



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



In the matter of:)	
)	
)	ISCR Case No. 21-00869
)	
Applicant for Security Clearance)	

Appearances

For Government: Mark Lawton, Esq., Department Counsel
For Applicant: Jeffrey Billett, Esq.

11/08/2022

Decision

RICCIARDELLO, Carol G., Administrative Judge:

Applicant mitigated the security concerns under Guideline I, psychological conditions; Guideline G, alcohol consumption; and Guideline E, personal conduct. Eligibility for access to classified information is granted.

Statement of the Case

On June 1, 2021, the Department of Defense (DOD) issued to Applicant a Statement of Reasons (SOR) detailing security concerns under Guideline I, psychological conditions; Guideline G, alcohol consumption; and Guideline E, personal conduct. The action was taken 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 adjudicative guidelines (AG) effective on June 8, 2017.

Applicant answered the SOR on September 1, 2021, and requested a hearing before an administrative judge. The case was assigned to me on August 15, 2022. The Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing on

September 9, 2022, scheduling the hearing for October 13, 2022. I convened the hearing as scheduled. The Government offered exhibits (GE) 1 through 6. Applicant objected to GE 6. The objection was sustained and the document was not admitted. GEs 1 through 5 were admitted into evidence. Applicant and one witness testified. He offered Applicant Exhibits (AE) A through J. There were no objections and the exhibits were admitted into evidence. DOHA received the hearing transcript on October 25, 2022.

Procedural Matters

The Government moved to amend SOR ¶ 1.d by deleting the words “and noted a diagnosis of bipolar disorder.” There was no objection and the motion was granted.

Findings of Fact

Applicant admitted the allegations in SOR ¶¶ 1.a, 1.b, 1.d, and 2.a. He admits and denies portions of SOR ¶¶ 1.c, 1.e and 2.b. He denies SOR ¶ 3.a. His admissions are incorporated into the findings of fact. After a thorough and careful review of the pleadings, testimony, and exhibits submitted, I make the following findings of fact.

Applicant is 45 years old. He earned a bachelor’s degree in 1999. He is not married and has no children. He has worked for his present employer, a federal contractor, since 2021. From 2012 to 2021, he was employed by a different federal contractor. He has held a security clearance at various times during the past 22 years and uninterrupted for the past ten years. (Transcript (Tr.) 27-30, GE 1)

Applicant acknowledged that he is a recovering alcoholic. He began consuming alcohol around age 14 and continued to January 2019. (SOR ¶ 2.a) He has never had any alcohol-related incidents away from work or at work. He has never been arrested or charged with an alcohol-related offense. He has never been disciplined for anything alcohol-related. In the past, he had issues with his ability to sleep and that caused him to be late for work on occasion. He testified these were not alcohol-related. (Tr. 30-35)

Applicant acknowledged that in 2012 he was using alcohol excessively. In 2013, on his own accord, he admitted himself to a 5-day inpatient detoxification program (SOR ¶ 1.a). He explained that at that time, he loosely had a plan that he would abstain from drinking for a while, but he did not plan to stop drinking alcohol forever. When he was discharged from inpatient treatment, he was diagnosed with anxiety and not otherwise specified alcohol dependence. For the next two and half years, he did not consume alcohol. He then began drinking and gradually increased his consumption. (Tr. 32-33, 42-45, 76-78; GE 3)

In 2017, Applicant realized he was drinking too much and again admitted himself to a 5-day inpatient detoxification program to get help. He was diagnosed with anxiety disorder, mood disorder, and alcohol dependence (SOR ¶¶ 1.b, 1.c). He acknowledged his consumption level was not normal and was harmful. He was referred to a therapist and a psychiatrist, who prescribed medication to help with anxiety associated with alcohol

withdrawal. He was told to abstain from alcohol consumption. He was told to take the medication as needed. Lethargy was a side effect of one of the medications. He credibly testified that he told his psychiatrist that his anxiety was better, and she agreed he could cease taking the medication. He credibly testified that he has always followed his doctors' orders regarding taking prescribed medications. He did not stop taking the medication contrary to medical advice. He was taking medication to relieve the anxiety associated with withdrawal symptoms and believed he was to take the drugs "as needed." He disputes he was noncompliant. He saw the psychiatrist for two visits and the therapist twice a month for six months. He testified that the medication he was prescribed was to temporarily treat his acute anxiety. When the anxiety ceased, he no longer took the medication. I found Applicant's testimony credible. (Tr. 45-49, 78-85, 105-108; GE 4)

