



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



In the matter of:

Applicant for Security Clearance

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ISCR Case No. 25-00050

Appearances

For Government: Mark D. Lawton, Esq., Department Counsel
For Applicant: *Pro se*

07/23/2025

Decision

LOUGHRAN, Edward W., Administrative Judge:

Applicant mitigated the security concerns under Guideline E (personal conduct), but he did not mitigate the security concerns under Guideline I (psychological conditions). Eligibility for access to classified information is denied.

Statement of the Case

On March 27, 2025, the Department of Defense (DoD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guidelines E and I. Applicant submitted an undated response to the SOR with attached documents. He requested a hearing before an administrative judge. The case was assigned to me on June 11, 2025. The hearing convened as scheduled on July 9, 2025.

Evidence

Government Exhibits (GE) 1 through 8 were admitted in evidence without objection. Applicant testified and called four witnesses. He did not submit any documentary evidence beyond the five character letters that were attached to his response to the SOR.

Department Counsel requested that I take administrative notice of certain provisions of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Without objection, I have taken administrative notice of the DSM-5 in general and specifically as requested. (Hearing Exhibit (HE) II)

Findings of Fact

Applicant is a 39-year-old employee of a defense contractor. He has worked for his current employer since about February 2022. He has an associate degree and additional college courses. He has never married, and he has no children. (Transcript (Tr.) at 19, 43, 90; GE 1)

Mental Health and Behavior History

Applicant has a history of mental health and behavior issues going back to his youth. He had a difficult homelife, and he acted out. He was charged with possession of marijuana in about 2001. In about the same year, he drank a large amount of cough suppressant after his grandfather passed away, and he was admitted to a hospital as an inpatient for an overdose. He was abusing alcohol and Adderall. He skipped school and began "lying." He was physically abused by his stepfather, resulting in staples in his head to close a cut. His mother felt she could no longer take care of Applicant, and he was removed from the home. He was in a group home for a period, and he was also in other homes. He was removed from a foster home for drinking. He aged out of the system when he turned 18. (Tr. at 44-50, 58; Applicant's response to SOR; GE 3-7)

Applicant continued to have issues as a young adult. He experimented with hallucinogenic mushrooms, cocaine, and 3,4-methylenedioxymethamphetamine (MDMA or ecstasy). He used marijuana infrequently. He abused Adderall on a daily basis and described himself as dependent and a "drug addict." (Tr. at 48, 63, 89-90; GE 3-7)

In about 2007, Applicant was in a car accident, which was related to his Adderall abuse. He was asked to leave his father's and grandmother's home. His social worker, mother, and uncle encouraged him to enter a rehabilitation program. He was an inpatient for about 28 to 30 days. He went into the program at least in part to use it for shelter and meals without any intention to stop using Adderall. (Tr. at 54, 58, 61-62, 90; Applicant's response to SOR; GE 4)

Applicant was transferred to another rehabilitation program as an inpatient after he failed to complete the previous program. He also used this program for shelter and meals without any intention to stop using Adderall. (Tr. at 54, 58, 62-63; Applicant's response to SOR; GE 4)

In about 2007, Applicant was admitted as an inpatient to a hospital for mental health treatment after reporting suicidal ideations. (Tr. at 52-56, 58; Applicant's response to SOR; GE 4)

Applicant stopped using Adderall in about 2010. He relapsed in about 2012 after the deaths of his father and grandmother. He self-admitted to a hospital in 2012 after an anxiety attack while he was driving. He was in the hospital for about two to three days. He had at least one more relapse before he stopped using Adderall completely in about 2015 or 2016. (Tr. at 47, 63-65; Applicant's response to SOR; GE 3-7)

Applicant moved to his current state of residence in about September 2020. He started dating a woman about a month later, or about October 2020. They dated for about a year. During the time they dated, they used marijuana together about two or three times. Applicant provided different estimates of when he last used marijuana. In his June 2022 Questionnaire for National Security Positions (SF 86), he reported October 2020 as his last use (discussed further below). During his background interview in August 2023, he reported his last use as occurring in 2021 during the year he and his ex-girlfriend dated. In his February 2025 response to interrogatories, he wrote that his last marijuana use occurred on June 15, 2021. He testified that his marijuana use was between December 2020 and mid-2021. (Tr. at 84-89; GE 1, 4)

