



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



In the matter of:)
)
) ISCR Case No. 23-01849
)
Applicant for Security Clearance)

Appearances

For Government: Sakeena Farhath, Esq., Department Counsel
For Applicant: Ronald C. Sykstus, Esq.

08/29/2024

Decision

BORGSTROM, Eric H., Administrative Judge

Since August 2023, Applicant has abstained from alcohol consumption, engaged in sobriety-support groups, and participated in mental-health counseling. Notwithstanding this progress, Applicant's lengthy history of alcohol consumption, while knowing of her own problematic relationship with alcohol, casts doubt as to her judgment and insight. With a more established period of abstinence, supported by counseling or other sobriety-support mechanism, perhaps these concerns will be resolved. Applicant did not mitigate the alcohol consumption and psychological conditions security concerns. Eligibility for access to classified information is denied.

Statement of the Case

On August 30, 2023, the Defense Counterintelligence and Security Agency Consolidated Adjudication Services (DCSA CAS) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline G (alcohol consumption) and Guideline I (psychological conditions). The DCSA CAS acted under Executive Order (EO) 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) implemented by the DOD on June 8, 2017.

In Applicant's undated response to the SOR (Answer), she admitted, with explanation, SOR ¶¶ 1.a.-1.h., 2.a.-2.g., 2.i., and 2.j., and she denied SOR ¶¶ 1.i., 2.h., 2.k., and 2.1. She attached three unverified tables showing (1) excerpts of her medical assessments; (2) her attendance at Alcoholics Anonymous (AA) meetings; and (3) her therapy appointment history. She requested a hearing before a Defense Office of Hearings and Appeals (DOHA) administrative judge.

On December 29, 2023, the Government was ready to proceed to hearing. I was assigned this case on April 2, 2024. On April 11, 2024, DOHA issued a notice scheduling a hearing by video teleconference for May 13, 2024. The hearing proceeded as scheduled. The Government proffered four evidentiary exhibits, which I admitted as Government Exhibits (GE) 1 through 4 without objection. The Government also proffered four documents for administrative notice - excerpts from the Diagnostic and Statistical Manual - Version 5 (DSM-V), which I admitted as Administrative Notice (AN) I through IV without objection. Applicant proffered 17 exhibits, which I admitted as Applicant Exhibits (AE) A through Q, without objection. At Applicant's request, I held the record open until June 13, 2024, to provide her an opportunity to supplement the evidentiary record. On May 31, 2024, she provided four additional evidentiary exhibits - treatment billing records (AE R), a Veterans Affairs (VA) letter (AE S), a letter from her facility security officer (AE T), and a company award letter (AE U), which I admitted as AE R through U without objection. DOHA received the hearing transcript (Tr.) on May 22, 2024. The evidentiary record closed on June 13, 2024.

Findings of Fact

Applicant is 49 years old. She earned a bachelor's degree in 1997 and a master's degree in 2017. From February 1998 to March 2000, she served in the U.S. Air Force Reserve, from which she received an honorable discharge. Since April 2017, she has been employed by a DOD contractor, currently as a quality assurance test engineer. She was previously married in January 1995 and divorced in April 1996. She married her second husband in April 1996, and their marriage was irreconcilably fractured in 2014; however, they resided together until 2019 and divorced in 2022. Applicant has four children, ages 20, 22, 24, and 27, from her second marriage. She has been in a relationship with her current partner for about four years. (GE 1; AE E, AE F, AE N, AE O; Tr. 20-22, 26-28, 82-84)

The SOR alleges security concerns arising from Applicant's problematic alcohol consumption and diagnosed mental-health conditions. Because the incidents and allegations are interwoven and spanned over more than two decades, they will be addressed chronologically.

Between 2000 and 2003, Applicant experienced multiple miscarriages while also experiencing many other stressors at home. In 2002, she was hospitalized for experiencing a manic episode (SOR ¶ 2.b.), later resulting in her Bipolar Disorder diagnosis. In 2003, she was involuntarily hospitalized three times for attempting suicide (SOR ¶¶ 2.a., 2.c.). Since about 2003, she has been taking psychiatric medications for depression. She was first awarded a VA disability rating in November 2001. (Answer; AN II; Tr. 28, 31, 52, 137-144)