Applicant abstained from consuming alcohol for about six months until 2018 when he resumed. Then he felt he was consuming too much alcohol and it was not normal. He again referred himself for treatment as an inpatient in a detoxification program for five days. (SOR ¶ 1.d) He had two visits with a psychiatrist and he did not recall if he saw a therapist. After completing the program in the latter part of 2018, he began attending Alcoholics Anonymous (AA). (Tr. 49-51, 85-90; GE 5)

Applicant acknowledged that he has been repeatedly told to abstain from alcohol consumption. He testified that his family and friends recommended he attend AA. He credibly testified that AA was more helpful than therapy, which was general and focused on trying to find an event that triggered his alcohol consumption. He was open to talking with a therapist, but it was the different approach that AA offered that made a difference. Being with a group of people with similar issues who could relate and understand his challenges was instrumental to his commitment to sobriety. They offered him different approaches to staying sober. He stated that after attending AA, he started to see a different aspect to his alcohol consumption. (Tr. 51-54, 103)

Applicant acknowledged that when he began participating in AA, he was ready to make a lifelong commitment to abstaining from alcohol consumption. His attitude shifted. Before, his commitment was to be sober for a period-of-time, but not forever. Since he began attending AA, his commitment is for life. He testified that his date of sobriety is January 25, 2019. He credibly testified that he has not consumed any alcohol since then. He provided photos of his sobriety chips, which included his three-year chip and other milestone chips. (Tr. 51-55, 59-60; AE D)

Applicant attends AA meetings weekly. He has a sponsor with whom he meets regularly and who guides him through the 12-step program and the "Big Book," which is the handbook for AA. His sponsor has moved and no longer attends the same meeting, but is geographically close so Applicant and he meet outside of the AA meetings and discuss how to proceed with his sobriety. Applicant provided copies of the attendance logs for his meetings since September 2020. He testified he attended weekly meetings before then. Applicant has also taken on a leadership role in the meetings by being the chairperson. He testified that the last three steps of the 12-step program are ones that are worked on in perpetuity. He detailed each step. The last step is to spread the message

to others and be a sponsor. He has reached out to be a sponsor to a person and is waiting for this person to respond. He goes to his AA meetings early to help setup and brings refreshments. He also will mentor new participants to the group. (Tr.53-62; AE C)

Applicant testified that he no longer suffers from anxiety. His previous anxiety was associated with his alcohol withdrawal. He does not take medication for anxiety and no one has suggested he seek treatment for any disorder. He has adopted a healthy lifestyle by going to the gym five days a week. He provided a copy of the attendance log from his gym. (Tr. 40-41, 62-65 100-101; AE F)

Applicant acknowledged that in the past he was embarrassed about his alcohol use. Now he does not have difficulty talking about it. Part of AA is to accept his condition and freely discuss his experience and abuse of alcohol. (Tr. 65-66, 102-103)

In January 2021 Applicant was evaluated by a licensed clinical psychologist and board certified neuropsychologist (LP), requested and approved by the government. She administered psychological tests. She diagnosed him with alcohol abuse disorder, severe in current remission and unspecified anxiety disorder. She opined that Applicant's judgment, reliability, and trustworthiness could be compromised based on his conditions. She noted that Applicant lacked candor during his interview, which suggested guardedness and possibly poor insight into his conditions. She opined that his psychological profile suggested that he was not open to treatment, which increased the likelihood of relapse. Therefore, her prognosis was guarded. (SOR ¶ 1.e). (GE 2)

Applicant provided context about his interview with LP. He explained that LP took issue with the amount and frequency of his alcohol use. He explained to her it was difficult to explain how much alcohol he consumed at different times because the amount and frequency varied and it was difficult to quantify. He believed he was open and honest with her. He believed that she thought he was being inconsistent because of his answer. He also believed that he no longer suffered from an anxiety disorder, which was associated with his alcohol abuse. (Tr. 66-67)

