January 2005, he ceased all treatment and medication. At the time of his 2019 Government-requested psychological evaluation and at the hearing, Applicant attributed his decision to a number of factors, but primarily to a lack of maturity. He did not understand the importance of his treatment and the positive impact that treatment had on his life. (Tr. at 22-24, 56-57; GE 2 at 4.)

1.b. Treatment at a mental-health facility from December 2003 to January 2005. A licensed social worker diagnosed Applicant as suffering from Bipolar II Disorder and Chronic Mood Disorder. In January 2005, he stopped his treatment and refused any further treatment.

In his Answer, Applicant admitted this allegation based upon the same facts discussed above. He attributed his failure to adhere to treatment recommendations to his lack of maturity at a time when he was 18-20 years old. He provided additional reasons for his behavior. Initially, he was pressured to relocate to the native country of his then-girlfriend. He moved with her and lived there for about one year. He returned to the United States and attended college. He wrote that he could not study while being medicated for anxiety. He ultimately graduated from college in 2011. His first job required that he apply for a security clearance. As noted above, he failed to respond to the Government's interrogatories during the processing of his earlier security clearance application. He "deferred" his mental health needs until May 2019, a period of 14 years since he stopped treatment in 2005. He is now committed to living a life that prioritizes the treatment of his mental-health disorders. (Answer at 4-6.)

Applicant's testimony at the hearing provided additional details about this period of his life. He reported that when he was 18 he was hospitalized for two weeks and was given his first diagnosis by a mental-health professional. He did not take his treatment plan seriously and failed to take his medication as required. While living abroad, he had no health care. He experienced severe anxiety and emotional swings associated with Bipolar Disorder. He took no medication during the 14-year period from 2005 to 2019, with the brief exception of taking tranquilizer medication during part of his college years. When he first applied for a security clearance, he was experiencing severe anxiety and depression. He attributed his failure to respond to the Government's interrogatories in 2013 to his mental-health condition at that time. (Tr. at 20-22, 25-34, 57-58.)

1.c. June 2019 psychological evaluation. The LCP diagnosed Applicant as described above, and gave him a guarded prognosis due to his history of failing to comply with necessary treatment for years prior to 2019. She also concluded that Applicant's mental-health conditions and his behavioral history "could pose a significant risk to his judgment, reliability and/or trustworthiness concerning classified information."

In his Answer, Applicant admitted that at the time of his 2019 evaluation, he had just "recommended" his treatment and medications three weeks earlier. He does not

dispute the LCP's evaluation of him at that point in time, nor does he dispute that there is historical evidence of non-compliance.

At the hearing, Applicant described in detail his current medication treatment and his ongoing compliance. He also explained his involvement in his group-counseling therapy. He provided more historical detail about his mental-health conditions. He was ultimately diagnosed by a licensed social worker with Bipolar II Disorder and Chronic Mood Disorder in 2003. During the years 2005 through 2019, Applicant elected to forego any counseling or medication to address his mental-health disorders. He acknowledged that, even after submitting his SCA in May 2016, he was still in denial about his need for mental-health treatment. After the DoD CAF's request for a psychological evaluation in March 2019, Applicant decided to seek mental-health treatment again. He testified that this decision was made before his June 2019 psychological evaluation. In her June 2019 Report, the LCP noted that Applicant had only seen his new therapist once and could not recall the therapist's name or the medication prescribed by the therapist. Applicant emphasized at the hearing that his decision to begin mental-health treatment three years after his submission of his second SCA was based upon his desire to address his condition. (Tr. at 20-22, 35, 62-63; GE 2 at 4; GE 4.)

Applicant began seeing a licensed clinical social worker in May 2019. The last session with that therapist was in the first part of 2020, before the Covid-19 pandemic began. He only attended four sessions with her. Starting in November 2019, he has been under the care of a psychiatrist, who monitors his medication. Over time, Applicant has scheduled appointments with his psychiatrist less and less frequently. He only sees the psychiatrist when he needs to adjust his medications. He last saw his doctor in August 2020. Applicant's primary therapy is participating in group counseling, which he began in June 2019. That counseling started out as weekly group sessions, but the therapy has more recently been reduced to about once every three or four weeks. He is committed to taking all necessary steps to continue to maintain sound mental health. (Tr. at 35, 38-39, 41, 68-70; AE A at 3.)

Applicant testified that he has engaged in consistent, effective therapy and has been extremely compliant with his medication, which he listed in AE B. He believes that he is supported by a social network that he calls a "safety net" of individuals who are fully familiar with his mental-health issues. He feels he has the support of his therapist in the event of any emotionally difficult experiences. He testified that even with his medication, he experiences anxiety symptoms, although this happens infrequently. He testified candidly that he experiences hypomanic episodes as part of his Bipolar II Disorder in which he has "days of incredibly intense anxiety." He testified that he has been open and forthcoming about his condition in his dealings with Government security officials. He is proud that he is able to stay fully focused on his work and "apply himself in a creative and intellectual way." He also is pleased that his ability "to develop personal relationships has grown significantly under treatment." He feels that his condition is healthy and stable at this time. He is starting graduate school, is balancing those demands with his work commitments, and is managing successfully the stress of purchasing a home. He testified

that receiving treatment is the most important thing that contributes to the quality of his life. (Tr. at 36-48, 72.)

