



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



In the matter of:)	
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)	ISCR Case No. 21-00422
)	
Applicant for Security Clearance)	

Appearances

For Government:
Aubrey De Angelis, Esquire, Department Counsel

For Applicant:
Pro se

February 15, 2023

Decision

ROSS, Wilford H., Administrative Judge:

Statement of the Case

Applicant submitted his most recent Electronic Questionnaire for Investigations Processing (e-QIP) on November 15, 2016. (Government Exhibit 2.) On July 16, 2021, the Department of Defense Consolidated Adjudications Facility (DoD CAF) issued a Statement of Reasons (SOR) to Applicant, detailing security concerns under Guidelines I (Psychological Conditions) and G (Alcohol Consumption). The action was taken under Executive Order 10865, *Safeguarding Classified Information Within Industry* (February 20, 1960), as amended; Department of Defense Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the Adjudicative Guidelines (AG) effective within the Department of Defense after June 8, 2017.

Applicant answered the SOR in writing (Answer) on August 24, 2021, along with ten attachments (Attachments A through J). He also requested a hearing before an administrative judge in his Answer. Department Counsel was prepared to proceed on June 8, 2022. The case was assigned to me on June 15, 2022. The Defense Office of Hearings and Appeals (DOHA) issued a Notice of Hearing on June 21, 2022. The case was heard on July 28, 2022.

The Government offered Government Exhibits 1 through 9, which were admitted without objection. Applicant testified on his own behalf and submitted Applicant Exhibits A through C, which were also admitted without objection. He asked that the record remain open for the receipt of additional documentation. Applicant timely submitted Applicant Exhibit D (a supplement to Applicant Exhibit C), which was admitted without objection. DOHA received the transcript (Tr.) of the hearing and the record closed on August 9, 2022.

Findings of Fact

Applicant is 47 years old and divorced. He currently has a partner. He has a bachelor's degree. Applicant served in the Army Reserve from 1993 to 1994 when he left the service with an Honorable Discharge for medical reasons. He was employed by a defense contractor between 2003 and 2015. He held a security clearance during that employment without difficulty. Applicant has been employed by another defense contractor since 2016 as a software engineer and is attempting to retain a security clearance in relation to his employment. (Government Exhibit 2 at Sections 12, 13A, 15, 17, and 25; Attachment F.)

Paragraph 1 (Guideline I: Psychological Conditions)

The DoD CAF alleged in this paragraph of the SOR that Applicant is not eligible for access because he has an emotional, mental or personality condition that can impair his judgment, reliability or trustworthiness. Applicant admitted SOR 1.a. He admitted in part and denied in part SOR 1.b. He denied SOR 1.c. He admitted SOR 1.d with reservations. He admitted the factual allegations in SOR 1.e, but denied that he currently has impaired judgment, reliability, or trustworthiness.

Several of the SOR paragraphs reference Applicant's being hospitalized or receiving mental health treatment as part of the factual statements. (SOR 1.b, 1.c, and 1.d.) Paragraph 27 of the Adjudicative Guidelines (AG), which sets forth the concern under this guideline, states in pertinent part, "No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling." In addition, Applicant referred Department Counsel and me to the Defense Counterintelligence and Security Agency factsheet, "Mental Health and Security Clearances." (Attachment C.) It states in part, "Seeking mental health services does not

affect one's ability to gain or hold security eligibility. Adjudicators regard seeking necessary mental health treatment as a positive step in the security clearance process.”

The following discussion will be primarily chronological. In general terms, Applicant has been suffering from severe and chronic depression for approximately 30 years. This depression first manifested itself when he was in the Army, specifically during his Advanced Individual Training cycle in 1993. Applicant eventually was hospitalized for several months at a military medical facility and then discharged from the Army. During that time his depression manifested itself in auditory hallucinations and incidents of self harm. These hallucinations would continue on an occasional basis. Applicant testified that he last had auditory hallucinations before moving to his current state of residence in 2016. (Tr. 19-23.)

The Government submitted Applicant's Department of Veteran's Affairs (VA) medical records from 1996 to 2015. (Government Exhibit 9.) The records indicate that he has been suffering from suicidal ideation for many years. He agrees that there were many occasions when he would obsessively think about suicide. He moved from the thought stage to suicidal gestures at least five times (sometime between 1992 and 1996, 1999, 2012, 2013, and 2014). During all of these occasions he was receiving treatment at several VA facilities and suicide prevention measures were taken by his mental health providers. Applicant testified that he has not made any suicide gestures since 2014. However, he continued to have suicidal ideation until at least 2020. Applicant testified that the therapy he is undergoing has helped him “to manage when things start to get to a point, you know, how to navigate through those feelings.” (Tr. 26-32, 40.)