Applicant was evaluated by Dr. W who has a Ph.D. in psychology and has practiced in the field since 1976 and as a forensic and clinical psychologist since 1993. He is a Fellow of the American Psychological Association. He is licensed in several jurisdictions and has been qualified as an expert witness in different disciplines. He has an extensive curriculum vitae, which includes numerous articles he authored for professional publications and presentations. He is an expert in his field. (Tr. 111; AE H)

Dr. W. evaluated Applicant in November 2021 with the understanding that his evaluation would be objective. He noted LP's diagnosis was that Applicant was at risk of relapse for his prior alcohol use disorder, especially because he suffers from anxiety, which LP believed could lead to alcohol relapse. Dr. W. diagnosed Applicant with Alcohol Use Disorder, severe, in sustained remission. His prognosis was good. (Tr. 111-112; GE 2; AE G)

Dr. W reported that Applicant advised him that he occasionally experiences some degree of anxiety, but he does not think of alcohol as a needed solution. Applicant explained that alcohol was something he formerly used to help with insomnia, but he has maintained a consistent sleep schedule for the past three years, which has eliminated his insomnia and need for alcohol. Dr. W conducted psychological tests, which were significant in that they indicated that Applicant made no effort to minimize his mental or emotional problems and that he completed the test honestly and accurately, which is an indication of overall honesty on the part of Applicant. (AE G)

Dr. W reviewed the known and reported history, psychological testing, clinical interview and mental status examination of Applicant. He determined that Applicant had a history of alcohol abuse and dependence and that he had to undergo detoxification three times. Dr. W noted that "In Sustained Remission," indicates that the individual has not met the criteria for Alcohol Use Disorder in at least 12 months. In Applicant's case, he reported that he has abstained for over three years. Dr. W noted:

Abstinence is not required for an individual to be considered In Sustained Remission. All that is required is for the individual not to have met the criteria for the Alcohol Use Disorder Diagnosis during a 12-month period. However, for members of [AA] to be considered sober and compliant with the program of AA, they are required to be continually abstinent. (AE G)

Dr. W noted inconsistencies in LP's report. LP first determined that Applicant did not suffer from a mood disorder, but then stated that he had "minimal effective treatment for Alcohol Use Disorder nor his mood disorder." (GE 2 at page 5). LP's report references no mood disorder other than Bipolar Disorder, which LP indicated Applicant did not suffer from. Dr. W noted that LP concurrently stated that Applicant does and does not suffer from a mood disorder. Dr. W agreed with LP's conclusion that there was no evidence of Bipolar Disorder and he did not see any evidence of any other mood disorder. (Tr. 112-115, 121-122; AE G)

Dr. W noted that LP asserted that Applicant had minimal effective treatment for his alcohol use disorder. Dr. W emphatically disagreed with this, as Applicant has participated in AA, which in his opinion is the "most effective and widespread treatment for [Alcohol Use Disorder] in existence." (Tr. 112-115; AE G)

Dr. W noted that LP opined that Applicant was not fully candid in his interview. Dr. W found the opposite and noted that Applicant revealed information that was not flattering and went far beyond the questions posed to him. He noted that LP's administration of a psychological test was valid and indicated that Applicant was honest, which implies that he was inclined to be honest throughout his assessment with LP. (Tr. 115-118; AE G)

Dr. W's conclusions are that Applicant has suffered from alcohol problems during his adult life. He chose to discontinue alcohol use twice without obtaining the necessary follow-up intervention for his addictive behavior. On this third attempt, he followed up with the medical detoxification program with an acceptance of the AA program. Applicant has

fully accepted the full scope of the AA program. He does more than just document his attendance. He has a sponsor, has completed the 12-step program, and has volunteered his service for the program. This indicates Applicant accepts his need for sobriety and is not merely going through the motions to placate an outside authority. (Tr. 112-117; AE G)

