



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



In the matter of: )  
)  
) ISCR Case No. 19-03380  
)  
Applicant for Security Clearance )

**Appearances**

For Government: Alison O’Connell, Esq., Department Counsel  
For Applicant: Milton Johns, Esq.

08/31/2023

**Decision**

OLMOS, Bryan J., Administrative Judge:

Applicant provided sufficient information to mitigate the security concerns under Guideline G, Alcohol Consumption. However, she did not mitigate the security concerns under Guideline E, Personal Conduct. Applicant’s eligibility for access to classified information is denied.

**Statement of the Case**

Applicant submitted a security clearance application (SCA) on July 26, 2016. On July 21, 2021, the Department of Defense (DOD) issued a Statement of Reasons to Applicant detailing security concerns under Guideline G, Alcohol Consumption. The DOD issued the SOR under Executive Order (Exec. Or.) 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 Security Executive Agent Directive 4 (SEAD 4), National Security Adjudicative Guidelines (AG), effective June 8, 2017.

Applicant answered the SOR on August 27, 2021 (Answer # 1), provided documents, and requested a hearing before an administrative judge. Before an administrative judge was assigned to the case, the SOR was withdrawn. Answer #1 was later included as part of the Government's exhibits. On April 1, 2022, the Government issued a second SOR. It restated the initial security concerns under Guideline G and added security concerns under Guideline E, Personal Conduct. Applicant answered this SOR on May 19, 2022 (Answer # 2), provided additional documents, and again requested a hearing. The case was assigned to me on March 14, 2023. On April 7, 2023, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for May 31, 2023. I convened the hearing as scheduled.

During the hearing, Applicant testified and Government Exhibits (GX) 1 through 6 and Applicant Exhibits (AX) A through J were offered by the parties and admitted without objection. The record closed on the date of the hearing. DOHA received the hearing transcript (Tr.) on July 7, 2023.

### **Findings of Fact**

In her May 2022 SOR Answer (Answer #2), Applicant denied all of the SOR allegations, with explanations. After a thorough and careful review of the pleadings and evidence submitted, I make the following findings of fact.

Applicant is 37 years old. She is not married and has no children. She has been steadily employed in her field of expertise since shortly after obtaining her bachelor's degree in 2008. She has held a security clearance since about 2010 and has worked for her current employer since 2015. She currently works as a business analyst. (GX 1; GX 3; Tr. 19, 65)

In about 2014, Applicant began "binge drinking" alcohol due to stress and anxiety from an emotionally abusive relationship with her boyfriend. At his urging, she sought out counseling and saw Ms. V.S., a licensed clinical professional counselor (LCPC), from about April 2014 through February 2015. (GX 3; GX 5)

In February 2015, Applicant changed medical providers and underwent an initial evaluation with Dr. J.R., a psychiatrist. She was diagnosed with generalized anxiety disorder, major depressive disorder and alcohol dependence. A diagnosis of bipolar disorder was ruled out. Dr. J.R. noted that Applicant was also an addictive shopper and was struggling with impulse buying. Applicant later claimed she only treated with Dr. J.R. for generalized anxiety disorder and denied receiving treatment for alcohol use. (See discussion below). Applicant's mental health-related diagnoses and treatment are not alleged in the SOR. (GX 2; Tr. 17, 32)

In early March 2015, Applicant was prescribed Celexa and Lamictal to stabilize her mood. Later that month, she was prescribed naltrexone to curb her alcohol cravings. In May 2015, Dr. J.R. noted that Applicant had responded well to medication as her

impulsive behavior decreased and she was drinking less alcohol. Amongst several recommendations, she was to continue naltrexone for her alcohol dependency. (GX 2)

Dr. J.R. saw Applicant again in September 2015 and noted she was less impulsive and was drinking moderately. In December 2015, Applicant saw another counselor within Dr. J.R.'s practice and talked about her "struggles with compulsive shopping and alcohol abuse." The counselor recommended that she continue regular therapy to focus on depression and anxiety management, improving her self-esteem as well as managing her alcohol consumption and other compulsive behaviors. Applicant did not return for treatment. (GX 2)

In her July 2016 SCA, Applicant disclosed that she had received counseling and mental health treatment with Ms. V.S. and Dr. J.R. However, she did not state that any of this treatment was alcohol related. Further, under Section 24 – Use of Alcohol, she denied that she ever voluntarily sought counseling or treatment due to her alcohol use. (GX 1)

