



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



In the matter of: )  
)  
) ISCR Case No. 22-01558  
)  
Applicant for Security Clearance )

**Appearances**

For Government: Nicholas Temple, Esq., Department Counsel  
For Applicant: *Pro se*

05/26/2023

**Decision**

HARVEY, Mark, Administrative Judge:

Security concerns arising under Guideline I (psychological conditions) are not mitigated at this time. Eligibility for access to classified information is denied.

**Statement of the Case**

On July 17, 2019, Applicant completed and signed a Questionnaires for National Security Positions (SF 86) or security clearance application (SCA). (Government Exhibit (GE) 1). On December 12, 2022, the Department of Defense Consolidated Adjudications Facility (DOD CAF) issued a statement of reasons (SOR) to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017.

The SOR detailed reasons why the DOD CAF did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and recommended referral to an administrative judge to determine whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guideline I. (HE 2) On

December 30, 2022, Applicant provided a response to the SOR and requested a hearing. (HE 3) On February 1, 2023, Department Counsel was ready to proceed.

On February 17, 2023, the case was assigned to me. On February 28, 2023, the Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing, setting the hearing for April 5, 2022. (HE 1) The hearing was held as scheduled.

Department Counsel offered six exhibits into evidence, and Applicant did not provide any exhibits. (Transcript (Tr.) 10, 15-17; GE 1-GE 6) There were no objections, and all proffered exhibits were admitted into evidence. (Tr. 17-20) On April 13, 2023, DOHA received a transcript of the hearing. No post-hearing documents were received. (Tr. 92)

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

### **Findings of Fact**

In Applicant's SOR response, he admitted the allegations in SOR ¶¶ 1.b, 1.c, and 1.d. (HE 3) He denied the allegations in SOR ¶¶ 1.a and 1.e. He also provided mitigating information. His admissions are accepted as findings of fact. Additional findings follow.

Applicant is a 41-year-old technician for various training devices for complex aviation systems. (Tr. 6, 9) In 1999, he graduated from high school. (Tr. 6) In 2017, he received an associate degree in programming and game design, and in 2001, he received a bachelor's degree in electronics engineering. (Tr. 6-7; GE 1) He served in the Air Force from 2002 to 2014, and he received an honorable discharge. (Tr. 7) When he was discharged, he was a staff sergeant (E-5). (Tr. 7) He did not receive any nonjudicial punishments while in the Air Force. (Tr. 7) He did not receive a medical discharge from the Air Force. (Tr. 8) The Department of Veterans Affairs (VA) has awarded him a 70 percent disability rating, which includes 50 percent for adjustment disorder and anxiety disorder. (Tr. 8)

### **Psychological Conditions**

SOR ¶ 1.a alleges Applicant has a history of being unable to control his anger and having angry outbursts, including at work. Applicant disagreed with SOR ¶ 1.a because he can control his anger and has never physically attacked anyone. (SOR response) His angry outbursts are not random. (Tr. 81) The angry outbursts were caused by an argument with someone. (Tr. 81) He said he has an exaggerated response to real provocation. (Tr. 83) He believes he has the tools to enable him to respond appropriately to provocations. (Tr. 83)

SOR ¶ 1.b alleges Applicant experienced suicidal ideations on various occasions between at least about 1998 and 2018. He said suicidal ideations are common, and he has successfully overcome these issues. (SOR response) He was 17 years old in 1998, and he had some issues relating to being verbally bullied in high school. (Tr. 21) His

symptoms of depression and suicidality dissipated when he left high school and entered college. (Tr. 21)

SOR ¶ 1.c alleges in about 2004, Applicant received a letter of reprimand and was referred for mental-health treatment after he told his Air Force supervisor that he thought about killing him and that he should have killed him.