Applicant has received treatment from psychiatrists since 2012, including a psychiatrist (Dr. TG) in his current state of residence since about 2021. Medical records from Dr. TG's practice from April 2023 to November 2023 confirmed that he was diagnosed with bipolar II disorder, generalized anxiety disorder, and dysthymia, also known as persistent depressive disorder. The psychiatrist determined that Applicant's judgment was "normal," and there is no mention of suicidal ideation. (Tr. at 65-71; Applicant's response to SOR; GE 6) The medical records had the following notes for Applicant's visit on April 25, 2023:

"I've had a really rough weekend. . . . I think I've been cycling for a while, and not being honest about it, even to myself." States he has been "pleasure seeking," but "in acceptable ways." . . . He is returning to therapy, and hopes to work on some of these issues. He feels he still needs to work on "low self esteem and loneliness" and improve his self care. He is going to the gym, and working out with a friend. States his mood has been depressed, and he has been tearful at times. "It terrified me." He hasn't had hypomania, but has had "a lot of anxiety." "I've been sleeping terrible for months on end." He did get a good night's sleep last night. States he was taking extra paxil, when he was feeling down. "I have a lot of compulsive habits." (GE 6)

The medical records report the following about Applicant's visit on August 10, 2023:

States his mood has been "good for the most part." States he has had some episodes of depression, associated with fatigue, psychomotor retardation, decreased eating and hydration. States this was at a time he was under stress, closing on his new house. States he has been through episodes like this. States during these times, "it feels like everything takes 1000 times the effort." He will have to push himself to deal with very basic

tasks. He has also had a day or two of manic or hypomanic symptoms.
(GE 6)

The medical records report the following about Applicant's visit on November 9, 2023:

States he has "not been super depressed," but has been "low energy." States he has reconnected with his Mom, which is "a big deal." "I'm dealing with a lot, and I'm lonely at times." He feels he is getting a handle on things in his life. "I'm growing up." "Things are mostly good." States his anxiety is usually controlled, but he does have "peaks" that are "very challenging." He is continuing to attend therapy, and they are working on issues related to trauma, and "potential attachment disorder." He has been able to make better decisions about socializing with people he thinks might tempt him into bad habits. "These are new things for me." (GE 6)

Applicant has received treatment and therapy from different providers on a mostly weekly basis since at least 2023. Medical records from a mental health facility from July 2023 to February 2024 indicated that Applicant was diagnosed with unspecified bipolar and other disorder and binge-eating disorder. It is unclear from the records who made the diagnoses. On July 3, 2023. Applicant reported low self-esteem and self-sabotaging behaviors. He reported being "vulgar" when angry and often utilizing the legal system to protect himself. He reported a history of homelessness and agoraphobia, but he also reported that he had been stable for a long time. There was no indication of suicidal ideation in any of the records. (GE 3, 5)

Medical records indicate that on July 10, 2023, Applicant reported unhealthy personality traits (e.g. manipulation). On July 17, 2023, he reported "psychopathic and sociopathic" tendencies and various dark personality traits. He reported he was "obsessive" over romantic partners and liked to "control." On July 31, 2023, he reported that he had little satisfaction with life in the last several years. He reported that others are beneath him or they are too economically elevated to have meaningful conversations with him. Most of the records indicate that Applicant's judgment was intact, but on one occasion (July 31, 2023), it was reported that he had impaired judgment. Later reports were more positive, with Applicant showing growth and progress, and improved self-image, self-compassion, and a positive outlook. (GE 3, 5)

Applicant was evaluated by a licensed psychologist at the DoD's request in June 2024. The psychologist indicated under Psychiatric History:

[Applicant] reported a significant history of mental health symptoms and services. Of note, [Applicant] had significant difficulties remembering specific events and appeared to be a poor historian with his recollection of experiences and timelines of events. He reported his mental health difficulties began in approximately 2001 after the death of his grandfather. [Applicant] stated he drank a large dose of cough suppressant and was

hospitalized for an overdose. He noted that he does not recall if this experience w[as] a suicide attempt or “acting out.” (GE 7)

Applicant informed the psychologist that he had a significant mental health treatment history, but he had difficulties recalling timelines of each experience. He denied any history of suicidal ideation, which the psychologist found to be “incongruent with his medical record.” (GE 7)

The psychologist reported that a “review of [Applicant’s] medical records indicate[s] a chronic pattern of withholding information, misinformation, misdirection, and dishonesty. In particular, his background investigation from October 13, 2023 indicates [Applicant] made several comments about his ability to manipulate others, history of lying to get what he wants, and being better than others.” (GE 7) The psychologist reported that a review of Applicant’s completed personality inventory test shows:

[Applicant] answered all questions on the assessment measure, but exhibited a pattern of responding that raises questions regarding validity of the results. There is evidence of significant under-reporting as to suggest he may have answered questions in such a way as to present himself in a very positive light by denying common faults and shortcomings. (GE 7)

