



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



In the matter of:)	
)	
)	ISCR Case No. 24-00650
)	
Applicant for Security Clearance)	

Appearances

For Government: Rhett Petcher, Esq., Department Counsel
For Applicant: *Pro se*

09/23/2025

Decision

BENSON, Pamela C., Administrative Judge:

Applicant has not mitigated the security concerns under Guidelines I (psychological conditions), G (alcohol consumption), and E (personal conduct). Eligibility for access to classified information is denied.

Statement of the Case

On August 15, 2024, the Department of Defense (DOD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guidelines I, G and E. The DOD 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 implemented by the DOD on June 8, 2017.

Applicant provided an undated response to the SOR. (Answer) He admitted SOR ¶¶ 1.a, 1.e, 2.a, 2.b, and 3.c. He denied SOR ¶¶ 1.b, 1.c, 1.d, 1.f, 1.g, 2.c, 3.a, and 3.b. He requested a hearing before a Defense Office of Hearings and Appeals (DOHA) administrative judge. On December 12, 2024, the Government was ready to proceed, and I was assigned this case on April 30, 2025. DOHA issued a notice on June 2, 2025,

scheduling the hearing for July 2, 2025. The hearing proceeded as scheduled via online video teleconferencing.

Department Counsel submitted Government Exhibits (GE) 1 through 4. Applicant testified, but he did not offer any documents during the hearing. Applicant requested I hold the record open so he could submit documents after the hearing concluded. I granted his request and held the record open until July 23, 2025. He timely offered two documents, which I labeled as Applicant Exhibits (AE) A and B, and all exhibits were admitted into evidence without objection. DOHA received the hearing transcript (Tr.) on July 10, 2025.

Findings of Fact

Applicant is a 29-year-old employee of a defense contractor. He has worked as an electronics maintenance technician for his current employer since about January 2023. He previously worked for the same employer for about a six-month period in 2022. He served on active duty in the Navy from about October 2013 to November 2021, when he was honorably discharged at the rank of E-4 with a medical retirement. He is unmarried and does not have any children. (Tr. 14-16, 70; AE B)

Alcohol Consumption and Psychological Conditions

Applicant consumed alcohol, at times to excess and to the point of intoxication, on various occasions up until at least April 2023. He had been repeatedly advised by various medical providers to abstain from alcohol consumption. Despite these treatment recommendations, he continued to consume alcohol, including to the point of intoxication, to at least April 2023. (SOR ¶ 2.c) He was diagnosed in August 2018 with alcohol use disorder, severe, while he had engaged in a pattern of binge consumption of alcohol on various occasions from 2017 to 2018. (SOR ¶ 2.a) On various occasions between 2017 and 2018, he engaged in hazardous behaviors while under the influence of alcohol. He reported to work intoxicated on multiple occasions, to include when standing armed watch. (SOR ¶ 2.b) (Answer; Tr. 17-21; GE 3, 4)

Applicant testified during the hearing that he started drinking alcohol at the age of 21 following his first military deployment in 2017. He starting to drink alcohol excessively from about December 2017 until August 2018, when he was admitted into a hospital. Applicant suffered multiple suicide ideations and attempted suicide on more than one occasion. He received inpatient treatment from August 20, 2018, to August 28, 2018. He was diagnosed, in part, with adjustment disorder with depressed mood. Applicant was referred from the hospital to the Substance Abuse Rehabilitation Program III (SARP), from August 28, 2018, to October 5, 2018, for a condition diagnosed as alcohol use disorder, severe. (SOR ¶ 1.a) (Answer; GE 3, 4; Tr. 40)

Applicant had been drinking as many as six beers a day on weekdays, 12 to 24 beers on weekends, and at times a bottle of tequila as well. He experienced multiple blackouts during this period and admitted he had shown up to military duty intoxicated

on more than one occasion; to include a time he was standing armed watch. (SOR ¶¶ 2.a and 2.b) (Answer; Tr. 17-21, 40-41, 38; GE 3, 4)