During her interview with a security clearance background investigator in February 2018, Applicant described her earlier psychological counseling but "failed to note that this counseling was due to [her] voluntary alcohol treatment." Applicant indicated she was "ashamed to list her treatment for alcohol use." She then described her period of "binge drinking" from about 2014 through 2016. She claimed she had successfully completed counseling and volunteered that she continued to consume alcohol. (GX 3)

Applicant did not participate in any mental health treatment from 2016 through 2018. She separated from her boyfriend in 2017. However, in 2019 she wanted to return to dating and sought out additional mental health treatment to address her anxiety issues surrounding relationships. (Tr. 58-59)

In June 2019, Applicant underwent a psychiatric evaluation with Ms. K.R., a physician assistant, certified (PA-C). She described being in an abusive relationship in 2014 through 2015 and said she had only gone to therapy because of her ex-boyfriend. She stated she had previously been diagnosed with acute bipolar disorder and had been prescribed Lexapro and naltrexone but "rarely took them and did not take them seriously." She reported she was typically drinking one alcoholic beverage a day. Applicant was diagnosed with obsessive compulsive disorder, major depressive disorder and an unspecified anxiety disorder. Diagnoses of alcohol abuse disorder and bipolar disorder were ruled out and she was prescribed Prozac. (AX E)

In September 2019, Applicant returned to Ms. K.R. with complaints of high anxiety related to her work and personal issues. There was no indication of alcohol-related issues or treatment from these records. Applicant was again prescribed Prozac and a course of mental health treatment was established. She remained compliant with her provider's recommendations and, over the next two years, her anxiety and depression decreased. (AX C-E)

In January 2020, Applicant responded to Government interrogatories and confirmed that she had been diagnosed with alcohol dependency in about 2015 and had been prescribed medication to assist with her alcohol cravings. She also confirmed she discontinued treatment in 2016 against the advice of her medical provider. (GX 3)

In August 2021, following her receipt of the initial SOR, Applicant informed Ms. K.R. that her security application had been revoked because she had previously seen a psychiatrist in 2015 and been diagnosed with alcohol abuse. Applicant reported that she was currently drinking one to two glasses of wine four to five nights per week and would occasionally drink a max of three drinks on the weekend during social outings. Ms. K.R.'s assessment and treatment of Applicant remained unchanged and unrelated to Applicant's alcohol consumption. (AX C-E)

Also in August 2021, at the direction of her attorney, Applicant underwent an alcohol use evaluation with Ms. K.B., a licensed clinical social worker (LCSW). She took several tests and participated in an interview during this evaluation. In describing her treatment history to Ms. K.B., Applicant claimed she never sought services associated with alcohol while treating with Dr. J.R. and was "adamant" that neither Dr. J.R. nor any therapist in that office ever told her that she had a drinking problem or needed treatment for alcohol. Applicant claimed in the evaluation that Dr. J.R.'s prescription for naltrexone was to curb her desire to shop online and that she only took one or two pills but "did not like the side effects and ceased taking them." (AX F)

With regard to her alcohol consumption at the time of the evaluation, Applicant informed Ms. K.B. that she never had any alcohol-related incidents within or outside of work. She had reduced her alcohol consumption from two to four glasses of wine, four to five times per week to one to two glasses of wine, two to three times per week. Ms. K.B. concluded that Applicant did not have an alcohol use disorder and that no alcohol treatment was warranted. (AX F)

Shortly after the evaluation, Applicant submitted her August 2021 SOR Answer. (Answer # 1) In discussing the SOR allegations, she acknowledged that she had been diagnosed, in part, with alcohol dependency and alcohol use disorder, but claimed that these were overdiagnoses, as she was only seen a few times by Dr. J.R. and had discontinued her treatment. Applicant claimed that she continued to consume alcohol at a level that her psychiatrist and therapist believed did not meet the criteria for alcohol use disorder. (GX 4)

In December 2021, Applicant underwent a psychological evaluation with Dr. C.B., Ph.D., at the request of DOD. During that evaluation, Applicant stated that she began drinking excessively in 2015 as a poor mechanism for relationship struggles and that her drinking was no longer excessive after she separated from her boyfriend in 2017. (GX 5-6)

With regard to her alcohol consumption at the time of the evaluation, Applicant informed Dr. C.B. that she consumed one or two glasses of wine, primarily on the

weekends. Dr. C.B.'s diagnostic impression was major depressive disorder, recurrent, in remission; generalized anxiety disorder; alcohol use disorder, in remission; and a rule out of bipolar disorder. (GX 5-6)