The psychologist diagnosed Applicant with bipolar I disorder. He provided the following summary and prognosis:

As a result of the above assessment, it is the undersigned clinician’s opinion that [Applicant’s] judgment, reliability, and trustworthiness are not appropriately intact, as evidenced by the clinical interview, self-report measures, current reported functioning, and record review. Based on a review of National Security Adjudicative Guidelines and DoD Personnel Security Policy, there is evidence to suggest [Applicant] is currently experiencing psychological symptoms that would impair his judgment, reliability, or ability to properly safeguard classified national security information. Specifically, his history of impulse control difficulties, substance abuse and misuse, and chronic pattern of reported lying and manipulation of others may increase the likelihood that his judgment, reliability, and ability to properly safeguard classified national security information is impaired. Additionally, [Applicant] appears to exhibit ongoing impulsive and binge-based behaviors and would benefit from ongoing mental health treatment using evidence-based treatments. Given he is still early in his recovery, re-evaluation for security clearance is recommended after engagement in these interventions. (GE 7)

Applicant testified that his evaluation interview took about 60 to 75 minutes. He stated that to the best of his ability, he was completely candid and forthcoming to the evaluating psychologist. (Tr. at 79-80, 100-101)

Applicant's counselor provided a letter, and he testified that Applicant has been open and above-board during his treatment. They discussed Applicant's upbringing and his background. The counselor testified that his "sense has always been that that period in his life, in his late-teens and early twenties, was long past for him and was not part of his current habits and character." (Tr. at 28-35, 75-78, 82; Applicant's response to SOR). The counselor noted that Applicant,

Like many young men in their 30's he has insight about some turbulence in his adolescence and early 20's that are no longer habits but, nevertheless, generates some anxiety, but also effective, cautious choices as he matures going forward. There is nothing I have heard in his current life narrative that is untrustworthy or would prevent him from continuing his competent, productive work with the federal government with security clearance that honors the ethical and behavioral standards it requires. (Applicant's response to SOR)

Applicant attributed his improved mental health to his hospitalization in 2012, which led to the correct diagnosis of bipolar disorder. This resulted in the proper medication, which he has taken since about 2012. He feels he is in a much better state, with his finances in order and success in his job, business, and other endeavors. The medication has not completely eliminated his manic and depressive episodes, but it has made them less intense and of a shorter duration. He also has "a network of people and mechanisms that [he] can rely on to make sure that things don't get impacted." (Tr. at 68-75, 91, 102-104)

Personal Conduct

Applicant submitted a Questionnaire for Non-Sensitive Positions (SF 85) in December 2021. He answered "No" to the question that asked, "In the last year, have you used, possessed, supplied, or manufactured illegal drugs?" Applicant denied intentionally providing false information on the SF 85. He thought he answered in the negative because his marijuana use with his ex-girlfriend was beyond the one-year window of the question. He acknowledged that his marijuana use could have been within the one-year window, in which case he was unsure why he answered in the negative, except it was not an intentional fabrication. (Tr. at 82-89, 99-100; Applicant's response to SOR; GE 2)

Applicant submitted a Questionnaire for National Security Positions (SF 86) in June 2022. He reported marijuana use between 2002 and "10/2020 (Estimated)." He added: "The nature of use was recreational, the frequency was possibly an average of once every other year (based on the collective quantity of use). I would give an estimate of 10 times throughout my whole life." He reported his 2001 charge of possession of marijuana when he was in high school, and he also reported other derogatory information. (GE 1)

Applicant reported his June 2012 hospitalization on the SF 86. He also reported his treatment from 2012 to “present” for “[b]ipolar mood disorder.” He answered “No” to the question that asked, “Do you have an additional instance where you have EVER been hospitalized for a mental health condition?” (GE 1)

Applicant was interviewed as part of his background investigation in August 2023. He discussed his illegal drug use and mental health hospitalizations and treatment. He called himself a liar several times during the interview and stated that he was irresponsible, anti-social, and manipulative to doctors, family, and others in his teens and 20s. He added that he felt he was trustworthy, as he would not lie to the government, and he had been transparent with his employer concerning his past and issues. He stated that he acts with honesty and integrity and does his best to be transparent. He cares about his job and wants to contribute to society. He feels he is accountable for his actions. (Tr. at 61; GE 4)

Applicant discussed all his hospitalizations with the background investigator. The report summarizing the interview states that he only listed partial information on the SF 86 to not totally lie on the questionnaire, and that he admitted to technically lying by omission. (Tr. at 58-61; GE 4)

