



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



In the matter of:	)	
	)	
[Name Redacted]	)	ISCR Case No. 23-00786
	)	
Applicant for Security Clearance	)	

**Appearances**

For Government: Jeffrey Kent, Esq., Department Counsel  
For Applicant: Dan Meyer, Esq.

08/06/2024

**Decision**

HOGAN, Erin C., Administrative Judge:

This case involves security concerns raised under Guideline I (Psychological Conditions). Applicant mitigated the security concerns. Eligibility for access to classified information is granted.

**Statement of the Case**

Applicant submitted a security clearance application on June 19, 2020 and January 26, 2020. On June 30, 2023, the Defense Counterintelligence and Security Agency Consolidated Adjudication Services (DCSA CAS) sent Applicant a Statement of Reasons (SOR) alleging security concerns under Guideline I, Psychological Conditions. The DCSA CAS acted under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) promulgated in Security Executive Agent Directive 4, *National Security Adjudicative Guidelines* (December 10, 2016), which became effective on June 8, 2017.

Applicant answered the SOR on July 20, 2023, and requested a hearing before an administrative judge. The case was assigned to me on February 2, 2024. A Notice of Hearing was issued on March 15, 2024, scheduling the hearing for April 25, 2024. The hearing was held as scheduled. Department Counsel offered Government Exhibits (GE) 1 - 9, which were admitted without objection. The Government also requested administrative notice be taken on Items II – VII. There being no objection the request was granted. Applicant testified and offered six exhibits which were admitted without objection as Applicant Exhibits (AE) A – F. The record was held open to allow her to submit documents. Applicant’s Counsel timely submitted a 23-page document which was marked and admitted as AE G without objection. DOHA received the transcript (Tr.) on May 3, 2024.

Several facts in the decision are referred to in generic terms in the interests of protecting the Applicant’s privacy. More detailed facts are located in the case file.

### **Findings of Fact**

In Applicant’s answer to the SOR, she admits all of the allegations in the SOR.

Applicant, age 40, is an employee of a DOD contractor. She has worked for her current employer since 2019. She served on active duty in the U.S. Navy from 2003 to 2010. She separated in the grade of E-6 with an honorable discharge. She has held a security clearance for over 20 years. Her highest level of education is a Master’s degree. She is married. Her husband works full-time and serves in the U.S. Navy Reserves. They have five children, ages 22, 21, 19, 18 and 22 months. (Tr. 18-22, 45-48, GE 1; GE 2; AE C; AE G)

In conjunction with being hired by her current employer, Applicant submitted an Electronic Questionnaire for Investigations Processing (e-QIP) on January 26, 2020 and an additional e-QIP on June 19, 2020. (GE 1; GE 2) A subsequent background investigation raised security concerns under Guideline I as a result of information Applicant provided about her mental health issues.

The first SOR allegation covered an incident when Applicant was involuntarily hospitalized on June 3, 2019, after threatening to stab herself with a knife. She stayed three days in-patient and was diagnosed with Major Depressive Disorder, recurrent, severe without psychotic features; Post-traumatic Stress Disorder (PTSD); and alcohol use disorder, moderate. (SOR ¶ 1.a: GE 1 at 33-34, 36-37; GE 2 at 34-35, 38; GE 3 at 7-8, 10; GE 4 at 3; GE 5; GE 6; GE 8)

The second SOR allegation alleges Applicant’s mental health treatment that she began to receive in September 2019. She was assessed for medical management for depression and PTSD. She was initially diagnosed with PTSD, complex; Major depressive disorder, severe, with psychosis; unspecified somatic symptom and related disorder (i.e., she was having difficulty sleeping); and alcohol use disorder, moderate. (SOR ¶ 1.b: GE 4 at 6; GE 7) SOR ¶ 1.b also mentions a November 16, 2020, incident

where Applicant walked around her house breaking glass. This incident was related to her frustration about her movement disorder.