In his evidentiary submissions, Applicant did not provide a psychological evaluation from a qualified therapist with a favorable analysis of his current condition. In his Answer, he wrote: "I believe that a repeat evaluation by a licensed psychologist would conclude that my current course of treatment is effective and that my prognosis is extremely good." (Answer at 3.)

At the hearing, Applicant submitted "Verifications of Treatment" from his psychiatrist, dated January 21, 2020, and March 5, 2021; and from **both** his therapist and group-counseling therapist, ~~both~~ dated January 8, 2020. None of the verifications provide a diagnosis, though the two therapists wrote that his prognosis is "very good" with continued treatment. The verifications set forth limited factual statements describing Applicant's treatment plan and his compliance with it. The most detailed information was provided by Applicant's group-counseling therapist, a Licensed Clinical Social Worker (the LCSW), in a one-paragraph statement. In January 2020, she wrote in relevant part:

[Applicant's] progress has been excellent and he is very conscientious about following through on treatment recommendations and homework. He also communicates with his psychiatrist on a consistent basis and is compliant with his medication regimen. He keep in regular contact with his treatment team and is quick to alert us of any concerns. [Applicant's] condition responds well to medication and he is consistent in keeping all of his appointments. With continued treatment and proactive use of therapeutic techniques, [Applicant's] prognosis is very good.

AE A at 1. Applicant provided no update to the LCSW's 2020 verification.

Applicant's counsel noted at the hearing that Applicant's insurance company only uses mental-health providers from the employer of the three therapists referred to above. She also represented that the therapists' employer has a policy against providing more detailed reports. (Tr. at 92.)

Applicant's wife, with whom he has lived since 2011, also wrote a letter of support, dated February 10, 2020, in which she praised his progress in managing his mental-health problems. She updated that letter in a post-hearing submission, dated March 7, 2021 (AE H), in which she wrote:

In summary, I believe [Applicant] has made great progress in managing his care. Although mental health will always be an aspect of his life that will need to be controlled, I feel he is more than capable of addressing any situation that may arise successfully.

Applicant testified sincerely that he is highly motivated to continue his compliance with his treatment plan because it is only by doing so that he avoids painful daily anxiety.

He describes himself as “functional” but “not neurotypical.” He said that he has no intention to ever use marijuana again because it only makes his anxiety worse. He also testified that he rarely drinks alcohol because he has a condition that makes him sick when he does so. (Tr. at 20.)

Whole-Person Evidence

Applicant introduced five reference letters, including an update by one reference, a letter from his wife with an update, his CV, his college transcript, and his admission documents to a graduate program at a prestigious U.S. university, along with his transcript covering his first four courses as a part-time graduate student. All of this evidence supports the conclusion that Applicant is a highly functional individual with outstanding technical skills in his field. He works in areas described as “state of the art” in the field. All of his references are fully aware of Applicant’s mental-health disorders. They have not experienced any time when his problems have affected Applicant’s professional conduct. They respect his intellect, judgment, honesty, and integrity. Each reference believes that Applicant can be trusted to safeguard classified information. (AE C – J.) -

Policies

“[N]o 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 applicants 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 § 2.

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, an administrative judge applies these guidelines 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 and 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 that 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 made “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” Exec. Or. 10865

§ 7. Thus, a decision to deny a security clearance is merely an indication the applicant has not met the strict guidelines the President and the Secretary of Defense 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. 15-01253 at 3 (App. Bd. Apr. 20, 2016).

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 burden of proving a mitigating condition, and the burden of disproving it never shifts to the Government. See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005).

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). "[S]ecurity clearance determinations should err, if they must, on the side of denials." *Egan*, 484 U.S. at 531.

Analysis

Guideline I, Psychological Conditions

The security concern under this guideline is set out in AG ¶ 27 as follows:

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 contains five potentially disqualifying conditions that could raise security concerns. Four of the conditions apply to the facts found in this case:

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;

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;

AG ¶ 28(c): voluntary or involuntary inpatient hospitalization; and

AG ¶ 28(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.

AG ¶ 29 contains five conditions that could mitigate security concerns arising from psychological conditions. All five conditions potentially apply to the facts of this case:

AG ¶ 29(a): the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

AG ¶ 29(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;

AG ¶ 29(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;

AG ¶ 29(d): the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and

AG ¶ 29(e): there is no indication of a current problem.

AG ¶ 29(a) and 29(b) are partially established. Since May 2019, Applicant has demonstrated ongoing and consistent compliance with his treatment plan. He has voluntarily entered a counseling program and over a year ago, he received a favorable prognosis from two therapists that was conditioned upon his continued treatment. Although his mental-health conditions are under a degree of control, Applicant continues to experience severe anxiety on a daily basis. Accordingly, his condition is not "readily

controllable.” Also, his treatment began less than two years ago, which is a short period of compliance in light of Applicant’s history prior to May 2019.