Applicant specifically denied in his Answer that he was hospitalized in 1996 at a VA hospital after a suicide attempt as alleged in SOR 1.c. The available medical records do not show any such hospitalization, but they are incomplete or unclear because of age. Applicant was interviewed by a Government investigator on January 3, 2018. A Report of Investigation (ROI) was prepared after the interview. The investigator reported Applicant stated, “At an unrecalled point between 1992 and 1995 (discrepant), he [Applicant] was hospitalized for two days at . . . V.A. Clinic.” Applicant testified that he was evaluated at the VA facility and released, but was not hospitalized. (Government Exhibit 8 at 7; Tr. 26.)

Applicant has received active treatment at various VA facilities for various mental health issues including major depressive disorder, psychosis, dysthymic disorder, bipolar disorder, suicidal ideation, suicide attempts, post-traumatic stress disorder, and alcohol dependence. This treatment started in 1996 and continues to the present. The medical records show gaps in Applicant's treatment ranging from months to years. For example, Applicant received no treatment at the VA from 2005 to 2009. Applicant has been on medication therapy repeatedly during his treatment. However, he has repeatedly discontinued the treatment over the years due to severe side effects. (Government Exhibit 9; Attachment I; Applicant Exhibits C and D; Tr. 25.)

Applicant received an evaluation from a DoD mental health consultant in April 2020. The consultant interviewed Applicant, conducted various screening tests, and reviewed Applicant's mental health records. He diagnosed Applicant as suffering from Major Depressive Disorder, recurrent, in partial remission; Posttraumatic Stress Disorder; and Alcohol Use Disorder, Mild. (Government Exhibits 6 and 7.)

The consultant's report stated the following:

PROGNOSIS

The prognosis for [Applicant's] full recovery from major depressive disorder is guarded. [Applicant] reports a partial improvement after ongoing mental health treatment since 1996 and intermittent compliance with regimen and medications. Given the chronicity of symptoms, the course is expected to continue to be chronic and fluctuating with remissions and exacerbations because his symptoms continue to cause some disruption in daily function. The prognosis for [Applicant's] full recovery from PTSD symptoms is fair to good. His symptoms remain persistent and disruptive, however, he has not completed a course of evidence-based trauma therapy. Thus, it is unknown how his symptoms will respond to trauma-focused treatment.

[Applicant] is moderately motivated to resume mental health treatment. He verbalized his pessimism that his symptoms will improve significantly given his long history of mental health treatment to include psychotherapy and multiple psychotropic medication in the past that he often stopped due to negative side effects that were not tolerated. He is primarily motivated by his chronic psychic pain, but at the same time remains pessimistic about symptom reduction and relief. [Applicant] has no financial, logistical, cultural, or intellectual barriers. His pessimism about the efficacy of mental health treatment may be a barrier to his efforts in therapy and making changes as well as compliance with psychotropic medication. There is a high potential of recurrence of major depressive symptoms and PTSD, particularly as he is not engaged in mental health treatment at his time.

The prognosis for [Applicant's] alcohol use disorder is guarded. He has experienced three episodes of drinking in the last 12 months, has a long history of maladaptive use of alcohol (binge drinking), and has been recommended for alcohol treatment multiple times throughout his VA treatment. His most recent referral of alcohol treatment per VA records was November 2019. He has no history of substance abuse treatment. He has not demonstrated a recent pattern of abstinence. He drinks responsibly (at home). He does acknowledge his issues of alcohol abuse. His use is expected to recur during major depressive episodes. His previous binge

drinking has impaired his judgment as evidenced by alcohol intoxication during a previous suicide attempt.