The third SOR allegation involved an evaluation on October 15, 2022, by Dr. J.S., a licensed psychologist retained by the Department of Defense. Dr. J.S., diagnosed Applicant with alcohol use disorder, mild, in sustained remission; delusional disorder, persecutory type; major depressive disorder, recurrent in partial remission; and PTSD. Dr. J.S. interviewed Applicant, ran several tests and contacted her treating mental health provider, S.C., a psychiatric nurse practitioner (Hereafter referred to as N.P. S.C.). N.P. S.C. disclosed that in November 2021, Applicant was discovered by law enforcement in a car. She appeared to be speaking gibberish and impaired. Applicant had not slept for six days before the incident. Dr. J.S. was concerned about Applicant's candor because she did not report the 2021 incident to him. He concluded he could not provide a favorable recommendation based on a diagnosis which can and has caused deficits in judgment, reliability, and trustworthiness. (SOR ¶ 3.c: GE 4; GE 9)

### **Summary of the Facts**

Applicant experienced several traumatic events when she was a child. At age 11, she was diagnosed with PTSD. In 2017, her husband was notified by the Navy that he was to be mobilized for a year-long deployment. Applicant was concerned because they did not live in a neighborhood where she felt safe. Their three cars were broken into on four occasions and the police were not responsive when she contacted them for help. In addition, drug dealers lived in the neighborhood. Applicant became hypervigilant and paranoid about the safety to her family. Her husband returned from deployment in the summer of 2018. (Tr 23, 31-32; AE C)

Applicant initially sought mental health treatment with a licensed professional counselor, Ms. L.M. around 2017. She told Ms. L.M. that her husband's absence, the car break-ins, and the lack of response from the police triggered feelings of fear that went back to her troubled youth. She also told her that she was having chronic issues with physical symptoms that caused her to fall forward. She also had brain fog, memory issues, and a movement disorder where her fingers, hands, and feet seemed to move by themselves. Ms. L.M. told her that it was due to her body being in a prolonged period of fight-or-flight response. Applicant also consulted a neurologist about her involuntary movement issues. She was diagnosed with a movement disorder not otherwise specified and was told there were no treatments available to her. This caused her to have greater depressive symptoms. In 2019, she began to have suicidal ideations because she began to lose hope about the future. (AE C)

Around 2018, Applicant switched to another provider whose name she does not recall, when she got a new job. The new provider diagnosed her with Major Depressive disorder, PTSD, and alcohol abuse. She saw the provider over a period of six months to a year. She was prescribed the anti-depressant Wellbutrin. She admits to drinking heavily during this time, around nine to 12 drinks daily because she felt it was the only way she could sleep. (AE C)

Applicant's anniversary was on June 4, 2019. She became severely depressed and suicidal because she and her family were moving to another state, which meant she had to quit her job and start over. She drank between 9-12 alcoholic drinks that evening. She argued with her husband and went to bed. She took a chef's knife with her into the bedroom and put it on her bedside table. She claims she usually took her chef's knife with her to bed for security. Her daughter saw the knife and called the police over concern that her mother was suicidal. When the police arrived, they asked her if she was going to hurt herself and she responded affirmatively. She was first taken to an emergency room but was transferred to a local mental health treatment facility where she was put under observation for 72 hours. At the end of the observation period, she was evaluated by a judge. The judge released her but told her to get treatment after she moved with her family to their new location. One month after moving, Applicant began seeing N.P. S.C, who was affiliated with a neuro-psychological wellness center. Applicant has met with her on a regular and recurring basis since September 2019 for medication management and counseling. (Tr. 25 – 28, 41; AE C)