AG ¶ 29(c) is partially established. The most recent evidence in the record from a mental-health professional is that of Applicant’s psychiatrist, dated March 5, 2021. The psychiatrist is not employed by the U.S. Government, and there is no evidence in the record that he is acceptable to, or has been approved by the U.S. Government. Unlike the LCP, who provided an impressive eight-page CV with her evaluation, the record contains no information about the credentials or expertise of Applicant’s psychiatrist. The recent evidence from Applicant’s psychiatrist is also a “Verification of Treatment.” It consists of four sentences with minimal information, none of which is relevant to the issue of whether Applicant’s condition is under control or in remission or whether there is a low probability of recurrence or exacerbation. The doctor merely concluded with a factual statement that Applicant “consistently participates in therapeutic activities.”

The two “Verifications of Treatment” from Applicant’s other therapists are dated more than one year prior to the close of the record. Neither of the earlier “Verifications of Treatment” in the record address the two factors listed in this mitigating condition, *i.e.*, that Applicant’s previous condition is “under control” and that there is “a low probability of recurrence or exacerbation.” The most relevant statement was written by the leader of Applicant’s group-therapy sessions, who asserted that “with continued treatment and proactive use of therapeutic techniques, [Applicant’s] prognosis is very good.” This could be viewed as stating that Applicant’s previous condition is “under control.” She qualifies the favorable prognosis, however, with the critical unknown in this analysis, which is whether Applicant will continue his treatment and proactively use therapeutic techniques in the future.

I cannot predict Applicant’s future involvement in therapy any more than the therapist can. His past history of 14 years of noninvolvement in therapy raises significant concerns, as noted by the Government’s LCP, given the established long-term nature of his diagnosis. Applicant has been in therapy now for less than two years. He sincerely testified that he is committed to continuing his treatment plan, and his wife has strongly supported his commitment. His actions, however, undercut his words. He has only seen his therapist on four occasions since May 2019. He last saw his psychiatrist in August 2020 and then only for medication management. The critical component of his treatment plan is the group therapy. This treatment focuses on cognitive behavioral therapy techniques, which has been very helpful to Applicant. He has, however, reduced his participation in the group status to about every three or four weeks.

Overall, the record evidence does not support full application of this mitigating condition. Applicant’s commitments in words to his therapy does not appear to be matched by his actions. With less than two years in therapy, it is too soon to conclude that he will continue to receive the therapeutic help he needs to manage his mental-health conditions with consistent success.

AG ¶ 29(d) is not established. The evidence supports the conclusion that Applicant's condition involves a lifelong struggle to overcome his Bipolar II Disorder and his Anxiety Disorder. In his testimony, he candidly explained that he struggles on a daily basis to control his anxieties. Under these circumstances, I cannot conclude that Applicant's disorders have been resolved and that he no longer shows indications of emotional instability.

For the same reasons, AG ¶ 29(e) is not established. Applicant readily admits that he has a current problem.

In light of the record as a whole, Applicant failed to carry his burden to establish mitigation of the security concerns raised by his psychological conditions. A significant gap in his mitigating evidence is the absence of an opinion of a mental-health professional who has recently evaluated Applicant and provided an unqualified opinion that persuasively rebuts the opinion of the Government's LCP, who evaluated Applicant in June 2019. Without such evidence, Applicant's relatively brief period of successful therapy and treatment does not fully mitigate the Government's security concerns.

Whole-Person Analysis

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. In applying the whole-person concept, an administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances and applying the adjudicative factors in AG ¶ 2(d), specifically:

- (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.

I have incorporated my comments under Guideline I in my whole-person analysis and applied the adjudicative factors in AG ¶ 2(d). Additional comments are warranted. Applicant's whole-person evidence is impressive. He has demonstrated that he is a highly functional person, who happens to also have been burdened from an early age with serious mental-health disorders. He is to be applauded for his courageous decision in May 2019 at age 33 to seek help, notwithstanding the fact that the instigation for that decision may have been the DoD CAF psychological evaluation request in March 2019. He faced a risk that he would be deemed ineligible to work in his chosen field of national security after that evaluation. Now, at age 35, Applicant's experience with serious and potentially debilitating mental-health disorders is ongoing. He is on a constructive path to

manage his very challenging conditions, but he has been on that path for a relatively short period of time. To mitigate security concerns about his mental-health conditions, he needs to establish a longer track record of meaningful participation in, and compliance with, appropriate mental health treatment of his long-term conditions. Overall, the record evidence as described above leaves me with questions and doubts as to Applicant's eligibility and suitability for a security clearance. After weighing the applicable disqualifying and mitigating conditions and evaluating all of the evidence in the context of the whole person, I conclude Applicant has not mitigated the security concerns raised by his psychological conditions.

Formal Findings

Paragraph 1, Guideline I:

AGAINST APPLICANT

Subparagraphs 1.a through 1.c:

Against Applicant

Conclusion

I conclude that it is not clearly consistent with the national interests of the United States to grant Applicant national security eligibility for a security clearance. Eligibility for access to classified information is denied.

John Bayard Glendon
Administrative Judge