Applicant denied intentionally providing false information about his previous hospitalizations on his June 2022 SF 86. He stated that he may have been confused and thought the question only had a seven-year window. He did not recall making the above statements to the background investigator. (Tr. at 50-52, 57-59)

Whole-Person Evidence

Applicant called witnesses, and he submitted letters attesting to his strong moral character and outstanding job performance. The witnesses and authors praised his trustworthiness, responsibility, work ethic, reliability, determination, perseverance, dedication, professionalism, and integrity. The witnesses stated that Applicant has been honest about his past problems and the steps he has taken to put them behind him. They have never observed any mental instability. (Tr. at 17-28, 36-42; Applicant’s response to SOR)

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:

Bipolar Disorder

A mental health condition characterized by persistent and extreme mood swings, including periods of mania or hypomania, and periods of depression. These mood changes significantly impact a person’s daily functioning and can cause substantial distress.

Manic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently goal-directed behavior or energy, lasting at least one week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

Major Depressive Episode

The essential feature of a major depressive episode is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Hypomanic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least four consecutive days and present most of the day, nearly every day.

The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic. The disturbance in mood and the change in functioning are observable by others. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization.

Bipolar I Disorder

Bipolar I disorder is characterized by at least one manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

Bipolar II Disorder

Bipolar II disorder is characterized by a current or past hypomanic episode and a current or past major depressive episode.

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 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)

The SOR alleges an intentional overdose of cough suppressant in 2001 (SOR ¶ 1.f) and suicidal ideation in 2007 (SOR ¶ 1.e). AG ¶ 28(a) is applicable to that behavior. See, e.g., USAF-M Case No. 23-00056-R at 6 (App. Bd. Aug. 31, 2023).

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.

The SOR alleges that Applicant was diagnosed with bipolar I disorder (SOR ¶ 1.a); bipolar II disorder (SOR ¶ 1.c); and unspecified bipolar and related disorder (SOR ¶ 1.d). 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.

Bipolar disorder falls in the category of conditions that by their very nature raise security concerns. See, e.g., USAF-M Case No. 23-00056-R at 7 (App. Bd. Jan. 4, 2024). Additionally, the medical records and psychological evaluation confirm that Applicant's condition impaired his judgment, stability, reliability, and trustworthiness. AG ¶ 28(b) is applicable to those diagnoses.

AG ¶ 28(c)

Applicant was an inpatient for mental health treatment in 2001, 2007, and 2012 (SOR ¶¶ 1.b, 1.e, and 1.f). AG ¶ 28(c) 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 engaged in problematic and irresponsible behavior in his youth and as a young adult, including drug abuse. He has improved since his hospitalization in 2012 and his diagnosis of bipolar disorder, which led to the correct medication. He has been in counseling since at least 2023. The medical records are telling in that they document

an upward trajectory, and that he is better than when he started. The records show growth and progress, and improved self-image, self-compassion, and a positive outlook. He is now a productive and highly regarded 39-year-old. I found him to be credible, candid, and forthright. Unfortunately, there are still warning signs as noted in the medical records, and Applicant continues to have depressive and manic episodes, albeit less intensive and of shorter duration.

This is not an easy case, because I believe Applicant is almost there. However, the protection of the national security is the paramount consideration, and “almost there” is just not good enough. 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.” None of the mitigating conditions, individually or collectively, are sufficient to fully mitigate the psychological conditions security concerns.

Guideline E, Personal Conduct

The security concern for personal conduct is set out in AG ¶ 15, as follows:

Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual’s reliability, trustworthiness and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security clearance investigative or adjudicative processes. The following will normally result in an unfavorable national security eligibility determination, security clearance action, or cancellation of further processing for national security eligibility:

(a) refusal, or failure without reasonable cause, to undergo or cooperate with security processing, including but not limited to meeting with a security investigator for subject interview, completing security forms or releases, cooperation with medical or psychological evaluation, or polygraph examination, if authorized and required; and

(b) refusal to provide full, frank, and truthful answers to lawful questions of investigators, security officials, or other official representatives in connection with a personnel security or trustworthiness determination.

AG ¶ 16 describes conditions that could raise a security concern and may be disqualifying. The following disqualifying condition is potentially applicable:

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

(b) deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative; and

(d) credible adverse information that is not explicitly covered under any other guideline and may not be sufficient by itself for an adverse determination, but which, when combined with all available information, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information. This includes, but is not limited to, consideration of:

(1) untrustworthy or unreliable behavior to include breach of client confidentiality, release of proprietary information, unauthorized release of sensitive corporate or government protected information;

(2) any disruptive, violent, or other inappropriate behavior;

(3) a pattern of dishonesty or rule violations; and

(4) evidence of significant misuse of Government or other employer's time or resources.