Applicant testified that her alcohol consumption negatively affected her depression symptoms and played a role in her suicide attempts. Applicant testified that, at that time, she was consuming alcohol every night and consuming alcohol to the point of intoxication on a weekly basis. Her family expressed concerns about her mental health and suicidal ideation. From February 2004 to March 2004, Applicant received outpatient alcohol treatment at a VA clinic (SOR ¶¶ 1.a., 2.e.). At the VA clinic, she was diagnosed with major depression with anxiety, and she also met with a substance abuse counselor. During treatment, she felt that she could not relate to the other attendees, who were older male combat veterans. In her e-QIP, Applicant admitted that, at the time of treatment, she did not consider her alcohol consumption to be problematic. Therefore, she discontinued treatment at the VA and did not pursue any other treatment or sobriety-support groups. At the hearing, Applicant testified that she believes she was diagnosed with an alcohol use disorder during treatment, but she was not formally informed of this diagnosis at the time. (Answer; GE 1, GE 2, GE 4; Tr. 46-50, 52-55, 140)

After completing alcohol treatment, she attended AA meetings for a couple months. She recognized that she had a problem with alcohol, but she did not know how to stop drinking. She felt uncomfortable attending AA meetings, but she continued attending weekly meetings with her VA counselor until her husband was transferred out of state. At the hearing, she testified that she had reduced her alcohol consumption after completing treatment, but she continued to drink. She described her home life - with her husband, mother-in-law, and homeschooling her four children - as very chaotic and volatile. (Tr. 57-71)

After her husband was transferred in 2006, she discontinued her VA counseling and did not attend any sobriety-support groups or other mental-health counseling. She did continue her psychiatric medication management and her alcohol consumption. Her alcohol consumption worsened from 2006 to 2012. She had some periods of sobriety, for several months at a time, and periods when she consumed alcohol to intoxication on a daily basis. She reached out to a mental-health counselor and a church leader for help with her alcohol consumption, but she found neither avenue to be helpful. (Tr. 60-67)

In 2007, the VA psychiatrist formally diagnosed Applicant with anxiety and depression but did not determine an alcohol use disorder diagnosis. The psychiatrist referred Applicant to a substance abuse counselor whom Applicant did not find helpful. Applicant continued her psychiatric medications and her alcohol consumption. She did not attend any AA meetings between 2007 and 2012. (AN III; Tr. 68-69)

By 2012, Applicant was drinking alcohol every night and getting into arguments with her family members. Her husband recommended that she seek alcohol treatment. From January 2012 to June 2012, Applicant received outpatient alcohol treatment at a VA clinic (SOR ¶¶ 1.b., 2.f). In her e-QIP, Applicant explained that this treatment consisted of counseling, and she discontinued the counseling sessions because she did not find them helpful. She returned home and resumed her alcohol consumption. (Answer; GE 1, GE 2, GE 4; Tr. 82)

In early 2014, Applicant, while intoxicated, argued with one of her daughters at their residence. Her son tried to intervene and grabbed Applicant. Applicant pushed him away,

and he slipped down the stairs. A teacher contacted child protective services, and Applicant's husband sought an order of protection restricting Applicant's interaction with her children (SOR ¶ 1.c.). (Answer; GE 1, GE 2, GE 4; Tr. 89-90)

From April 2014 to May 2014, Applicant attended outpatient alcohol treatment at a clinic, where she was diagnosed with alcohol use disorder-severe (SOR ¶ 1.d.). In her e-QIP, Applicant explained that this alcohol treatment, in the wake of the protection order, was voluntary but recommended by the court. After she completed the alcohol treatment, the order of protection was dismissed. The clinic recommended that Applicant attend an after-care program to identify and manage her triggers. She could not find any in-person after-care programs in her vicinity, and she did not pursue an online alternative. (Answer; GE 1, GE 2, GE 4; AN IV; Tr. 90-94)

Applicant described the order of protection as a "wake-up call." She and her husband agreed to divorce; however, she would attend graduate school, live separately in their family residence, and move out when financially independent. She remained sober for "a couple years," in part due to medication that would cause her to vomit if she consumed alcohol. Following a poor reaction to this medication, she stopped taking it and resumed drinking alcohol. She believed that she could manage her alcohol consumption. By staying in the family residence, she remained within the environment of her stressors and triggers. She stayed in her room, focused on her studies, and consumed alcohol alone in her room, despite her children confronting her about her alcohol consumption. (Tr. 90-102)