Dr. W noted that Applicant's alcohol problem is familiar in that many individuals with alcohol problems repeatedly deny the seriousness and repeatedly tell themselves they can manage the problem on their own without a treatment program. Applicant believed this on two occasions following his medical detoxification. He ultimately arrived at the conclusion that he needed help to stay sober, and he could not resolve the problem on his own using will power alone. Dr. W noted that in AA, the final realization that an individual has an alcohol problem and needs outside help occurs when the individual hits "rock bottom." In Applicant's case, hitting rock bottom took the form of his realization that he was powerless over alcohol and that every medical detoxification was just going to lead to another medical detoxification unless he got help for his addiction. Dr. W stated:

It should be noted that [Applicant] has attained his current stability through his participation in AA. Every professional alcohol treatment program, whether residential or outpatient, always concludes treatment with a referral of patients to AA for long term, continuous follow up. Although [Applicant] did not participate in a residential alcohol treatment program, his final step towards recovery by attending and participating in the program of AA fits the pattern of those who successfully recover from alcohol use disorders. (AE G)

Dr. W concluded in his report the following:

[Applicant] is approaching three years of sobriety and participation in the program of AA. To a great degree of psychological certainty, I consider [Applicant] to be fit to continue to hold a security clearance and to be free from his former alcohol problem. (AE G)

Dr. W testified at Applicant's hearing and reiterated his prognosis and conclusions. He stated that Applicant's full participation in AA is the strongest predictor of whether he will relapse. He noted that LP stated that Applicant lacked insight into the severity of his condition. Dr. W disagreed stating, if that were the case, Applicant would not be attending AA, have a sponsor, or continue to work the 12-step program. LP found that Applicant had an unspecified anxiety disorder. Dr. W found that Applicant did not have an anxiety disorder; rather his past reflected that when he had anxiety he turned to alcohol. Anxiety is a contributing factor with anyone who abuses alcohol. People find alcohol diminishes the anxiety. Applicant's participation in AA helps him handle anxiety and gives him an alternative approach. (Tr. 112-113, 121-128)

Applicant took two PETH tests to detect for alcohol consumption. Dr. W testified that PETH is a test that is required by many professional organizations in order for a member to regain a professional license after having an alcohol-related incident. It is not

a conventional blood alcohol test, but one that looks for a metabolite for alcohol and it can detect if a person had consumed any alcohol in the past month. Applicant took the tests on September 2nd and 26th, 2022, and tested negative for alcohol on both. (Tr. 62-63; 118-121; AE E)

The SOR alleges that Applicant falsified material facts on his December 2017 security clearance application (SCA). Section 24 asked if he sought counseling or treatment as a result of his alcohol use. He answered “yes” and disclosed his 2017 inpatient treatment, but did not disclose he was admitted to the hospital in 2013 for complaints of anxiety and heavy drinking. (GE 1)

Applicant testified that he approached his 2013 detoxification as merely taking a break from using alcohol. He explained that he rushed through the SCA and focused on his 2017 treatment. He said that he did not deliberately attempt to deceive the government. Applicant said that in hindsight and now as a recovering alcohol, he would consider his 2013 treatment as a significant event, but when he completed his 2017 SCA, he did not focus on that event. He realized his error when it was brought to his attention by the government investigator during a background interview in 2018. Applicant admitted that his past alcohol abuse embarrassed him. Now that he has been an active member in AA, he is no longer feels inhibited about discussing his past issues with alcohol. (Tr. 67-75, 90-98)

Applicant’s AA sponsor (TH) provided a letter on his behalf. He met Applicant almost four years ago when Applicant began attending weekly AA meetings. It became clear to TH that Applicant was serious about his sobriety and learning the AA program. TH offered to guide him through the steps and work the program with him. TH stated that Applicant was willing to do the work. They worked together after weekly meetings and weekend mornings. They completed the action steps of the program, and Applicant continues to work the steps that require ongoing efforts (Step 10 through 12). He and Applicant communicate regularly. TH stated: “Due to [Applicant’s] step work, consistent meeting attendance, willingness, and honesty, I believe [Applicant] is recovered as defined by the Big Book.” (AE I)