After Applicant and her family moved to the new location, her symptoms of PTSD, hypervigilance, depression, and suicidality improved because they moved to a much safer neighborhood. She continued to struggle with insomnia. After the June 2019 incident, she stopped drinking alcohol. As a result, her insomnia increased. She sometimes was only able to sleep two hours a night. In November 2021, she went six days without sleep and had an episode of wakeful dreaming. She drove her car into a ditch. A bystander called police. The police observed that Applicant was speaking gibberish. An ambulance was called and she was taken to a hospital where she received medical care. She was evaluated by a mental health provider but was not hospitalized in a mental health treatment facility. She stayed one night in the hospital. Medical tests indicated she had no alcohol or illegal drugs in her system. She was prescribed Olanzapine which helped her sleep for the first time in six days. She did not report the incident to her FSO because she believed it was medical issue related to her insomnia as opposed to a mental health issue. Since this incident, she has been prescribed and takes Olanzapine on a regular basis. The medication allows her to sleep 10-12 hours a night which she has done consistently since 2021. (Tr. 23-29: AE C)

Applicant's provider, N.P. S.C. prescribed Olanzapine for her sleep issues. She also prescribed Trazadone which helps with her PTSD, anxiety, and paranoia. She prescribed Diazepam for her movement disorder. The movement disorder is now under control. At the beginning of an episode, she takes Diazepam and it stops the episode from happening. (Tr. 34; AE C)

### **Evaluation of Government-Approved Psychologist**

Dr. J.S., a licensed psychologist, was retained by DCSA CAS to evaluate Applicant. He met with her on October 15, 2022. The evaluation was conducted via secure video teleconference. Applicant consented to the evaluation being conducted via video-teleconference instead of an in-person evaluation. Dr. J.S.'s report of evaluation is located at GE 4. His curriculum vitae (CV) is located at GE 9.

The DCSA CAS referred Applicant to Dr. J.S. for evaluation to determine whether Applicant's reliability or judgment presented a threat to her handling classified information based upon the belief that she may have a condition or diagnosis which, if left untreated, may disqualify her from being eligible to hold a clearance.

Dr. J.S. based his opinion on information gathered during the evaluation through an interview with the Applicant; a comprehensive review of all medical and supporting records provided by the CAS, and a personality assessment (PAI) administered online.

Dr. J.S. summarizes the incidents that are described above. Regarding the June 2019 incident which led to Applicant's involuntary hospitalization, Applicant admitted that she was "in a very bad place" during that time. She had been experiencing paranoia and struggling with suicidal thoughts for about three months before her hospitalization. She denied any intention of harming herself but said she took the chef's knife into her bedroom because "it gave her a sense of control that I could end it if I wanted to." She admitted that she may have made an offhand comment to the admitting staff at the hospital about wanting to shoot herself with a gun. She could not recall the exact details because she was heavily intoxicated that evening.

With regard to her alcohol and drug history, Applicant described her heaviest period of alcohol consumption occurred from mid – 2018 to June 2019. She drank six beers a night to help her sleep. She has abstained from alcohol use since her hospitalization in 2019. She denied any current or historical use of illegal drugs.

Dr. J.S. described Applicant's mental status during the interview as "alert and fully oriented." The PAI assessment indicated she answered questions in a manner which may have minimized some of her faults and shortcomings. These minimizations are generally common given the evaluative nature of these interviews. He noted that she reported problems of greater intensity than is typical of individuals who are attempting to positively report. She reported unusual sensory motor problems, preoccupations with physical functioning, frequent physical complaints, tension and apprehension, and physical signs of depression. Her responses did not reveal any other significant or severe psychological issues. She is mostly confident, resilient, and optimistic. Her assertiveness, friendliness, and concern for others is typical of normal adults.

Dr. J.S. contacted N.P. S.C., Applicant's current mental health provider. She told him that she has been treating Applicant since September 2019. Applicant meets with her on average of every six weeks. This varies based on Applicant's medication needs. N.P. S.C. told him that Applicant has several diagnoses to include depression, PTSD, paranoia, and sleep disturbances. At the time she conferred with Dr. J.S., N.P. S.C. indicated Applicant's issues were well managed under her regimen of Gabapentin, Trazadone and Olanzapine. She also confirmed Applicant's previous alcohol use and current abstinence.