In December 2016, a close family member died, and Applicant became significantly intoxicated, upset, and began yelling (SOR ¶ 1.e.) In her e-QIP, Applicant explained that she "got very drunk," which upset her family members. Law enforcement officers arrived and took Applicant to the hospital until she was sober. Upon her release from the hospital, she returned home. She continued drinking to impairment on a weekly basis. (Answer; GE 1, GE 2, GE 4; Tr. 88, 102-105)

In April 2017, Applicant became employed with her current employer; however, she did not move out of the family residence until July 2019. Her alcohol consumption initially decreased when she moved out, but in early 2020 her father was diagnosed with cancer and then she was isolated during the COVID-19 pandemic. Beginning in March 2020, she worked from home, and she consumed alcohol more frequently-typically three or four drinks about two or three times a week. She did not consume alcohol in front of her family members because she was embarrassed. Her alcohol consumption caused her to feel anxious and more depressed. (Tr. 32-33, 107-110)

Applicant's medical records, referenced in her April 2023 psychological evaluation, reflect that she was diagnosed with Bipolar Disorder and Alcohol Abuse - Severe (SOR ¶¶ 1.f., 2.h.) in 2019 and that she continued to consume alcohol as of 2019. During her May 2019 interview with an authorized investigator from the Office of Personnel Management (OPM), she admitted that she consumed alcohol about once every other week. (Answer; GE 2, GE 4; AN II, AN IV)

In May or June 2020, Applicant was diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder by a VA psychologist, who referred Applicant for mental-health treatment. (SOR ¶¶ 1.g., 2.i.). Applicant's medical records reflect that she was consuming alcohol two or three times a week, and she declined a referral for alcohol treatment. Applicant participated in weekly group behavioral therapy for about three months. Upon completion of the group program, the psychologist recommended a nutrition and wellness program, which Applicant declined. Applicant attended five counseling sessions with the psychologist but stopped showing up for appointments in March 2021. Between March 2021 and September 2023, Applicant did not participate in any mental-health counseling or sobriety-support groups. (Answer; GE 2, GE 3; AN I, AN III; Tr. 39-41, 51, 113)

In September 2022, the VA nurse practitioner (NP) recommended that Applicant obtain a companion animal to alleviate some of her symptoms of depression and stress. This NP also confirmed that Applicant has been compliant with her medications since May 2020 and that she last consumed alcohol in August 2023. The NP further determined that Applicant's prognosis was fair for her mental-health condition. (AE Q, AE S; Tr. 125)

On April 14, 2023, Applicant was interviewed and evaluated by a licensed psychologist as part of the background security investigation (SOR ¶¶ 1.i., 2.I.). The psychologist reviewed available records - the 2018 e-QIP (GE 1), 2021 VA medical records (GE 3), and the OPM investigation reports from 2019 and 2021. The psychologist also conducted a clinical interview. During the interview, Applicant acknowledged a manic episode in early 2002 which prompted her hospitalization. She attempted suicide three times in about 2003. She referred to the hospital as her "safe space" given her chaotic home environment. Applicant admitted that, while intoxicated, she accidentally caused her son to fall down the stairs, prompting an order of protection against her filed by her husband. She also confirmed her alcohol treatment, incidents, and diagnoses as outlined in SOR ¶¶ 1.a.-1.g., above. As of the April 2023 clinical interview, Applicant continued to consume a few alcoholic beverages every week. She had stopped therapy because she did not believe she needed it. (Answer; GE 2; Tr. 51)

Following a review of Applicant's records and the clinical interview, the psychologist diagnosed Applicant with Major Depressive Disorder and Generalized Anxiety Disorder. The psychologist raised concerns about Applicant's lack of engagement in therapy and her continued alcohol consumption. As a result, the psychologist gave Applicant a guarded prognosis and concluded that "the likelihood of another hospitalization [is] increased." The psychologist also concluded that it was unclear if Applicant continued to meet the criteria for Bipolar Disorder. (GE 2; AN I-IV)

In March 2024, Applicant participated in a psychological evaluation conducted by a licensed clinical psychologist. This evaluation was principally focused on whether Applicant met the diagnostic criteria for autism. The clinician determined she met the diagnostic criteria for (1) Autism Spectrum Disorder; (2) Medication-Induced Bipolar Disorder; and (3) Generalized Anxiety Disorder. He attributed Applicant's significant impairment in social and occupational functioning to her symptoms of autism. The psychologist's one-page letter does not indicate what, if any, psychological testing was conducted and what medical records were reviewed to arrive at the diagnoses. At the

hearing, Applicant explained that she informed the clinician about her alcohol consumption but that his assessment was focused on autism. Furthermore, although Applicant provided the clinician with her performance reviews, she did not provide him with any other medical records or psychological evaluations. (AE P; AN III; Tr. 127-132)