Applicant's argument with his supervisor, a technical sergeant (E-7), began with a discussion of the proper drill bit to use to remove rivets. (Tr. 25) After a brief discussion, the technical sergeant told Applicant, who was a senior airman (E-4), to come into the office. (Tr. 25) Applicant's immediate supervisor, a staff sergeant (E-5) was in the office as an observer. (Tr. 27) Once they were in the office, the argument became heated, and Applicant threatened to "take his supervisor out now." (Tr. 23-24, 27) Applicant said he was inconsolable; however, he did not actually intend to kill his supervisor. (Tr. 28) His supervisor suggested that he obtain counseling. (Tr. 30) He received counseling, and he was prescribed Wellbutrin for anxiety. (Tr. 33-34) He took Wellbutrin for about two months. (Tr. 33-34) He had side effects, including headaches, and he had another outburst in the middle of a physical training session. (Tr. 34) He was advised to stop taking it. (Tr. 30, 34) He was not prescribed anything to replace the Wellbutrin. (Tr. 35) He attended counseling twice a month for about three months. (Tr. 33) During his follow-up treatment, he was possibly diagnosed with Unspecified Anxiety Disorder. (Tr. 31)

In March 2010, Applicant was assigned to an Air Force base in the United States, and he was scheduled to deploy overseas. (Tr. 37-38) He was worried that he might have a nervous breakdown if he was around the wrong people, and he advised his command that he may have problems if he is deployed. (Tr. 37-39) A March 2, 2010 medical note states:

Pt stated his anxiety interferes with his everyday activities. He stated he is social[ly] isolated from everyday activities. Member prefers to stay at his residence for fear of anxiety of what others will think. Pt stated his anxiety is so severe he cannot go into a store by himself. . . . Pt reported he was taking psychotropic medications for his issues but felt they did not work and gave him headaches. Pt reported he did not have a very close relationship with his family. . . . Pt reported having severe anger issues to the point of kick[ing] and throwing stuff. His last reported episode of getting angry was a few weeks ago at a fellow co-worker. Pt reported sleeping 2-3 hrs a night and eating only one meal a day. Pt stated he has passive [suicidal ideation] (not currently) but denies any suicidal plan, intent or urges. Pt denied homicidal ideation/plan/intent/urges. (Tr. 44; GE 6 at 46)

Applicant said the March 2, 2010 medical note was accurate. (Tr. 45) In June 2010, his treating physician prescribed Zoloft; however, it was not effective, and Applicant had headaches. (Tr. 45-46; GE 6 at 21) Applicant did not accept and comply with the medical advice. (Tr. 45) He received a mental-health evaluation, and his command removed him from the list of personnel being deployed because of anxiety. (Tr. 37-38, 41-42)

Applicant took Celexa for two years; however, he believed he did not remember when he took Celexa. (Tr. 48-49; GE 6 at 22) He did not have any negative side effects from Celexa; however, he did not believe he received any positive effects from it. (Tr. 50) A September 15, 2010 medical note indicates he was prescribed Prozac; however, he never picked up his Prozac because he does not like taking psychiatric medications. (Tr. 47; GE 6 at 16) He did not take any medications after September 2010. (Tr. 50) He stopped seeing a mental-health practitioner in October 2010. (Tr. 51)

On October 17, 2010, Applicant called the mental-health clinic and advised his anxiety symptoms were returning and he wanted an appointment. (GE 6 at 5) He received an appointment on October 29, 2010, and an October 29, 2010 medical note states, "Pt [states] he no longer wishes to continue mental health treatment, despite no change in his poorly controlled social anxiety [signs and symptoms]. Strongly recommend to pt that he reconsider his decision. Pt [states] he is sure about his current decision to terminate treatment." (Tr. 53; GE 6 at 7)

On October 29, 2012, Applicant went to the mental-health clinic, and he was diagnosed with Social Anxiety. (GE 6 at 3) The treatment plan was for him to return to the clinic on a weekly basis for 10 weeks. (*Id.*) The next medical note is Applicant was a "no show" for an appointment on November 8, 2012. (*Id.* at 1) At his hearing, Applicant said he did not remember why he sought treatment in October 2012. (Tr. 55)