N.P. S.C. told Dr. J.S. that subject has fears that her husband will leave her. This contributes to her anxiety, sleep issues, and paranoia. She also mentioned that Applicant

was taken to the emergency room in November 2021 after law enforcement discovered her in an altered mental status in her car. She had been “speaking gibberish” and was clearly impaired. She was assessed and kept for stabilization. Lab results were negative for drugs and alcohol. She regained cognitive awareness and admitted that she had not been sleeping for six days. She recovered. N.P. S.C. began to prescribe her Olanzapine which has been successful. Applicant is getting more restful sleep, and, in turn, reducing her experiences of paranoia. N.P. S.C mentioned Applicant has been stable since the November 2021 incident. She told him that Applicant’s judgment, reliability, and trustworthiness were intact, contingent on her being compliant in her medication plan. Applicant has always been transparent and motivated to be stable.

Dr. J.S. diagnosed Applicant with Alcohol use disorder, mild, in sustained remission; Delusional disorder, persecutory type; major depressive disorder, mild, recurrent, in partial remission, and PTSD.

Dr. J.S. is concerned that Applicant did not report the November 2021 incident to him during the evaluation for three reasons. First, the incident is recent and shows Applicant was still affected by factors listed above to the extent it caused her significant cognitive impairment. Second, she did not reach out to her prescriber or emergency services during the decompensation period, indicating a lack of insight into her condition, or reluctance to ask for help. Finally, he believes Applicant may have intentionally withheld this significant event during her interview. For this reason, he cannot provide a favorable recommendation based upon these concerns and presence of a diagnosis which can, and has caused deficits in judgment, reliability, or trustworthiness.

### **Evaluation of Applicant by Dr. E.S., Psy. D.**

On October 6, 2023, Dr. E.S., a licensed clinical psychologist, conducted a full neuropsychological evaluation of current cognitive and emotional functioning on Applicant. (AE E; AE G at 12-19) Applicant’s mental health provider, N.P. S.C. referred Applicant for the evaluation. Dr. E.S. and N.P. S.C. work in the same practice. Dr. E.S. interviewed Applicant about her past history. Her answers were consistent with the facts previously discussed. In addition, Applicant was diagnosed with cancer in 2023. She completed radiation treatment the first week of September 2023.

Dr. E.S. administered the following tests: Beck Anxiety Inventory (BAI); Beck Depression Inventory – II (BDI-II); Behavior Rating Inventory of Executive Functioning – Adult Version (BRIEF-A); California Verbal Learning Test -Third Addition (CVLT-3); Clinical Interview; Connors Continuous Performance Test – Third Edition (CPT-3); DKEFS-Trail Making Test, Verbal Fluency Test, Color Word Test, Personality Assessment Inventory (PAI); and PTSD Checklist for DSM-5 (PCL-5).

Dr. E.S.’s diagnostic impressions from the DSM-5 include F43.10 Posttraumatic Stress Disorder, By History; F44.4 Functional Neurological Symptom Disorder (Conversion Disorder) with abnormal movement, Persistent, With psychological stressor;

F33.42 Major Depressive Disorder, Recurrent episode, In full remission. She ruled out Attention-Deficit/Hyperactivity Disorder, Combined presentation.

Dr. E.S recommends Applicant continue medication management with N.P. S.C. She notes Applicant's emotional symptoms appear to be well controlled with her current medications. She also recommends Applicant resume individual psycho-therapy to learn techniques to assist with cognitive deficits.

### **Letter of N.P. S.C.**

N.P. S.C. is ANCC certified as a Psychiatric Nurse Practitioner. She has over 13 years' experience working with children, adolescent adults and adults in the field of psychiatric nursing. She has a Bachelor's of Science in Nursing (BSN) and a Psychiatric Nurse Practitioner's Master's Program. N.P. S.C.'s letter is located at AE E. Her CV is located at AE G at 20-23.