Applicant last consumed alcohol to the point of impairment or intoxication in the spring of 2023. As of the August 30, 2023 SOR, she continued to consume alcohol on a weekly basis (SOR ¶ 1.h.). She received the SOR on or about August 30, 2023. She then decided to abstain from alcohol and to begin attending AA meetings. As of the hearing, she had remained sober for 255 days. She has integrated her AA attendance into a lifestyle habit with her nutrition, volunteering, walking her dog, etc. She has found an AA sponsor, and she has been attending AA meetings every other day since late December 2023. Between August 31, 2023 and June 13, 2023, she attended approximately 121 AA meetings. She acknowledged that she contacted her AA sponsor in October 2023 because family stressors had triggered the urge to drink. (Answer; Tr. 30, 73-80, 117, 148-49)

Between September 6, 2023 and May 30, 2024, she has attended 43 total individual and group counseling sessions with a therapist. She works with her therapist on her mental-health issues and with her AA sponsor on her alcohol issues. She continues to see a psychiatric NP at the VA every three month for medication management. Applicant expressed a positive outlook and noted that she had a "really good habit and plan." She has also obtained an emotional-support animal. (AE B, AE R; Tr. 37-38, 43-45, 120)

Applicant acknowledges that the Bipolar Disorder and Major Depressive Disorder, Recurrent diagnoses remain on her medical records and are included in her VA 100%-disability rating, but her recent Autism Spectrum Disorder diagnosis has confirmed some of her previous suspicions. She does not currently take any medication for her Bipolar Disorder diagnosis, but she does take medication for depression and anxiety. She is committed to therapy going forward and to abstaining from alcohol. (AE C, AE D; AN I, AN II; Tr. 29, 135-136, 141-146)

Applicant's boyfriend, with whom Applicant has been in a relationship for approximately four years, has known Applicant for about 10 years. He has never observed Applicant have a problem with her alcohol consumption, and he corroborated that she stopped consuming alcohol after receiving the SOR. He further confirmed that she has participated in counseling and AA meetings. He continues to consume alcohol in her presence and has alcohol in his residence, which Applicant often visits. (Tr. 84-85, 158-163)

Whole Person

Applicant was awarded one U.S. Air Force Achievement Medal during her military service. She submitted her performance reviews spanning her employment from 2018 through 2023. Her manager repeatedly praised Applicant as a "highly valued member of [the] team," though her reviews in 2019 and 2020 noted that improvement was necessary. In May 2024, Applicant received a company award for her leadership and customer

support. Applicant's facility security officer recommended her for security clearance eligibility. (AE E, G-M, T, U)

Policies

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 to be 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, administrative judges apply the guidelines 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."

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by the applicant or proven by Department Counsel." The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

A person who seeks access to sensitive 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 sensitive information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard sensitive information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of sensitive information.

Section 7 of EO 10865 provides that adverse decisions shall be "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

Analysis

Guideline G: Alcohol Consumption

The security concern for alcohol consumption is set out in AG ¶ 21:

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.

The guideline notes several conditions that could raise security concerns under AG ¶ 22. The following is potentially applicable in this case:

(a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;

(c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;

(d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder; and

(f) alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

Applicant admitted that she engaged in problematic alcohol consumption on many occasions from 2000 until at least 2017. She attended alcohol treatment in 2004, 2012, and 2014, including after an incident when she accidentally caused her son to fall down the stairs while she was intoxicated. Law enforcement officers removed her from her residence in 2017 and took her to the hospital to sober up. Despite knowing that her alcohol consumption exacerbated her depression symptoms and was an ongoing issue with her family, she continued to consume alcohol, at time to impairment or intoxication, until late August 2023. AG ¶¶ 22(a), 22(c), and 22(d) apply.

Notwithstanding repeated diagnoses of alcohol use disorder, there is no record evidence that Applicant was aware that medical professionals recommended that she abstain from all alcohol consumption. She testified that she was only aware of that alcohol use disorder diagnosis upon receipt of the SOR. Even though AG ¶ 22(f) does not technically apply, Applicant's continued alcohol consumption, given her lengthy history of problematic alcohol consumption, treatment, and relapses, reflects questionable judgment and lack of insight under Guideline G and within the whole person analysis.