CONCLUSIONS

Based upon the available information, [Applicant] does evidence a material defect in stability due to his chronic mood instability, chronic and repeated maladaptive use of alcohol without follow-through on recommended alcohol treatment, minimal improvement in his major depressive disorder and PTSD diagnosis since 1996, intermittent adherence to mental health treatment regimen, and lifetime and recent history of suicidal ideation and multiple suicide attempts. There is a potential security concern that he is not actively addressing his co-occurring mental and substance use disorders. Of particular concern is the recent suicidal ideation and lack of help-seeking as evidenced by not resuming mental health treatment since November 2019 (last therapy session). Continued mental health treatment is recommended as well as substance abuse treatment given his recurrent maladaptive use of alcohol. It is unlikely that education alone will adequately address his problematic use of alcohol and treatment should include some form of addictions therapy and exposure to appropriate community support groups. It appears that [Applicant] finds much meaning and purpose in his work and this seems to motivate him and [is] a major factor that seems to propel him to maintain his work attendance, efficiency, and performance. He was reluctant to seek alcohol treatment after being referred in November 2019 because of concern about divulging his need for treatment to his work supervisor, but would likely be highly motivated to seek both mental health and alcohol treatment to maintain his security clearance and continue to be employed at [his employer]. The acknowledgment of the nature of the previous concerns and positive feedback from his current work supervisor on [Applicant's] work performance without concerns of his reliability, stability, and trustworthiness from his perspective are favorable to the subject [Applicant] (Government Exhibit 6 at 9-10.) (All emphasis in original.)

In August 2021 Applicant contacted his VA psychologist. She wrote a progress note based on his message and her response. (Attachment D.) He referenced the part of Government Exhibit 6 where the consultant stated that Applicant's condition may impair his "judgment, reliability, and trustworthiness." Applicant then stated:

I wanted to use my medical record to show that his isn't the case, however there are several areas in which you noted that "insight and judgment were poor." I'm certainly not disagreeing with the diagnosis. I'm trying to figure out how to mitigate this for the administrative judge handling my case. It seems impossible but if you have any ideas, I'd appreciate it.

The psychologist spoke to Applicant and reported the following in Attachment D:

Veteran [Applicant] returned writer's call and he was reached. Discussed concept insight/judgment that he had mentioned in his email – let Veteran know that most [people] who are acutely symptomatic (e.g., with severe depression, PTSD) will have poor insight and judgment but that this is changeable with treatment. Veteran verbalized understanding. Writer asked if it would be helpful for me to provide documentation stating that Veteran has been attending sessions and motivated for care.

Applicant's VA psychologist submitted a letter on his behalf dated August 23, 2021, which stated:

This letter serves to confirm that [Applicant] has been an active participant in mental health treatment through the VA . . . Healthcare System. He attended a group treatment which emphasized skills designed to broadly improve emotional regulation and tolerance of distress (February 2021 until May 2021). [Applicant] then elected to enroll in individual treatment with me in order to receive more tailored, specific care to his mental health problems (May 2021 until August 2021). During our time working together, [Applicant] was always responsive to treatment suggestions and willing to implement new strategies. It is my belief that [Applicant] is absolutely motivated to continue mental health treatment. (Attachment E.)

VA records show, and Applicant's testimony confirmed, that he was working with a VA Primary Care Mental Health Integration (PC-MHI) team beginning in December 2020 through August 2021 and May 2022 to at least July 2022. These meetings are on a weekly or bi-weekly basis. The VA explained, "PC-MHI integrates mental health staff into each PACT [Patient Aligned Care Team], allowing your care team to provide services for depression, anxiety, PTSD, and substance use without needing a separate consult with mental health providers outside of the PACT clinic area." (Department of Veterans Affairs, Patient Care Services: Primary Care – Mental Health Integration (PC-MHI), <https://www.patientcare.va.gov/primarycare/PCMHI.asp> (last updated Sep. 19, 2022.)) (Applicant Exhibits C and D; Tr. 25, 33-35, 47-52.)

Applicant finds his current work very fulfilling. He testified that his current mental health situation is good, stating, "To be honest, I think this is the best I have felt in a long time. Particularly, this year has been really good. I'm not sure what exactly changed. Yeah, it's been good." (Tr. 40-41, 47.)

In conclusion Applicant stated, "I don't see how I should be punished. I am seeking – and continue to seek – mental health treatment. I don't think it's a punishable action. As I mentioned previously, I would never compromise national security if I ever were exposed

to classified information. It's not even a thought in my head to do any of those things." (Tr. 54.)

Paragraph 2 (Guideline G: Alcohol Consumption)

The Government alleged in this paragraph that Applicant is ineligible for clearance because he abuses intoxicants to excess. He admitted in part and denied in part SOR 2.a. He denied SOR 2.b and 2.c with explanations.

Applicant has consumed alcohol on an occasional basis since 2006. Occasionally he has used alcohol to excess in terms of binge drinking. In 2010 he would drink a bottle of liquor every two weeks or so when he was depressed. Applicant testified that he last drank what he considers a binge amount of alcohol in early 2022. (Tr. 27-29, 36.)