N.P. S.C. has been treating Applicant since September 2019. She states Applicant has been stable and compliant with follow-up and follows the collaborative treatment plan. She is compliant with current medications. Her sleep and mood are currently stable and have been stable over the past few years. She began treating Applicant upon her family's move to the area and after Applicant's hospitalization in June 2019. She currently carries the diagnosis of complex PTSD, and alcohol use disorder, in sustained remission. She denies suicidal thoughts or plans. Her last paranoia episode occurred in November 2021 after not sleeping for six days. She was found in her car, acting confused. She stayed in the hospital one night. She was not hospitalized for inpatient psychiatric care. She was started on sleep medication in the ER and stabilized quickly. After this incident, she followed up with Applicant more frequently and prescribed medication for sleep. Applicant's sleeping patterns are now stable. She has consistently slept at least 10 hours since December 2021.

N.P. S.C. notes Applicant has been diagnosed with Functional Movement Disorder and Sleep Apnea by Dr, D., a specialist in movement disorders. Dr. D. has shared information on Applicant's treatment with her office. Applicant was prescribed Diazepam to help manage symptoms of her functional movement disorder. The disorder is well managed by the current medication.

### **Whole-Person Factors**

Applicant's husband, son, older daughter, mother, and brother wrote letters on Applicant's behalf. They acknowledged her mental health struggles but indicate that she works diligently at improving her mental health. She stopped drinking alcohol, regularly attends counseling, and follows her medical treatment plan. They all support her. (AE F)

During her years of active service in the Navy, Applicant deployed to Afghanistan. (Tr. 48) Her awards and decorations include the Navy/Marine Corps Achievement Medal (2), Meritorious Unit Commendation; Navy Good Conduct Medal (2), National Defense

Service Medal, Global War on Terrorism Expeditionary Medal; Global War on Terrorism Service Medal; and Sea Service Deployment Ribbon. (AE G at 1)

Applicant has received positive feedback at her current place of employment. She is described as “intelligent and hardworking”. (AE G at 5). Her “varied perspective and insights position [her] to help others and lead them both technically and in mentoring and future management.” (AE G at 8) She does well in “organization, preparation, client interaction, proactive problem solving and finding ways to work more efficiently.” (AE 8 at 9) She also received several awards recognizing her contribution to the workplace including a Bronze award (\$100) and a Gold award (\$500). (AE G at 4)

### **Policies**

“[N]o one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to “control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy to have access to such information.” *Id.* at 527. The President has authorized the Secretary of Defense or his designee to grant applicants eligibility for access to classified information “only upon a finding that it is clearly consistent with the national interest to do so.” Exec. Or. 10865 § 2.

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

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation about potential, rather than actual, risk of compromise of classified information.

Clearance decisions must be made “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” Exec. Or. 10865 § 7. Thus, a decision to deny a security clearance is merely an indication the applicant has not met the strict guidelines the President and the Secretary of Defense have established for issuing a clearance.

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of



establishing controverted facts alleged in the SOR. See *Egan* at 531. “Substantial evidence” is “more than a scintilla but less than a preponderance.” See *v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant’s security suitability. See ISCR Case No. 15-01253 at 3 (App. Bd. Apr. 20, 2016)

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant has the burden of proving a mitigating condition, and the burden of disproving it never shifts to the Government. See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005)

An applicant “has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance.” ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002) “[S]ecurity clearance determinations should err, if they must, on the side of denials.” *Egan* at 531.

## **Analysis**

### **Guideline I: Psychological Conditions**

The concern under this guideline 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 following disqualifying conditions under this guideline may be applicable:

AG ¶ 28(a): behavior that casts doubt on an individual’s judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors:

AG ¶ 28(b): an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness; and

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

AG ¶ 28(a) applies. Applicant has a history of mental health issues related to anxiety, depression, and PTSD. She has become suicidal on several occasions in the past. AG ¶ 28(b) applies because Dr. J.S., a duly qualified mental health professional, evaluated Applicant in 2021 at the request of DCSA CAS. He concluded that her condition may impair judgment, stability, reliability, and trustworthiness. AG ¶ 28(c) applies with regards to Applicant's hospitalization in June 2019 after expressing suicidal ideations.