In April 2022, Ms. K.R. issued a letter stating that Applicant continued to treat for major depressive disorder, anxiety disorder and obsessive-compulsive disorder and remained compliant with her treatment plan. In May 2022, Dr. E.T., Ph.D. within Ms. K.R.'s office, issued a similar letter, stating that Applicant was actively participating in treatment, had made significant progress in managing her symptoms and exhibited stable mental health. Dr. E.T. opined that Applicant's symptoms were not related to a substance use disorder. (AX C-D)

In her May 2022 SOR Answer (Answer # 2), Applicant denied she ever received treatment for a condition related to alcohol. Instead, she claimed to have treated for anxiety and depression. She further claimed she was unaware she had been diagnosed with alcohol use disorder or alcohol dependency "until well after the fact" and the medication she had been prescribed in 2015 was to curb her shopping impulses. Applicant stated that she consumed alcohol responsibly and would continue to discuss her drinking habits with her therapist and modify her consumption if needed. Applicant also denied providing false information during her alcohol use evaluation in August 2021.

In May 2023, Applicant was seen by Ms. J.M.R. (LCSW), a new counselor within her current medical practice group. Ms. J.M.R. summarized that Applicant suffered from generalized anxiety disorder that was being managed by coping skills and medication. Ms. J.M.R. opined that neither Applicant's condition nor consumption of alcohol had any impact on her judgment, stability, reliability or trustworthiness. (AX J)

At her DOHA hearing, Applicant described seeing Dr. J.R. in 2015 for therapy, but denied being seen for alcohol-use problems. She further denied ever being treated for an alcohol use disorder. Applicant again claimed that the medication Dr. J.R. prescribed was to curb her shopping impulses and was unrelated to her use of alcohol. She further claimed she did not know that Dr. J.R. had diagnosed her with an alcohol use disorder until she received the initial SOR. (Tr. 16-18, 28-33, 54-56)

When Applicant was confronted with her January 2020 interrogatory response that reflected her awareness of her alcohol-dependency diagnosis and treatment, she claimed not to recall filling out the questionnaire. Applicant also could not recall telling Dr. C.B. about her history of seeking treatment for alcohol abuse. Instead, she stated "I believe it is not who I am anymore, so I understand that the records say it, but it is not really that prevalent in my memory right now." (Tr. 29-32, 39-40)

Applicant described working with several counselors since first seeking treatment with her current medical group in 2019. She said her treatment was for generalized anxiety disorder, the management of underlying family and relationship issues, as well as her overall wellness and mental health. She said her counselors were aware of her

alcohol consumption, but it was not a concern to them and she did not receive any treatment specific to alcohol use. (Tr. 23-24, 35-38, 61-64)

Applicant stated she has come a long way since the abusive relationship with her ex-boyfriend she experienced in 2015. She said she now maintains strong work and personal relationships and stated that she does not have an alcohol-use problem. (Tr. 32, 72-74)

Applicant submitted multiple character letters from individuals, some of whom have worked with her since at least 2013. They all describe her as an exemplary employee who consistently exceeded expectations. They further note that she has held a security clearance with access to classified materials without incident and maintains a high degree of professionalism, integrity, and dedication. A recent performance appraisal stated that Applicant had either met or exceeded all expectations. (AX G-I)

### **Policies**

It is well established that no one has a right to a security clearance. As the Supreme Court held in *Department of the Navy v. Egan*, “the clearly consistent standard indicates that security determinations should err, if they must, on the side of denials.” 484 U.S. 518, 531 (1988)

When evaluating an applicant’s suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. 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(a), 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 not drawn 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. Under Directive ¶ E3.1.15, 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 to obtain 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 the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

## Analysis

### Guideline G, Alcohol Consumption

AG ¶ 21 expresses the security concern:

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.

I have considered the disqualifying conditions for alcohol consumption under AG ¶ 22 and the following are potentially applicable:

- (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.

In about 2014, Applicant experienced high levels of stress and anxiety from an emotionally abusive relationship with her boyfriend. She described that she was “binge” drinking during this time. In 2015, she sought out mental health treatment and was diagnosed with generalized anxiety disorder, major depressive disorder and alcohol dependence. (SOR ¶ 1.a)

Medical records from her treatment during this period reflect that Applicant was prescribed naltrexone in order to curb her alcohol cravings. She took the medication for several months to her benefit. However, she terminated her treatment in December 2015 against the recommendations of her counselor. AG ¶¶ 22(c), (d) and (e) are applicable to SOR ¶ 1.a.

However, even with Applicant's diagnosis of alcohol dependence in 2015, the record is absent a clear directive that she abstain from alcohol consumption. Instead, the record reflects that she was compliant with her treatment, her mental health improved and she exhibited better control over her alcohol consumption over time.