On at least two occasions Applicant consumed alcohol and took pills in aborted suicide attempts. Binge drinking was also related to occasions when he would have obsessional thoughts about suicide. These incidents continued through at least 2014. (Government Exhibit 9 at 45, 73, 78-79; Tr. 28-30.)

Applicant admitted that in 2019 the VA recommended that he attend alcohol treatment. Applicant declined the offer because of work-related concerns and concerns related to a previous psychiatric hospitalization. He admitted that treatment may have been recommended to him in approximately 2016. He further testified that he does not feel he has an alcohol problem. In his 2016 questionnaire he stated, "Treatment was suggested but never became required. Since I knew the situation was manageable, I did not take action to seek treatment." (Government Exhibit 2 at Section 24; Attachment G; Tr. 38-40.)

Applicant told the DoD mental health consultant that he had three binge drinking episodes in 2019. Based on his evaluation the consultant diagnosed Applicant with Alcohol Use Disorder, Mild. (Government Exhibit 6 at 6-7, 9-10.)

Mitigation

Applicant was elected as a member of his local school board in 2020. His term expires in 2024, unless he decides to run for reelection. He finds this job very fulfilling. In his Answer at page 2 he stated, "Dealing with personnel, financial, and educational matters that affect parents, students, faculty, and the surrounding community requires a high-degree of judgment, reliability, or trustworthiness." He further testified about serving on the school board, "Something I can engage in with the community is always helpful. I think it makes me feel a part of something more involved." (Tr. 43-44.)

Applicant's department manager submitted a letter on his behalf. The manager has known Applicant since 2016, when Applicant began work there. The writer stated,

“Since the moment I met [Applicant], he has always conducted himself in a professional and courteous manner and has been a privilege to work with, he has a strong work ethic and has always worked well with leadership and his colleagues.” (Applicant Exhibit A.) (See the department manager’s interview with the DoD mental health consultant, Government Exhibit 6 at 9.)

Applicant’s group supervisor submitted a letter. He has also known Applicant for six years. He stated:

[Applicant] inspires the team with his extraordinary work ethic and innovative solutions he brings to our work. He is someone who projects a real sense of self-confidence and assurance, without coming across as arrogant or dismissive of others. [Applicant] is someone I can trust to rise to challenges and deal with difficult situations. As I grew into my current position as the supervisor of the group, [Applicant’s] behavior has stayed consistent throughout, making it easy to earn my trust. (Applicant Exhibit B.)

Policies

When evaluating an applicant’s suitability for national security eligibility, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines (AG) list potentially disqualifying conditions and mitigating conditions, which are to be used in evaluating an applicant’s national security eligibility.

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 AG ¶ 2 describing the adjudicative process. The administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. The entire process is a conscientious scrutiny of applicable guidelines in the context 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, “Any 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. I have not drawn inferences based on mere speculation or conjecture.

Directive ¶ E3.1.14, requires the Government to present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, “The applicant is responsible for presenting witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by the applicant or proven by Department Counsel, and has the ultimate burden of persuasion as to obtaining a favorable clearance 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 national security eligibility. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified or sensitive information. Finally, as emphasized in Section 7 of Executive Order 10865, “Any determination under this order adverse to an applicant shall be a determination in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See *also* Executive Order 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information.)

Analysis

Paragraph 1 (Guideline I: Psychological Conditions)

The security concern relating to the guideline 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 inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

The guideline at AG ¶ 28 contains five conditions that could raise a security concern and may be disqualifying. Four conditions may be 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;

(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 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.

With regard to Guideline I, no adverse inference has been drawn because of Applicant's obtaining mental health treatment or his hospitalizations. Specifically, AG ¶ 28(c) is not applicable to this case.

The record shows that Applicant has been suffering from severe and chronic depression for decades. Before he moved to another state in 2016 the record is clear that he had major issues, including several suicide attempts and repeated bouts of suicidal thoughts and ideation. The record also shows that his mental health has improved dramatically after his move and with the onset of his new job, where he has worked successfully for over six years. AG ¶ 28(a) applies to this case.

In 2020 a DoD mental health consultant found that Applicant had a condition that may impair his judgment, stability, reliability, and trustworthiness. AG ¶ 28(b) applies.