Conditions that could mitigate the alcohol consumption security concerns are provided under AG ¶ 23. The following is potentially applicable:

(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; and

(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.

As of the hearing, Applicant had been sober for 255 days. She has also been active in AA and with her mental-health counseling. Applicant has not consumed alcohol since August 2023; however, her history of treatment, sobriety, and relapse requires caution and an established track record of sobriety. Furthermore, Applicant's abstinence from alcohol was principally motivated by her receipt of the SOR. Notwithstanding Applicant's progress in recovery, doubts remain as to her reliability, trustworthiness, and judgment. None of the alcohol consumption mitigating conditions apply.

Guideline I: Psychological Conditions

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

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline.

The guideline notes several conditions that could raise security concerns under AG ¶ 28. The following are potentially applicable 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.

Between 2000 and 2003, Applicant was involuntarily hospitalized at least three times after she attempted suicide and once after a manic episode. She was diagnosed with Bipolar Disorder, Major Depressive Disorder - Recurrent, and Generalized Anxiety Disorder. Although Applicant's problematic alcohol consumption is more appropriately

addressed under Guideline G, her alcohol consumption negatively impacted her mental health conditions and contributed to or exacerbated her symptoms at the time of her suicide attempts. Therefore, Applicant's continued alcohol consumption is relevant with the Guideline I analysis. Furthermore, Applicant experienced anxiety and depression due to her alcohol consumption. AG ¶¶ 28(a) and 28(c) apply.

In April 2023, a licensed psychologist diagnosed Applicant with Major Depressive Disorder and Generalized Anxiety Disorder. The psychologist raised concerns about Appellant's lack of engagement in therapy and her continued alcohol consumption. As a result, the psychologist gave Applicant a guarded prognosis and concluded that "the likelihood of another hospitalization [is] increased." The psychologist concluded that it was unclear if Applicant continued to meet the criteria for Bipolar Disorder. AG ¶ 28(b) applies.

Applicant has been compliant with her prescribed psychiatric medication since at least 2005. Although she repeatedly discontinued mental-health counseling and declined referrals for wellness programs and therapy, there is no record evidence that she did not adhere to any prescribed treatment plan. Notwithstanding the psychologist's guarded prognosis above, this evaluating psychologist did not treat Applicant nor prescribe a treatment plan. AG ¶ 28(d) does not apply.

Guideline I security concerns may be mitigated under AG ¶ 29. The following 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.

Applicant's recent abstention from alcohol consumption and participation in mental-health counseling are favorable evidence, although these actions were motivated by her receipt of the SOR. Independent of her clearance adjudication, Applicant has complied with her prescribed medications for over 18 years. I must also assess Applicant's recent actions juxtaposed against her history of mental-health struggles and her alcohol use

disorder. Despite alcohol and mental-health treatment in 2004, 2012, and 2014, Applicant relapsed in her alcohol consumption. As previously discussed, her alcohol consumption negatively impacted her mental-health conditions and her psychiatric medication. Although the May 2024 autism diagnosis may have resolved some of Applicant's suspicions, she has not received a favorable prognosis or a determination that her psychological conditions are in remission from a duly qualified mental-health professional. Applicant has actively participated in counseling since September 2023 and has expressed a positive outlook and shown improvement. Nonetheless, it is premature to conclude that her mental-health conditions are sufficiently managed. Applicant did not mitigate the psychological conditions security concerns.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a position of trust 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 Guideline G, Guideline I, and the factors in AG ¶ 2(d) in this whole-person analysis.

Since August 2023, Applicant has abstained from alcohol consumption, engaged in AA, and participated in mental-health counseling. She recently was diagnosed with Autism Spectrum Disorder, giving her some insight as to how she interacts, communicates, and fulfills her job responsibilities. Notwithstanding this development, Applicant's lengthy history of alcohol consumption, while knowing of her own problematic relationship with alcohol, casts doubt as to her judgment and insight. With a more established period of abstinence, supported by counseling or other sobriety-support mechanism, perhaps these concerns will be resolved. Applicant did not mitigate the alcohol consumption and psychological conditions security concerns.

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:	AGAINST APPLICANT
Subparagraphs 1.a.-1.i.:	Against Applicant
Paragraph 2, Guideline I:	AGAINST APPLICANT
Subparagraphs 2.a.-2.l.:	Against Applicant

Conclusion

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

Eric H. Borgstrom
Administrative Judge