Anger management was suggested for Applicant; however, he never received anger management counseling. (Tr. 59) He said, "My anger outbursts always coincided with quite a bit of hostility towards me or pressure or something along those lines. I just don't get randomly angry." (Tr. 59) He described his outbursts as a defensive response or mechanism to being patronized or "ganged up on." (Tr. 76) His response is to "randomly say stuff." (Tr. 76) His responses are primarily verbal outbursts, and he has never harmed anyone. (Tr. 77-78)

SOR ¶ 1.d alleges in about November 2018, Applicant attempted suicide. During his follow-up hospitalization, he was diagnosed with Adjustment Disorder, Unspecified Personality Disorder with Borderline Traits, and Social Anxiety Disorder. In his SOR response, Applicant admitted SOR ¶ 1.d without any elaboration or explanation.

Applicant has experienced suicidal ideations periodically from high school to the present day. (Tr. 64-65) In November 2018, Applicant's long-term girlfriend (five years) texted him that their relationship was over, and he went home and discovered her belongings were gone as well as most of the household items. (Tr. 60; GE 5 at 1) He videotaped a 10-minute will. (GE 4 at 5) He was overwhelmed and triggered. (Tr. 60) He went to sleep, and when he woke up, he took a steak knife and superficially cut his wrists. (Tr. 61; GE 5 at 1) He sent a message on the Internet, and a police officer took him to the hospital, where he was admitted as an inpatient from November 28 to 30, 2018. (Tr. 61-62; GE 5) Medical records for November 2018 reflect the diagnosis in SOR ¶ 1.d. (GE 5 at 7)

On June 20, 2022, S, Ph.D., evaluated Applicant on behalf of the CAF. (GE 3) Dr. S diagnosed him with: (1) Social Anxiety Disorder, (2) Rule Out Major Depressive Disorder, recurrent, unspecified; (3) Personality Disorder, Unspecified with Borderline Features (by history); and (4) Rule Out Psychotic Disorder (per MMPI-3 item responses). (GE 3 at 5; SOR ¶ 1.e) Dr. S concluded his suicidal ideation, depression, and possible personality disorder “could negatively impact his judgment, reliability, and trustworthiness in safeguarding classified information or working in a cleared setting.” (GE 3 at 5) Dr. S said he had “high confidence” in the accuracy of the information received from Applicant. He summarized his report as follows:

[Applicant’s] recurring suicidal ideation depression, poor engagement in, and follow through with psychiatric treatment, and his endorsement of severe psychopathology on the MMPI-3 indicate the presence of significant mental health concerns and the need for current, ongoing, engagement in mental health services (i.e. therapy, medication management, etc.). (GE 3 at 5)

Applicant disagreed with Rule Out Major Depressive Disorder and Rule Out Psychotic Disorder because those diagnoses were preliminary and not established. (SOR response) He was dissatisfied with previous mental-health counseling because when he received counseling, the mental-health professional “just wants to toss medication” at him. (*Id.*) He was advised that treatment was voluntary, and he was not told his security clearance was jeopardized by not accepting medication. (*Id.*) He requested a second evaluation. (*Id.*)

When Applicant is in unfamiliar surroundings or is engaged in something unplanned, he gets “very shaky and nervous,” and his voice slurs and he slightly stutters. (Tr. 40) He avoids situations where he feels stress. (Tr. 40) His most recent verbal outburst was in late 2018 or early 2019 when he made comments to his boss. (Tr. 79)