Applicant provided a character letter from JA. They have been friends for 35 years. Applicant and JA were college roommates, and Applicant was in his wedding. JA is aware of Applicant’s past struggles with alcohol and the SOR allegations. JA lived with Applicant from December 2020 to March 2021. He stated that Applicant did not consume any alcohol when they lived together. He described Applicant as a caring, giving, and honest person. Applicant sticks to his schedule and leads a healthy lifestyle. JA believes Applicant did the right thing by seeking help when he needed it and noted he was successful, which is the goal of treatment. He believes Applicant has overcome his past issues. He described Applicant as an amazing man, friend, and a patriot. (AE A)

Applicant provided a character letter from JH, who has known him for 19 years. JH has been Applicant’s direct and indirect supervisor, and they have shared an office. He considers Applicant a responsible, honest, and reliable person. He is a professional and

works well with his customers. He completes his assignments in a timely manner. When Applicant recognized he had a problem with alcohol, he sought help and there were never any negative implications regarding his work. JH noted that Applicant has demonstrated a commitment to his recovery and remaining sober. Applicant reached out to his supervisors candidly explaining his struggles. JH believes Applicant can be trusted to hold a security clearance. (Tr. 37-39; AE B)

Applicant provided a copy of his current performance evaluation from his employer. He received marks of “meets expectations” and “exceeds expectations.” (Tr. 39-40; AE J)

Policies

When evaluating an applicant’s national security eligibility, the administrative judge must consider the AG. In addition to brief introductory explanations for each guideline, the adjudicative guidelines 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 states 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 security concerns for alcohol consumption:

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 describes conditions that could raise a security concern and may be disqualifying. I find the following to be potentially applicable:

(a) alcohol-related incidents away from work, such as driving 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;

(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;

(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.

There is no evidence that Applicant had any alcohol-related incidents either at work or away from work. AG ¶¶ 22(a) and 22(b) do not apply. There is evidence that Applicant consumed alcohol excessively and referred himself for treatment on three occasions. He was diagnosed during treatment and by a government-approved psychologist with alcohol dependence and Alcohol Use Disorder. There is evidence that he did not follow his treatment plans and relapsed. AG ¶¶ 22(c), 22(d), 22(e), and 22(f) apply.

The guideline also includes conditions that could mitigate security concerns arising from alcohol consumption. I have considered the following mitigating conditions under AG ¶ 23:

(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 or 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.

Applicant has been sober and following the 12-step program of AA since January 2019, more than three and a half years. As noted by Dr. W, it is not unusual for those suffering from Alcohol Use Disorder to stumble before coming to the conclusion that they are powerless over their condition and need outside help. Applicant failed to remain sober after treatment on two occasions. After his third detoxification program, he began attending AA. This was his turning point. Applicant's commitment to sobriety is evident by his abstinence and his continued participation in working the AA program beyond just showing up for meetings. He has offered to be a sponsor, sets up and chairs meetings, and continues to meet his sponsor. He readily acknowledges his alcohol history and has provided an abundance of evidence to overcome his problem. AA is a recognized and respected program to help those with alcohol issues. Applicant has successfully participated in the program for close to four years. All of the above mitigating conditions apply.

Guideline I: Psychological Conditions

The security concern for psychological conditions is set out in AG ¶ 27:

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 interference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

The guideline notes several conditions that could raise security concerns. I have considered all of the disqualifying conditions under AG ¶ 28, and the following are potentially applicable:

- (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;
- (c) voluntary or involuntary inpatient hospitalization; and
- (d) failure to follow prescribed treatment plans 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.

There is insufficient evidence that Applicant exhibited behavior as described in AG ¶ 28(a). Applicant admitted himself three times for inpatient treatment for his alcohol issues. There is evidence that during his inpatient treatments, medical professionals diagnosed him with alcohol dependence, anxiety disorder, and mood disorder in 2017, and in 2018, he was diagnosed with alcohol dependence and withdrawal. The evidence supports that Applicant did not follow prescribed treatment plans as he continued to consume alcohol. I did not find sufficient evidence to conclude he failed to take prescribed medication or failed to attend required counseling sessions. In January 2021, he was diagnosed by LP with Alcohol Use Disorder, severe, in current remission and unspecified anxiety disorder. AG ¶¶ 28(b), 28(c), and 28(d) apply.