When Applicant resumed her mental health treatment in 2019, her treatment plan focused on her major depressive disorder and general anxiety disorder. Her counselors ruled out a diagnosis of alcohol abuse disorder. Since then, she has not treated for any issues related to alcohol and has not been directed to modify her alcohol consumption, as alleged in SOR ¶ 1.b. AG ¶ 22(f) is not applicable and SOR ¶ 1.b has not been established.

The adjudicative guideline includes four conditions in AG ¶ 23 that could mitigate the security concerns arising from Applicant's alcohol consumption:

(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; and

(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.

I did not find Applicant to be forthright at hearing regarding her history of alcohol treatment. (See discussion below) However, medical records and statements made during her background interview reflect that she experienced noted improvement in her overall mental health during her treatment in 2015. She did not return to binge consumption of alcohol when she stopped treating in December 2015. Her mental health further improved when she separated from her boyfriend in 2017.

In 2019, when she thought about dating again, Applicant voluntarily sought out additional counseling to address her anxiety concerns. Since then, she has maintained consistent mental-health treatment and her counselors have provided favorable



assessments of her mental-health conditions. They are also aware of her alcohol consumption but are notably not treating her for a substance abuse disorder and specifically ruled out an alcohol abuse disorder.

Additionally, Applicant's ongoing mental-health treatment and medical records, a lack of negative law enforcement or work issues related to alcohol, as well as positive statements from her work colleagues all reflect that Applicant has overcome her alcohol problem and demonstrated that she is able to consume alcohol responsibly. She has experienced changed circumstances since 2015 when she used alcohol as a coping mechanism. AG ¶¶ 23(a) and 23(c) are applicable.

Despite Applicant's successful treatment for alcohol dependency in 2015 and her positive mental-health treatment over the years, her inconsistent statements about her history of alcohol treatment and her refusal to acknowledge that treatment at hearing makes mitigation under AG ¶ 23(b) inapplicable as she failed to fully and consistently acknowledge her pattern of maladaptive alcohol use. However, her reluctance in discussing her past difficulties with alcohol does not directly equate to her currently having problems with alcohol consumption. As previously noted, Applicant has demonstrated that she is able to consume alcohol responsibly.

### **Guideline E, Personal Conduct**

AG ¶ 15 expresses the security concern regarding 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 or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes. The following will normally result in an unfavorable national security eligibility determination, security clearance action, or cancellation of further processing for national security eligibility.

Under Guideline E, the Government alleges that Applicant made deliberately false statements in her 2016 SCA (SOR ¶ 2.a), in her Answer to the first SOR, in August 2021 (Answer # 1) (SOR ¶ 2.b), and in her August 2021 alcohol evaluation (SOR ¶ 2.c). All of the false statements alleged concern her history of alcohol treatment and diagnoses. SOR ¶ 2.d is a cross-allegation of the Guideline G allegations at SOR ¶¶ 1.a and 1.b.

Beginning with an applicant's responses in the application and continuing through the investigative phase, "the security clearance investigation is not a forum for an applicant to split hairs or parse the truth narrowly. The Federal Government has a compelling interest in protecting and safeguarding classified information." That compelling interest includes the legitimate interest in being able to make sound

decisions based on complete and accurate information. An application who deliberately fails to give full, frank, and candid answers to the Government in connection with a security clearance investigation interferes with the integrity of the industrial security program. ISCR Case No. 01-03132 (App. Bd. Aug. 8, 2002) The Government must produce substantial evidence that an omission was deliberate and not merely that the omission occurred. ISCR Case No. 07-16511 (App. Bd. Dec. 4, 2009)

I have considered the disqualifying conditions for personal conduct under AG ¶ 16 and the following are potentially applicable:

(a) deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;

(b) deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an 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;

(c) credible adverse information in several adjudicative issue areas that is not sufficient for an adverse determination under any other single guideline, but which, when considered as a whole, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information;

In 2015, Applicant voluntarily sought treatment for various mental health concerns and alcohol dependency. She disclosed her mental health treatment in her July 2016 SCA, but did not disclose her voluntary treatment for alcohol as required. During her February 2018 background interview, she stated that she was ashamed to list her alcohol treatment in her SCA. This was a deliberate omission and AG ¶ 16(a) is applicable to SOR ¶ 2.a.