SOR ¶ 2.a

SOR ¶ 2.a alleges that Applicant intentionally falsified the June 2022 Questionnaire for National Security Positions when he answered "No" to the question that asked, "Do you have an additional instance where you have EVER been hospitalized for a mental health condition?" Applicant reported his June 2012 hospitalization and his treatment by Dr. TG from 2012 to "present" for "[b]ipolar mood disorder." He reported his 2001 charge of possession of marijuana when he was in high school, his marijuana use between 2002 and "10/2020 (Estimated.)," and other derogatory information. After considering all the evidence, including the other information provided on the SF 86 and Applicant's credible testimony, I find that he did not intentionally falsify the alleged question. AG ¶ 16(a) is not applicable. SOR ¶ 2.a is concluded for Applicant.

SOR ¶ 2.b

SOR ¶ 2.b alleges that Applicant intentionally falsified the December 2021 Questionnaire for Non-Sensitive Positions when he answered "No" to the question that asked, "In the last year, have you used, possessed, supplied, or manufactured illegal

drugs?” There are several variables here as Applicant’s marijuana use may have been outside the reporting window, and Applicant credibly testified that he was honest on the SF 85. In either event, I am not convinced by substantial evidence that Applicant intentionally falsified his answer to this question. AG ¶ 16(a) is not applicable. SOR ¶ 2.a is concluded for Applicant.

SOR ¶¶ 2.c and 2.d

SOR ¶¶ 2.c and 2.d allege that Applicant entered two inpatient rehabilitation programs in 2007 with no intention of getting treatment or participating in the rehabilitation program. Instead, he used the rehabilitation facilities to obtain shelter and meals for approximately 28 to 30 days each. Applicant admitted that he was not ready at the time to accept treatment and rehabilitation. I believe that is true in many cases where individuals go into treatment reluctantly. Sometimes it works out despite the patient’s reluctance. Nonetheless, he went into the programs at least in part to use the facilities for shelter and meals without any intention to stop using Adderall. That conduct reflects questionable judgment and an unwillingness to comply with rules and regulations. AG ¶ 16(d) is applicable.

SOR ¶ 2.e

SOR ¶ 2.e is a mixed allegation. It alleges that during his psychological evaluation, Applicant “denied any history of suicidal ideation, which is incongruent with [his] medical record.” I read this as alleging that Applicant lied to the evaluating psychologist when he reported no history of suicidal ideation. This part of the allegation will be addressed first.

It is unclear how Applicant could have reported to the psychologist that he had no history of suicidal ideation when his psychiatric history includes his intentional overdose of cough suppressant in 2001, which was either a “suicide attempt or ‘acting out.’” I have also considered all the other evidence, including Applicant’s credible testimony. I am not convinced by substantial evidence that Applicant intentionally provided false information to the DoD psychologist. AG ¶ 16(b) is not applicable. That part of the language in SOR ¶ 2.e is concluded for Applicant.

SOR ¶ 2.e also alleges:

The evaluator stated that a review [of] your medical records indicate[s] a chronic pattern of withholding information, misinformation, misdirection, and dishonesty. In particular, the evaluator noted that your background investigation from October 13, 2023, indicates you made several comments about your ability to manipulate others, a history of lying to get what you want, and being better than others.

The Directive states that the SOR “shall be as detailed and comprehensive as the national security permits.” This type of generic allegation is difficult to defend as it

arguably covers almost everything problematic that Applicant has ever done or said. However, Applicant does not deny that history. That conduct reflects questionable judgment and an unwillingness to comply with rules and regulations. AG ¶ 16(d) is applicable.

AG ¶ 17 provides conditions that could mitigate security concerns. The following are potentially applicable:

(c) the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur; and

(e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress.

All the alleged and established problematic conduct ended years ago. Applicant has received counseling to change the behavior, and he has been on the proper medication for years. I find the conduct is unlikely to recur, and it no longer casts doubt on Applicant's reliability, trustworthiness, or good judgment. The above mitigating conditions are applicable.

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 E 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 mitigated the security concerns under Guideline E, but he did not mitigate the security concerns under Guideline 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.f:	Against Applicant
Paragraph 2, Guideline E:	For Applicant
Subparagraphs 2.a-2.e:	For Applicant

Conclusion

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

Edward W. Loughran
Administrative Judge