Applicant decided not to seek professional assistance in dealing with his stress and anxiety after he received the SOR because he “needed to handle it” himself. (Tr. 69, 73) After he received the SOR, he was concerned seeking help might be viewed as his acceptance that he had “psychopathy,” that he was “weak minded,” or that he was “regressing” because of the timing. (Tr. 74-75) He plans to seek counseling in the future because his security clearance issue has prompted him to resume treatment in the future. (Tr. 70-71) He said he intends to seek “validation for what I’m doing or to see if there’s something that I’m doing wrong or what have you.” (Tr. 72) If he really needed help, he would seek it. (Tr. 70)

## **Policies**

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, “no one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to control access to information bearing on national security and to determine whether an individual

is sufficiently trustworthy to have access to such information.” *Id.* at 527. The President has authorized the Secretary of Defense or his designee to grant applicant’s eligibility for access to classified information “only upon a finding that it is clearly consistent with the national interest to do so.” Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended.

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

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

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

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant “has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance.” ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). “[S]ecurity clearance determinations should err, if they must, on the side of denials.” *Egan*, 484 U.S. at 531; see AG ¶ 2(b).

## Analysis

### Psychological Conditions

AG ¶ 27 articulates the security concern for psychological conditions:

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

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

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

(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.

AG ¶¶ 28(a), 28(b), 28(c), and 28(d) are established. The disqualifying conditions will be discussed in the mitigating conditions section, *infra*.

Five mitigating conditions under AG ¶ 29 are potentially applicable:

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

(b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently

receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

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

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

In ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013), the DOHA Appeal Board concisely explained Applicant's responsibility for proving the applicability of mitigating conditions as follows:

Once a concern arises regarding an Applicant's security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. See *Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. See Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in *Egan, supra*. "Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security." Directive, Enclosure 2, [App. A] ¶ 2(b).

In about 2004, Applicant was referred for mental-health treatment after he told his Air Force supervisor that he thought about killing him and that he should have killed him or words to that effect. He has subsequently had occasional angry outbursts; however, the ones after 2004 were not as significant and did not involve threats. His outbursts are sufficient to establish AG ¶ 28(a) by history; however, SOR ¶¶ 1.a and 1.c are mitigated because there is no indication of a current problem with angry outbursts to the degree of raising a security concern. See AG ¶ 29(e).

An October 29, 2010 medical note states, "Pt [states] he no longer wishes to continue mental health treatment, despite no change in his poorly controlled social anxiety [signs and symptoms]. Strongly recommend to pt that he reconsider his decision. Pt [states] he is sure about his current decision to terminate treatment." (Tr. 53; GE 6 at 7) After a suicide attempt in which he made superficial cuts to his wrists, he received inpatient mental-health treatment from November 28 to 30, 2018. AG ¶¶ 28(c) and 28(d) are established.

On June 20, 2022, Dr. S diagnosed Applicant with: Social Anxiety Disorder, and Personality Disorder, Unspecified with Borderline Features (by history). Dr. S concluded



his suicidal ideation, depression, and possible personality disorder “could negatively impact his judgment, reliability, and trustworthiness in safeguarding classified information or working in a cleared setting.” (GE 3 at 5) Dr. S said he had “high confidence” in the accuracy of the information received from Applicant. He summarized his report as follows:

[Applicant’s] recurring suicidal ideation depression, poor engagement in, and follow through with psychiatric treatment, and his endorsement of severe psychopathology on the MMPI-3 indicate the presence of significant mental health concerns and the need for current, ongoing, engagement in mental health services (i.e. therapy, medication management, etc.). (GE 3 at 5)

AG ¶ 28(b) is established.

None of the mitigating conditions fully apply to SOR ¶¶ 1.b, 1.d, and 1.e. Applicant did not establish “ongoing and consistent compliance with the treatment plan,” see AG ¶ 29(a). He is not “currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional,” see AG ¶ 29(b). He did not provide a “recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that [his] previous condition is under control or in remission, and has a low probability of recurrence or exacerbation,” see AG ¶ 29(c). He did not establish “the past psychological/psychiatric condition was temporary, the situation has been resolved, and [he] no longer shows indications of emotional instability,” see AG ¶ 29(d). He did not prove “there is no indication of a current problem,” see AG ¶ 29(e).