The following mitigating conditions are potentially applicable:

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

AG ¶ 29(b): the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

AG ¶ 29(c): recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation; and

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

AG ¶ 29(a) applies because Applicant's condition is readily controllable with treatment. In the past, she has sought mental health counseling. Since the fall 2019, she has met on a consistent basis with N.P. S.C., a certified Nurse Practitioner and a graduate of a Psychiatric Nurse Practitioner's Master's Program. Applicant has been consistent and compliant with her treatment plan for over five years.

AG ¶ 29(b) applies because Applicant voluntarily entered into treatment with N.P. S.C., a qualified nurse practitioner, since September 2019. She regularly attends treatment is compliant with her treatment plan and medications. Both N.P. S.C. and Dr. E. S., a licensed psychologist in the same practice, gave Applicant a favorable prognosis as long as she takes her medication and follows her treatment plan.

AG ¶ 29(c) does not apply because Dr. J.S., the psychologist tasked by U.S. Government to evaluate Applicant did not give her a favorable prognosis because she did not disclose the November 2021 incident where she was hospitalized after not sleeping for six days. Other than this one issue, Dr. J.S.'s comments and conclusions were favorable to Applicant. Applicant testified that she did not disclose the November 2021 incident to Dr. J.S. because she believed the incident involved a medical issue related to her insomnia as opposed to a mental health issue. I find her testimony credible

because she has been forthcoming about her mental health issues throughout the security clearance process. I believe her failure to disclose the November 2021 incident to Dr. J.S. was unintentional.

AG ¶ 29(e) applies because there is no indication of a current problem. While Applicant has endured some serious mental health issues, she has taken steps to deal with her issues. She stopped drinking alcohol. She has been under the care of a nurse practitioner specializing in treating psychiatric issues for over five years. She consistently follows the recommended treatment plan and takes her medications. She has been prescribed the appropriate medication for her insomnia that allows her to sleep an average of 10 hours each night. Based on the above considerations, I conclude that the security concerns under Guideline I are mitigated.

### **Whole-Person Concept**

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. In applying the whole-person concept, an administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances. An 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.

I have incorporated my comments under Guideline I in my whole-person analysis and applied the adjudicative factors in AG ¶ 2(d). I considered Applicant's cooperation throughout her background investigation. I considered her favorable employment history as a contractor for the U.S. government. I considered the support she receives from her husband and family members. I considered her willingness to seek help for her mental health issues. I considered that she has not had a significant mental health episode since November 2021.

I considered the favorable prognosis of N.P. S.C., the psychiatric nurse practitioner who has treated her since the fall 2019 as well as Dr. E.S., the license psychologist from the same practice, who assessed Applicant. While Dr. J.S., the licensed psychologist contracted by the government to assess Applicant, did not give her an overall favorable recommendation, I give more weight to the recommendations of the mental health personnel who have met with and treated Applicant on a regular basis over the past five

years. They note that Applicant follows her treatment plan and takes her medications. During the hearing, it was clear that Applicant has actively taken steps to improve her health and stability. There is no indication of a current problem.

After weighing the disqualifying and mitigating conditions under Guideline I and evaluating all the evidence in the context of the whole person, I conclude Applicant mitigated the security concerns raised under the Psychological Conditions.

### **Formal Findings**

Formal findings for or against on the allegations in the SOR:

Paragraph 1, Guideline I: For Applicant

Subparagraphs 1.a - 1.c: For Applicant

### **Conclusion**

I conclude that it is clearly consistent with the national security interests of the United States to grant Applicant eligibility for access to classified information. Clearance is granted.

Erin C. Hogan  
Administrative Judge