



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



In the matter of: )  
)  
) ISCR Case No. 23-02087  
)  
Applicant for Security Clearance )

**Appearances**

For Government: Andrew Henderson, Esq., Department Counsel  
For Applicant: Kyra Palmer, Esq.

02/10/2025

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**Decision**

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LOUGHRAN, Edward W., Administrative Judge:

Applicant did not mitigate the security concerns under Guidelines G (alcohol consumption) and I (psychological conditions). Eligibility for access to classified information is denied.

**Statement of the Case**

On December 14, 2023, the Department of Defense (DoD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guidelines G and I. Applicant responded to the SOR on January 1, 2024, and requested a hearing before an administrative judge. The case was assigned to me on July 25, 2024. The hearing convened as scheduled on October 16, 2024.

**Evidence**

Government Exhibits (GE) 1 through 7 were admitted in evidence without objection. Applicant testified and submitted Applicant’s Exhibits (AE) A through N, which were admitted without objection. Department Counsel did not object to the admission of AE A, which was a psychological evaluation of Applicant, but he objected to the evaluating psychiatrist’s opinion as to Applicant’s eligibility for a security clearance. That objection was overruled but will be considered when assigning weight to the opinion.

Without objection, I have taken administrative notice of certain provisions of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The provisions are not attached to the record as the DSM-5 is readily available.

### **Findings of Fact**

Applicant is a 43-year-old employee of a defense contractor. He has worked for his current employer since February 2019. He served on active duty in the U.S. military from 2000 until he retired with an honorable discharge in 2016. He seeks to retain a security clearance, which he has held since his military service. He earned an associate degree in 2013. He is married with two children. (Transcript (Tr.) at 17, 21, 64, 68, 78, 81; GE 1; AE N)

Applicant has a history of mental health issues and substance abuse problems, including two arrests for driving under the influence of alcohol (DUI).

Applicant used cocaine with two other servicemembers while he was drinking in about 2001. He was convicted at a court-martial and was sentenced to confinement for about seven months. He was not discharged and was permitted to remain in the military. He was required to attend drug and alcohol classes. The SOR alleged the completion of the drug and alcohol classes, but illegal drug use was not alleged. Any matter that was not alleged in the SOR cannot be used for disqualification purposes but may be used when assessing Applicant's credibility, in the application of mitigating conditions, and in the whole-person analysis. (Tr. at 47-53, 65-66; Applicant's response to SOR; GE 1, 2, 7; AE A)

Applicant had marital issues in about 2009 or 2010 after the birth of his child. He and his wife argued, and she threatened to leave him and take their child. He attempted suicide by cutting one of his wrists, which required sutures (SOR ¶ 1.a). He drove to a gas station, where an employee called an ambulance. He was held on a 72-hour mental health watch at the hospital. He was placed on medication and started receiving treatment through military providers, which continued throughout his military service. The suicide attempt was alleged in the SOR, but the hospitalization was not. (Tr. at 22-27, 32, 66; Applicant's response to SOR; GE 1, 2; AE A)

Applicant was arrested for DUI in 2012 (SOR ¶ 2.b). Based on court records from a subsequent DUI, his blood alcohol concentration (BAC) was .214. He was placed on probation, and ordered to pay a fine, complete community service, and attend alcohol classes. (Tr. at 53-54, 67, 70-71; Applicant's response to SOR; GE 1, 2, 5, 6; AE A)

Applicant was deployed to Afghanistan in 2013. He saw a behavioral health provider and reported that he was having suicidal thoughts (SOR ¶ 1.b). He was not hospitalized, but he continued to be treated on an outpatient basis. He completed the deployment. (Tr. at 28-32, 67-69; Applicant's response to SOR; GE 2)

Applicant was hospitalized in a behavioral health facility in the United States on July 6, 2014, after he reported that he was having suicidal ideations (SOR ¶ 1.c). He

stated during his evaluation: "I was feeling suicidal and had a plan to cut my throat with a knife." He was diagnosed with anxiety disorder NOS (not otherwise specified) and depressive disorder NOS (SOR ¶ 1.d). The diagnoses were not alleged in the SOR. He was placed on medication and discharged on July 14, 2014, with the annotation that he was "stable for discharge without suicidal or homicidal ideation." The discharge summary noted: "The patient may have a relapse of symptoms including increased depression, increase[d] suicidality, and other issues should he discontinue medications without proper monitoring by a psychiatrist . . . ." (Tr. at 33-34, 69; Applicant's response to SOR; GE 4)

Applicant, his wife, and child were at a restaurant in January 2016, when he and his wife had an argument. She told their child that she was sorry Applicant was the child's father, and she called Applicant a derogatory name. He threw a pizza in her face. He was arrested and spent a few days in jail before he was released. The charges were eventually dismissed. He received a letter of counseling from the military for the incident. (Tr. at 69; GE 2, 6) This incident was not alleged in the SOR.