During the hearing, Applicant testified that he was not aware that he had been diagnosed with alcohol use disorder until he left military service. Department Counsel had Applicant review a couple pages of medical records. One of the documents listed, "patient has received a copy of the discharge summary, and a nurse has discussed and reviewed with the patient." The discharge summary included the diagnosis of alcohol use disorder. Another medical document disclosed, "patient understands his diagnosis to be alcohol use disorder, severe, in sustained remission." Applicant admitted that medical staff had discussed with him his diagnosis of alcohol use disorder, but over the years, he stated that it must have slipped his mind. He also stated, "Plus, I wasn't entirely sure if (alcohol use disorder) was, like, marked on my medical record of any sort." (Tr. 21-27; GE 4) I found Applicant's statements contradictory.

Applicant was admitted for inpatient psychiatric services from October 18, 2018, to October 24, 2018, due to suicidal ideations and probable psychotic symptoms. He was diagnosed with bipolar II disorder, depressed severe, and alcohol use disorder, in remission. As part of his treatment plan, he was prescribed medications, but he was noncompliant with his treatment and stopped taking the medications shortly after his discharge. (SOR ¶ 1.b) The medical records reported that Applicant had engaged in acts of self-harm by burning himself on his arm. (GE 3, 4; Tr. 40-41)

SOR ¶ 1.c alleges Applicant was admitted for inpatient treatment from September 17, 2020, to September 23, 2020, due to suicidal ideations. His diagnosis was bipolar II disorder, depressed severe, and alcohol use disorder, in sustained remission. Applicant stopped taking all prescribed medications, except Trazodone prescribed for sleep disturbance, which he took on an "as needed" basis. Medical staff discussed concern for his discontinuation of medications and discussed his high probability of worsening symptoms and potential need for hospitalization. (GE 4; Tr. 41-50)

Applicant was asked during the hearing why he stopped taking prescribed medications against medical advice, and he stated,

I remember one time just reading the side effects and the potential dangers that -- or not potential dangers, just the potential side effects that I could get from taking these meds. And I kind of do remember a little bit looking into some other ways to kind of help me manage my bipolar a lot more better (sic) without meds. Granted, at the time, I didn't know what I was doing, and I know I even talked about it with my doctor at that time, too. She said it's kind of dangerous to do that, but I told her I kind of found a way to make it work. Yeah. Again, I just, I just kind of got tired of taking the pills and just the side effects that was going to come with it. I was just kind of -- just anxious and not terrified, but kind of afraid of some of those side effects. (Tr. 50-51)

On various occasions between 2018 and the fall of 2021, various treatment providers repeatedly advised Applicant to abstain from any alcohol consumption because alcohol was a depressant and could trigger his bipolar disorder II. Despite these treatment recommendations, he continued to consume alcohol, including to the point of intoxication, to at least April 2023. During the hearing, Applicant acknowledged that after he completed the SARP III program, he was required to participate in Alcoholics Anonymous (AA) meetings and to abstain from drinking alcohol for one full year. He stated that he learned in AA that he if thought he could handle alcohol, then it was alright to resume his use of alcohol. Applicant resumed drinking alcohol and testified, "Now, granted, there were times where I, again, was blacked-out intoxicated, but my approach wasn't, you know, reckless, and what it was prior to that, for the most part, not all the time." He admitted this advice conflicted with recommendations from his doctors. He has experienced at least two long periods of sobriety followed by drinking alcohol. He testified that he has not had any alcohol since April 2023, and he does not intend to drink alcohol in the future. (SOR ¶ 2.c) (Tr. 27-37, 70-71; GE 4)

SOR ¶ 1.d alleges in approximately winter 2021, Applicant experienced a deep depressive episode consisting of vegetative symptoms and suicidal ideations. In the summer of 2022, he sought medication from a medical provider at the U.S. Department of Veterans Affairs to treat his bipolar disorder. Applicant failed to take the medication as prescribed and discontinued taking the medication altogether by the fall of 2023. (GE 3; Tr. 52-56)