At various times in his treatment Applicant has been prescribed various drugs. He has taken them for various periods of time. He has ended his use of prescribed drugs due to severe side effects and his belief that they are not being helpful to him. The medical records show that in all other ways Applicant has been amenable and responsive to treatment. AG ¶ 28(d) is minimally applicable to the facts of this case.

The Government has met its burden under the Directive to establish the above disqualifying conditions. Accordingly, the burden shifts to Applicant to mitigate them.

The guideline at AG ¶ 29 contains five conditions that could mitigate security concerns. Four of them have possible application to this case:

(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.

As stated, Applicant has been suffering with severe depression for many years. His testimony, and the available medical records, show a person who has striven mightily to get control of his emotional problems. He has used the VA over the years to assist him, and the records confirm that he has, in the main, followed treatment recommendations and had successful therapy. Looked at as a whole, it is clear that his mental health and depression has improved dramatically over the years. In particular, there is evidence that it has improved since the interview with the DoD mental health consultant in April 2020. Since then, Applicant was elected to his local school board, an event and a position he obviously would not have been mentally or emotionally competent to handle if he was still suffering from the depressive episodes of his past. In addition, the statements of his two superiors are excellent.

Applicant's VA therapist opined in 2021 that he was "responsive to treatment suggestions and willing to implement new strategies." She also stated, "It is my belief that [Applicant] is absolutely motivated to continue mental health treatment." (Attachment E.)

This discussion will start with the mitigating condition that is most favorable to Applicant. Based on the totality of the available evidence, I find that there is no indication of a current problem. That has been true for about two years. AG ¶ 29(e) applies to the facts. However, that is not the end of the discussion.

The records show that Applicant has not been consistent with his VA care over the years. He is primarily compliant, particularly recently. His psychologist says he is motivated to continue treatment, but that does not amount to a favorable prognosis as required by the Directive. AG ¶ 29(a) and (b) are minimally applicable under the circumstances of this case.

AG ¶ 29(c) does not apply because there is not a current mental health finding that the previous condition is under control or in remission and has a low possibility of recurrence or exacerbation. The statement by Applicant's current psychologist, while helpful, does not meet the requirements of the guideline.

Applicant is highly commended for all he has done to improve his mental health over the years. Once again, it is obvious that he has showed tremendous improvement. However, the strictures of the Guidelines as written require more from Applicant in terms of consistency of treatment and a current and favorable prognosis that rebuts the current report by the Government's mental health consultant. Given the current state of the record I cannot find that Applicant has sufficiently mitigated the security concerns raised by the evidence in this case. Guideline I is found against Applicant.

Paragraph 2 (Guideline G: Alcohol Consumption)

The security concerns relating to the guideline for alcohol consumption are set out in AG ¶ 21, which states:

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 three conditions that could raise security concerns and may be disqualifying in this case:

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

Applicant has a history of binge drinking, which continued through early 2022. Applicant was diagnosed by a DoD mental health consultant with Alcohol Use Disorder, Mild in 2020. There is also evidence that he has been referred for substance abuse treatment at least twice, the last time in 2019. He has not obtained such treatment. All three of the Disqualifying Conditions apply, thereby shifting the burden to Applicant to mitigate them.

The guideline at AG ¶ 23 contains four conditions that could mitigate alcohol consumption security concerns.

- (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness or judgment;

(b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

(d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

None of these mitigating conditions was established by the evidence in this case. A review of Applicant's medical records indicate that alcohol has been a problem in his life. During his younger days it was involved in several cases of attempted suicide or suicidal ideation. He admitted that he still uses alcohol as a means to self-medicate during times of stress or depression. A finding on Applicant's behalf cannot be made at this point in time. Guideline G is found against Applicant.

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 relevant 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 national security 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 pertinent facts and circumstances surrounding this case. Applicant has made great strides in resolving his longstanding mental health issues, and related alcohol issues.

With continued work and support from the VA, specifically aimed at the Government's concerns, Applicant may well be eligible in the future for a clearance. However, the record evidence does create substantial doubt as to Applicant's present suitability for national security eligibility and a security clearance.

Formal Findings

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

Paragraph 1, Guideline I:	AGAINST APPLICANT
Subparagraphs 1.a and 1.b:	Against Applicant
Subparagraph 1.c:	For Applicant
Subparagraphs 1.d and 1.e:	Against Applicant
Paragraph 2, Guideline G:	AGAINST APPLICANT
Subparagraphs 2.a through 2.c:	Against Applicant

Conclusion

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

WILFORD H. ROSS
Administrative Judge