Applicant was treated on an outpatient basis at a military behavioral health facility after the above incident. He was diagnosed with borderline personality disorder (SOR ¶ 1.d) and major depression. The SOR alleged the borderline personality disorder diagnosis, but not the major depression diagnosis. He was prescribed an antidepressant. He was medically retired from the military due to his borderline personality disorder and major depressive disorder diagnoses. He has a 100% disability rating from the Department of Veterans Affairs (VA) based on his borderline personality disorder and major depressive disorder diagnoses and other medical issues. He was almost immediately hired by a defense contractor to do the same job as a civilian that he did as a military member. (Tr. at 34-37, 71-72, 81; Applicant's response to SOR; GE 1, 2; AE A)

Applicant quit drinking in about February 2020 after he had an argument with his wife while drunk, and slammed open a door, which hit a wall and made a hole in the wall. This incident was not alleged in the SOR. Applicant was interviewed for his background investigation in July 2020. He discussed his behavioral health issues, criminal conduct, and alcohol-related incidents. He told the investigator that he decided in about February 2020 that he would no longer drink alcohol. He stated that he believed it was just time for him to grow up. (Tr. at 81-82; GE 2)

Applicant was sober for about 15 months before he relapsed in June 2021, and he was arrested for DUI (SOR ¶ 2.c). He pleaded guilty pursuant to a plea bargain. He was placed on probation and ordered to pay a fine, serve 30 days of home detention, complete community service, and attend alcohol classes. He completed the terms of his probation in 2023. (Tr. at 42, 55-56, 78, 81-82; Applicant's response to SOR; GE 2, 5; AE A)

Applicant was evaluated by a licensed psychologist at the DoD's request in March 2023. When he was asked by the psychologist why he thought he was referred

for an evaluation, he stated that he thought it was because of his past diagnoses of borderline personality disorder and major depressive disorder. (GE 3)

During the interview, Applicant denied any current symptoms of depression or euphoric mood. He did not endorse symptoms of any anxiety-related conditions, such as generalized anxiety, specific fears, phobias, social anxiety, or panic attacks. He denied having any suicidal or homicidal ideations in the past or present. He denied any episodes of violent behavior, uncontrolled anger, or unprovoked outbursts, and stated those behaviors were only associated with his drinking. He admitted to previous alcohol problems, but he stated that he had been sober since June 2021, when he was last arrested for DUI. He stated that he was compliant with his medication because without his antidepressants, he is moody and suicidal. (GE 3)

Applicant completed the Personality Assessment Inventory (PAI) and tests, but he never completed a survey that was requested by the psychologist. The psychologist reported that Applicant "would qualify for F60.9, Unspecified personality disorder with borderline features and F.10.20 alcohol use disorder, moderate (if anything in early remission), which I am not confident in based on his PAI." The psychologist reported that Applicant's prognosis was guarded, and that while he reported not drinking currently and no suicidal ideations, his PAI scores suggested otherwise. The psychologist reported that while Applicant's elevated PAI score could be related to past behavior, there was no way to know for sure if he was actively drinking. (GE 3)

The psychologist concluded that Applicant "does present with conditions that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information. Additionally, the risk to judgment and reliability of any future mental health problems is moderate." (GE 3)

Applicant was evaluated at his own initiative by a psychiatrist In August 2024. The psychiatrist's practice specializes in servicemembers and veterans. She reported that Applicant was doing quite well with multiple interventions, including psychotherapy and medication management. She felt that he was truthful about his alcohol use. She added: "Despite being diagnosed with borderline personality disorder, he does not present in a manner that gives this provider pause that character pathology would have a negative impact on his security clearance." She reported that his generalized anxiety disorder and recurrent major depression were stable with current medication and ongoing transcranial magnetic stimulation (dTMS) therapy and psychotherapy. (Tr. at 18; Applicant's response to SOR; AE A) The psychiatrist opined:

It is the opinion of this provider that this patient poses no threat or concern to have requested security clearance. He is not a danger to himself or others nor is he gravely disabled in any way. He has taken the steps to address his mental health and substance use history and is currently stable, highly functional. (AE A)

Applicant is remorseful for his conduct. He testified that he has been sober since the 2021 DUI, and he has continued with therapy and medication. He described his

mental health as “better than it has ever been.” He completed 60 dTMS therapy sessions, which are designed for individuals with major depression and PTSD. He stated it has helped him immensely. He stated that if there is any recurrence of anxiety or suicidal ideations, he will return for more dTMS sessions. He continues to regularly see a therapist and he remains on the correct dosage of antidepressant medication, which he stated has also helped him greatly. He regularly exercises. His employer is supportive of his efforts, as is his wife and other family members. (Tr. at 18-21, 42-47, 55-59, 63, 76-81; AE A)

Applicant submitted documents and letters attesting to his excellent job performance and strong moral character. The authors praised his responsibility, trustworthiness, work ethic, dependability, judgment, reliability, honesty, and loyalty to the United States. The authors noted that they never observed anything of concern about Applicant and recommend him for a security clearance. (AE B-M)

### **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)**

The DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. The following is summarized from the DSM-5:

#### **Alcohol Use Disorder**

Alcohol use disorder is defined as a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least 2 of the following 11 symptoms occurring within a 12-month period.

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

10. Tolerance, as defined by either of the following:

a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

b. A markedly diminished effect with continued use of the same amount of alcohol.

11. Withdrawal, as manifested by either of the following:

a. The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal, pp. 499-500).

b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

The presence of two to three symptoms is classified as minor. The presence of four to five symptoms is classified as moderate. The presence of six or more symptoms is classified as severe.

**In Early Remission.** After the full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion 4, "Craving, or a strong desire or urge to use alcohol," may be met).

**In Sustained Remission.** After the full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion 4, "Craving, or a strong desire or urge to use alcohol," may be met).

## **Personality Disorders**

A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. There are ten specific personality disorders ranging in severity, some with substantial security significance (e.g., paranoid personality disorder) and some much less so (e.g., obsessive-compulsive personality disorder).

## **Borderline Personality Disorder**

The essential feature of borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two potentially self-damaging areas (e.g., spending, sex, substance abuse, reckless driving, binge eating).
5. Recurrent suicidal behavior, gestures or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Typical features of borderline personality disorder are instability of self-image, personal goals, interpersonal relationships, and affects, accompanied by impulsivity, risk taking, and/or hostility.

## **Unspecified Personality Disorder**

Unspecified personality disorder is used when the individual's personality disorder meets the general criteria for a personality disorder, and traits of several different personality disorders are present, but the criteria for any specific personality disorder are not met; or the individual's personality pattern meets the general criteria for a personality disorder, but the individual is considered to have a personality disorder that is not included in the DSM-5 classification (e.g., passive-aggressive personality disorder).

## Policies

This case is adjudicated under Executive Order (EO) 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 adjudicative guidelines (AG), which became effective on June 8, 2017.

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(c), 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 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.

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 are 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; and

(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.

Applicant was arrested for DUI in 2012 and 2021. That would satisfy most definitions of binge drinking. AG ¶¶ 22(a) and 22(c) are applicable. He was evaluated at the DoD's request by a licensed psychologist and diagnosed with alcohol use disorder, moderate, in early remission. AG ¶ 22(d) is applicable.

SOR ¶ 2.a alleged that Applicant completed a drug and alcohol program in 2002 as a result of undergoing a court-martial. Completing a drug and alcohol program is mitigating conduct, not disqualifying. SOR ¶ 2.a does not allege any disqualifying conditions, and it is concluded for Applicant.

Conditions that could mitigate alcohol consumption security concerns are provided under AG ¶ 23. The following are 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;

(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

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

Applicant has apparently been sober since his second DUI in June 2021. However, he has been sober before and returned to drinking. He told a background investigator in July 2020 that he decided in about February 2020 that he would no longer drink alcohol, and he believed it was just time for him to grow up. Less than a year later, he had his second DUI. I have lingering concerns about his drinking and his willingness to put others' lives at risk while drinking. Additionally, I cannot completely disassociate his alcohol use disorder from his other behavioral health issues. 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." I am unable to conclude that a return to problematic drinking is unlikely to recur. Applicant's drinking, and particularly his conduct while drinking, continues to cast doubt on his reliability, trustworthiness, and judgment. Alcohol consumption security concerns are not mitigated despite the presence of some mitigation.