The guideline also includes conditions that could mitigate security concerns arising from psychological conditions. The following mitigating conditions under AG ¶ 29 were considered:

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

Applicant was evaluated by LP in January 2021. He was re-evaluated in November 2021 by Dr. W. I have considered the timing and depth of both reports. The evidence supports that Applicant's anxiety issues were related to his alcohol use. My analysis under Guideline G, alcohol consumption, also applies under the psychological issues that were raised. I found Dr. W's prognosis based on Applicant's more than three and half years of sobriety and his active participation in AA to be most probative. He opined that Applicant was fit to continue to hold a security clearance and he is free from his former alcohol problem. I find AG ¶ 29(a) and 29(e) apply.

Dr. W was not a mental health professional approved by the government, so AG ¶ 29(c) does not apply. However, I give great weight to his unbiased and professional opinion.

Applicant voluntarily admitted himself for treatment as an inpatient and then to AA, showing his commitment to resolve his alcohol issues. Despite stumbling, he continued until he found the right path to sobriety through AA. He has demonstrated an ongoing commitment to sobriety, and he continues to participate in AA. I have considered LP's prognosis, but my concern is with her minimal consideration of his more than three years of sobriety and active AA participation. AG ¶ 29(b) applies.

Guideline E: Personal Conduct

AG ¶ 15 expresses the security concern for personal conduct:

Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions

about an individual's reliability, trustworthiness and ability to protect classified information. Of special interest is any failure to provide truthful and candid answers during the security clearance process or any other failure to cooperate with the security clearance process.

AG ¶ 16 describes conditions that could raise a security concern and may be disqualifying. I find the following potentially applicable:

(b) deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to any employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative.

The SOR alleged that Applicant falsified material facts on his December 2017 SCA when he failed to disclose his 2013 inpatient treatment. Applicant denied his failure to disclose was deliberate. I believe Applicant was aware of his 2013 treatment, was embarrassed about it and omitted it. I also believe he was focused on his 2017 treatment and was still in his denial stage of his alcoholism and deliberately omitted the 2013 treatment. The above disqualifying condition applies.

The following mitigating conditions under AG ¶ 17 are potentially applicable to the disqualifying security concerns based on the facts:

(c) the offense is so minor, or so much time has passed, or the behavior is so infrequent or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment; and

(d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur.

Applicant's failure to disclose his 2013 inpatient treatment was not minor, but I believe when he completed his SCA in December 2017, he had not yet come to terms with his alcoholism. That has changed. Applicant has candidly testified and bared his problems with alcohol. He has embraced the tenants of AA, and he was open and honest during his hearing. I find that his failure to disclose this information happened under unique circumstances and is unlikely to recur and does not cast doubt on his current reliability, trustworthiness and good judgment. The above mitigating conditions apply.

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. I have incorporated my comments under Guidelines G, I, and E, in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under those guidelines, but some warrant additional comment.

Applicant is a recovering alcoholic. He recognized his struggles with alcohol and repeatedly attempted to address them. He was unsuccessful until he went through detoxification in 2018 and began attending AA. He did not have alcohol-related offenses either at work or outside of work. Being an alcoholic does not prevent someone from holding a security clearance. He is a success story in that he is recovering and continues to be a productive member of society. His commitment to sobriety is evident. Applicant has met his burden of persuasion. The record evidence leaves me without questions and doubts as to Applicant's eligibility and suitability for a security clearance. For these reasons, I conclude Applicant mitigated the security concerns arising under Guideline G, alcohol consumption, Guideline I, psychological conditions, and Guideline E, personal conduct.

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-1.e:	For Applicant

Paragraph 2, Guideline G:	FOR APPLICANT
Subparagraphs 2.a-2.b:	For Applicant
Paragraph 3, Guideline E:	FOR APPLICANT
Subparagraph 3.a:	For Applicant

Conclusion

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

Carol G. Ricciardello
Administrative Judge