Additionally, during her alcohol-use evaluation in August 2021, Applicant told Ms. K.B. that she never sought services associated with alcohol while treating with Dr. J.R. and was “adamant” that neither Dr. J.R. nor any therapist in that office ever told her that she had a drinking problem or needed treatment for alcohol. However, prior to this evaluation, Applicant confirmed her awareness of her own alcohol diagnosis and treatment in her January 2020 interrogatory responses. Then, during her psychological evaluation in December 2021 with Dr. C.B., she described drinking excessively in 2015 and receiving alcohol treatment. Applicant deliberately failed to disclose her history of

alcohol treatment during her August 2021 alcohol use evaluation. AG ¶ 16(b) is applicable to SOR ¶ 2.c.

In her August 2021 SOR Answer (Answer #1) to the Guideline G allegations, Applicant stated that she consumed alcohol at a level that her psychiatrist and therapist believed did not meet the criteria for alcohol use disorder. In SOR ¶ 2.b, the second SOR alleges that she deliberately falsified this statement because her psychiatrist at the time issued no such opinion.

Applicant's statement is supported by her treatment history. Beginning in 2019, her medical records reflect that she was treated for mental health issues, not an alcohol use disorder, even though her counselors were aware of her alcohol consumption. Later records make clear that she was never treated for a substance abuse disorder in 2019 or afterwards. This is consistent with Applicant's understanding of her treatment during that time. The falsification allegation within SOR ¶ 2.b has not been established and neither AG ¶¶ 16(a) nor 16(b) is applicable.

SOR ¶ 2.d is a cross-allegation of all of the alcohol consumption allegations. Applicant's history of alcohol use is discussed under Guideline G above. However, her decision to terminate her treatment in 2015 against the advice of her therapist raises sufficient whole-person concerns for AG ¶ 16(c) to be applicable.

The adjudicative guideline includes the following conditions in AG ¶ 17 that could mitigate the security concerns arising from Applicant's personal conduct:

- (a) the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts; and
- (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.

Applicant omitted her alcohol treatment history in her July 2016 SCA. She denied any history of alcohol treatment during her August 2021 evaluation with Ms. K.B. She further denied any history of alcohol treatment in her May 2022 SOR Answer. At hearing, she claimed not to recall her history of alcohol treatment because she believed it was not who she was anymore and that it was not "prevalent" in her memory.

Despite the progress that Applicant made in her mental-health treatment and in resolving her alcohol consumption concerns, she failed to make prompt, good-faith efforts to correct the record by providing an accurate history of her alcohol treatment during the security investigation process. She did not meet her burden of mitigating the previously established falsification allegations. This involved a significant matter of her past and continues to cast doubt on her reliability, trustworthiness, or good judgment. Neither AG ¶¶ 17(a) nor 17(c) is applicable to either SOR ¶¶ 2.a or 2.c.

However, Applicant's decision to terminate her treatment in 2015 did not result in her returning to binge drinking or experiencing any other alcohol related incidents. She has since benefited from ongoing mental health treatment and resolved her alcohol use concerns. AG ¶ 16(c) is applicable to the cross-allegations in SOR ¶ 2.d.

### **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 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 and E in my whole-person analysis.

Applicant sought out treatment for mental health concerns and alcohol abuse in 2014 and 2015. Although she terminated her treatment at the end of 2015, her circumstances continued to improve, particularly after she separated from her boyfriend in 2017. In 2019, when she decided to start dating again, she sought out additional counseling. She has continued in treatment for conditions unrelated to alcohol. Her counselors are aware of her alcohol consumption and are unconcerned. Applicant has overcome security concerns about her alcohol diagnoses and consumption under Guideline G.

However, despite this progress, Applicant failed to disclose her history of alcohol treatment in her SCA because she was ashamed by it. She further attempted to conceal her treatment history during an alcohol use evaluation. Her significant progress in her mental-health treatment and in overcoming the security concerns about her alcohol consumption do not overcome her refusal to provide a complete history of her treatment in her SCA or during the security investigation process. This involved a relevant and material component of her past. As I did not find Applicant to be forthright at hearing, I

conclude that Applicant did not provide sufficient evidence to mitigate the security concerns under Guideline E.

### **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 G:	FOR APPLICANT
Subparagraphs 1.a-1.b:	For Applicant
Paragraph 2, Guideline E:	AGAINST APPLICANT
Subparagraph 2.a:	Against Applicant
Subparagraph 2.b:	For Applicant
Subparagraph 2.c:	Against Applicant
Subparagraph 2.d:	For Applicant

### **Conclusion**

In light of all of the circumstances, it is not clearly consistent with the national interest to grant Applicant a security clearance. Eligibility for access to classified information is denied.

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Bryan J. Olmos  
Administrative Judge