SOR ¶ 1.e alleges Applicant has not received any mental health treatment since the fall of 2023. (Answer; GE 3) Applicant admitted this information during the hearing and stated he was not currently taking any medication to treat his bipolar disorder II. He thought his last depressive episode occurred about a year-and-a-half ago, and he experienced a manic episode last year. He also experienced visual hallucinations last year. (Tr. 54, 57-58, 66-67)

SOR ¶ 1.f alleges on December 16, 2023, Applicant was evaluated by a licensed psychologist at the request of DOD. During the evaluation, Applicant reported that he continues to experience manic and depressive episodes despite making lifestyle changes to avoid triggers. His last manic episode occurred a week prior to the evaluation. The psychologist deemed Applicant's insight to his psychiatric health to be poor, and his impulse control to be highly influenced by the presence of his manic episodes. He was diagnosed with bipolar disorder II, most recent episode manic, and alcohol use disorder, severe, in full remission. Based on all available evidence, the psychologist determined that he met the criteria for a condition that impairs his judgment and reliability. (GE 3; Tr. 59-61)

Applicant testified during the hearing that since he received the SOR in about August 2024, he has considered going to a mental health professional to treat his bipolar disorder II condition with medication, but decided, (even though his symptoms of depressive and manic episodes still occur), his symptoms were much better, and he

could go about his daily routine without any mishaps. He found that a normal sleep pattern, a good diet, and regular exercise were the best methods to manage his bipolar disorder II. (Tr. 63-65)

Personal Conduct

SOR ¶ 3.a alleges that in August 2022, during an interview with an authorized DOD investigator, Applicant denied that he had been diagnosed with alcohol abuse or alcohol dependence. He deliberately failed to disclose that he was diagnosed with alcohol use disorder on multiple occasions since 2018. (Tr. 27-37; GE 2; AE A)

SOR ¶ 3.b alleges Applicant falsified material facts in his reply to interrogatories, dated August 2024, in response to a question asking, “Have you been under the influence of alcohol while at work? If so, approximately how many times has this happened, and is the approximate date of the last occurrence?” He answered “No,” and deliberately failed to disclose that he had been under the influence of alcohol while at work on various occasions between 2017 and 2018. Applicant testified that he thought the information asked for any other occasions, not including his reporting to military duty while intoxicated. He misread the question. (GE 2; AE A; Tr. 38-40)

SOR ¶ 3.c cross alleged those allegations set forth in SOR ¶¶ 1.a through 1.g, and 2.a through 2.c.

Character Evidence

Applicant submitted a letter post-hearing from his employer’s facility security officer (FSO) dated July 21, 2025. The FSO reported Applicant has been employed since January 2023, and for two-and-one-half years there have been no security violations or infractions involving Applicant, to include any evidence of his noncompliance with company and security policies, physical security controls, or unacceptable information technology usage. (AE B)

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

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 security concerns. 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; and
- (c) voluntary or involuntary inpatient hospitalization.

Applicant was admitted to inpatient treatment twice in 2018, and once again in 2020. He expressed suicidal thoughts before his first hospitalization. His discharge diagnosis was, in part, bipolar disorder II. He experienced suicidal attempts and ideations, self-mutilation, depressive and manic episodes, and visual and auditory hallucinations. He has a history of being noncompliant with his prescribed medications and treatment recommendations. Since the fall of 2023, Applicant has not received treatment or counseling from a mental health treatment facility, and he was not taking prescription medication to treat his bipolar disorder. In December 2023, the DOD psychologist determined Applicant's judgment, impulse control, and insight were impaired. Applicant has a condition that impairs his judgment and reliability. His discharge diagnosis was bipolar disorder II, most recent episode manic, and alcohol use disorder, severe, in full remission. AG ¶¶ 28(a), 28(b), and 28(c) are applicable.

AG ¶ 29 provides conditions that could mitigate 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.

None of the mitigating conditions apply. A December 2023 diagnosis of bipolar disorder II, most recent episode manic, is troubling. Bipolar disorder is one of the disorders that has been identified by DOD psychologists as a mental health disorder that influences a patient's ability to make good decisions. On the manic side, individuals make compulsive and often unwise decisions. On the depressive side, they can be manipulated, and it can create major problems. Applicant is not currently being treated or taking prescribed medication to treat his bipolar disorder II. He has a history of being noncompliant with treatment. Although he still experiences depressive and manic episodes as well as visual hallucinations, Applicant believes he can control his bipolar disorder with appropriate sleep, diet, and an exercise regimen. I find that Applicant's condition is not under control and has a high probability of recurrence or exacerbation. Psychological conditions security concerns are not mitigated.