I have lingering concerns that Applicant will again be under stress in a social situation, and he will make poor security-related decisions. Mental-health problems could resurface even without him being in a stressful situation. Without ongoing therapy or counseling as Dr. S recommended, there is insufficient assurance that his mental-health problems will not recur. Psychological conditions security concerns are not mitigated.

### **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), “[t]he ultimate determination” of whether to grant a security clearance “must be an overall commonsense judgment based upon careful consideration of the guidelines” and the whole-person concept. My comments under Guideline I are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under that guideline but some warrant additional comment.

Applicant is a 41-year-old technician for various training devices for complex aviation systems. In 2017, he received an associate degree in programming and game design, and in 2001, he received a bachelor’s degree in electronics engineering. He served in the Air Force from 2002 to 2014, and he received an honorable discharge. When he was discharged from the Air Force, he was a staff sergeant. He did not receive any nonjudicial punishments while in the Air Force. The VA has awarded him a 70 percent disability rating, which includes 50 percent for adjustment disorder and anxiety disorder. There is no evidence of drug or alcohol abuse, or security violations.

The evidence against grant of Applicant’s access to classified information is more persuasive. On June 20, 2022, Dr. S evaluated Applicant on behalf of the CAF. Dr. S diagnosed him with: Social Anxiety Disorder and Personality Disorder, Unspecified with Borderline Features (by history). Dr. S concluded his suicidal ideation, depression, and possible personality disorder “could negatively impact his judgment, reliability, and trustworthiness in safeguarding classified information or working in a cleared setting.” (GE 3 at 5) Dr. S said he had “high confidence” in the accuracy of the information received from Applicant. He summarized his report as follows:

[Applicant’s] recurring suicidal ideation depression, poor engagement in, and follow through with psychiatric treatment, and his endorsement of severe psychopathology on the MMPI-3 indicate the presence of significant mental health concerns and the need for current, ongoing, engagement in mental health services (i.e. therapy, medication management, etc.). (GE 3 at 5)

There is no reason to doubt the accuracy of Dr. S’s evaluation, diagnosis, or prognosis. There is no mental-health diagnosis or prognosis from a qualified mental-health professional that undermines or contradicts Dr. S’s evaluation. At the time of his security clearance hearing, Applicant did not receive mental-health counseling or treatment after Dr. S’s evaluation. His consideration of resuming mental-health counseling or treatment after his hearing is a positive step towards future reinstatement of his security clearance.

It is well settled that once a concern arises regarding an applicant’s security clearance eligibility, there is a strong presumption against granting a security clearance. *See Dorfmont*, 913 F. 2d at 1401. “[A] favorable clearance decision means that the record discloses no basis for doubt about an applicant’s eligibility for access to classified information.” ISCR Case No. 18-02085 at 7 (App. Bd. Jan. 3, 2020) (citing ISCR Case No. 12-00270 at 3 (App. Bd. Jan. 17, 2014)).

I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, the AGs, and the Appeal Board's jurisprudence to the facts and circumstances in the context of the whole person. Guideline I security concerns are not mitigated at this time.

This decision should not be construed as a determination that Applicant cannot or will not establish that reinstatement of his security clearance is warranted in the future. With the establishment of a track record of consistent mental-health counseling and treatment in accordance with the treatment recommendations of a qualified mental-health professional, and a favorable prognosis by a qualified mental-health professional, he may well be able to demonstrate persuasive evidence of his security clearance worthiness.

### **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:	AGAINST APPLICANT
Subparagraph 1.a:	For Applicant
Subparagraph 1.b:	Against Applicant
Subparagraph 1.c:	For Applicant
Subparagraphs 1.d and 1.e:	Against Applicant

### **Conclusion**

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

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Mark Harvey  
Administrative Judge