### **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. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

AG ¶ 28 provides conditions that could raise psychological conditions security concerns. The following are potentially applicable:

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

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

(c) voluntary or involuntary inpatient hospitalization.

### **AG ¶¶ 28(a) and 28(c)**

Applicant attempted suicide in about 2009 or 2010 (SOR ¶ 1.a). He had suicidal ideations in 2013 (SOR ¶ 1.b). He was hospitalized in 2014 after suicidal ideations (SOR ¶ 1.c). AG ¶¶ 28(a) and 28(c) are applicable.

### **AG ¶ 28(b)**

AG ¶ 28(b) requires 1) an opinion by a duly qualified mental health professional that the individual has a condition; and 2) that the condition may impair judgment, stability, reliability, or trustworthiness.

Some conditions clearly impair judgment, stability, reliability, and trustworthiness, and by their very nature raise security concerns, and can be accepted as such without further elaboration by the mental health professional. Other conditions may require elaboration by the mental health professional as to how the condition may impair the individual's judgment, stability, reliability, or trustworthiness.

Applicant was diagnosed by a military provider in June 2016 with borderline personality disorder (SOR ¶ 1.d). I am satisfied that borderline personality disorder falls into the category of conditions that by their very nature raise security concerns. AG ¶ 28(b) is applicable to that diagnosis. *See, e.g.,* ISCR Case No. 22-00396 at 7, n.2 (App. Bd. Oct. 22, 2024).

Applicant was diagnosed by a licensed psychologist in March 2023 with unspecified personality disorder with borderline features, with a guarded prognosis (SOR ¶ 1.e). There are ten specific personality disorders ranging in severity, some with substantial security significance (e.g., paranoid personality disorder) and some much less so (e.g., obsessive-compulsive personality disorder). Unspecified personality disorder is used when the individual's personality disorder meets the general criteria for a personality disorder, and traits of several different personality disorders are present, but the criteria for any specific personality disorder are not met; or the individual's personality pattern meets the general criteria for a personality disorder, but the individual is considered to have a personality disorder that is not included in the DSM-5 classification.

An unspecified personality disorder does not fall into the category of conditions that by their very nature raise security concerns. The addition of borderline features to the diagnosis makes it closer. The psychologist eliminated any doubt by opining that Applicant "does present with conditions that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information." While alcohol

use disorder was not alleged under the psychological conditions guideline, I am satisfied the psychologist was discussing both diagnoses of unspecified personality disorder with borderline features and alcohol use disorder. AG ¶ 28(b) is applicable.

AG ¶ 29 provides conditions that could mitigate psychological conditions security concerns. 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 was evaluated at his own initiative by a psychiatrist in August 2024. The psychiatrist opined: "Despite being diagnosed with borderline personality disorder, he does not present in a manner that gives this provider pause that character pathology would have a negative impact on his security clearance." Applicant is credited with being sober since June 2021, and he appears to be doing much better from a behavioral health perspective. However, he has a long history of mental health issues and problematic conduct, which resulted in his medical retirement from the military. As addressed above, I have a duty to err on the side of national security. None of the mitigating conditions, individually or collectively, are sufficient to 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 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 have incorporated my comments under Guidelines G and I in my whole-person analysis. I also considered Applicant's favorable character evidence.

Overall, the record evidence leaves me with questions and doubts about Applicant's eligibility and suitability for a security clearance. I conclude Applicant did not mitigate the security concerns under Guidelines G and I.

### **Formal Findings**

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

Paragraph 1, Guideline I:	Against Applicant
Subparagraphs 1.a-1.e:	Against Applicant
Paragraph 2, Guideline I:	Against Applicant
Subparagraph 2.a:	For Applicant
Subparagraphs 2.b-2.d:	Against Applicant

### **Conclusion**

It is not clearly consistent with the national interest to continue Applicant's eligibility for a security clearance. Eligibility for access to classified information is denied.

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Edward W. Loughran  
Administrative Judge