Alcohol Consumption and Personal Conduct

AG ¶ 21 describes the security concern about alcohol consumption, "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."

AG ¶ 15 describes the security concern about personal conduct, "Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security 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."

AG ¶ 22 provides conditions that could raise an alcohol consumption security concern and may be disqualifying in this case as follows:

(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; 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.

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

Applicant's admissions and the record evidence support AG ¶¶ 22(a), 22(d), and 16(a). Discussion of the disqualifying conditions is in the mitigating section *infra*.

AG ¶ 23 lists four conditions that could mitigate alcohol consumption security concerns:

(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;

(c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; 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.

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

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

(b) the refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;

(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; and

(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.

All the alleged and established problematic conduct related to Applicant's excessive drinking ended in April 2023, and he has indicated that he intends to abstain from using alcohol in the future. However, I find that Applicant was not candid about his diagnosis of alcohol use disorder during the course of his security clearance investigation, which raises credibility issues. During a background interview in August 2022, he was specifically asked if he had ever been diagnosed with alcohol use disorder, and he denied that he was aware of this diagnosis. He was also asked in interrogatories if he had ever reported to work under the influence of alcohol, and he denied that he reported to work under the influence of alcohol. During the hearing, Applicant testified that 1) the alcohol-related issues happened so long ago it slipped his mind, and 2) he did not believe the "alcohol use disorder" diagnosis was listed on his medical records. He also admitted that he reported to work during his military service while under the influence of alcohol. These statements explaining why he did not report material information are contradictory.

The truth is that Applicant spent five weeks during 2018 in a residential SARP level III, the highest level of treatment, and he was required to attend AA meetings and abstain from using alcohol for one full year. The medical records in evidence show that on more than one occasion, Applicant was provided a copy of the discharge summary that included his diagnosis, which was also reviewed with him by medical staff. There were multiple references in the medical records too that treatment providers advised him to not consume any alcohol, as it could trigger his bipolar disorder. It appears Applicant was willing to be more candid about his mental health issues, but he obviously tried to minimize his excessive use of alcohol by falsifying information. He also has experienced long periods of sobriety followed by a resumption of alcohol use. He said

he has not consumed any alcohol for the past 27 months, which, if true, is a step in the right direction. Nevertheless, he has a history of refraining from alcohol consumption and then relapsing. I find that more time is required to show that he is fully rehabilitated. He intentionally minimized his diagnosis of an alcohol-related disorder and alcohol-related misconduct during his security clearance investigation. Alcohol consumption and personal conduct security concerns are not mitigated.

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 I, G and E and in my whole-person analysis. I also considered Applicant's favorable employment evidence from the FSO.

Applicant has taken positive steps in his life to abstain from drinking alcohol, however, he has not taken responsible action to treat his bipolar disorder. He has minimized his alcohol-related diagnosis and misconduct; his explanations are self-serving and demonstrate that Applicant continues to struggle to be honest and forthright with the government regarding his behavior. His explanations for concealing, minimizing, and providing inconsistent details about his actions cast doubt on his reliability, trustworthiness, and good judgment. Overall, the record evidence leaves me with questions and doubts about Applicant's eligibility and suitability for a security clearance. I conclude Applicant has not mitigated the security concerns under Guidelines I, G and E.

Formal Findings

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

Paragraph 1, Guideline I:	AGAINST APPLICANT
Subparagraphs 1.a-1.g:	Against Applicant
Paragraph 2, Guideline G:	AGAINST APPLICANT
Subparagraphs 2.a-2.c:	Against Applicant
Paragraph 3, Guideline E:	AGAINST APPLICANT
Subparagraphs 3.a- 3.c:	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.

Pamela C. Benson
Administrative Judge