



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




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In the matter of: )  
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) ISCR Case No. 25-00843  
) )  
) )  
Applicant for Security Clearance )  
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**Appearances**

For Government: Troy L. Nussbaum, Esq., Department Counsel  
For Applicant: Pro Se

04/21/2026

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**Decision**

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FOREMAN, LeRoy F., Administrative Judge:

This case involves security concerns raised under Guidelines G (Alcohol Consumption) and I (Psychological Conditions). Applicant did not mitigate the security concerns. Eligibility for access to classified information is denied.

**Statement of the Case**

Applicant submitted a security clearance application (SCA) on March 25, 2024. On August 20, 2025, the Defense Counterintelligence and Security Agency Adjudication and Vetting Services (DCSA AVS) sent him a Statement of Reasons (SOR) alleging security concerns under Guidelines G and I. The DCSA AVS acted under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) promulgated in Security Executive Agent Directive 4, *National Security Adjudicative Guidelines* (December 10, 2016), which became effective on June 8, 2017.

Applicant answered the SOR on October 28, 2025, and requested a decision on the written record in lieu of a hearing. Department Counsel submitted the Government's written case on February 10, 2026. A complete copy of the file of relevant material (FORM) was sent to Applicant, who was given an opportunity to file objections and submit material to refute, extenuate, or mitigate the Government's evidence. He received the FORM on February 11, 2026, and submitted a one-page response, to which Department Counsel did not object. The case was assigned to me on April 14, 2026.

### **Findings of Fact**

In Applicant's answer to the SOR, he admitted all of the allegations in the SOR under Guideline G, except for the allegation as written in ¶ 1.a. He admitted the allegation under Guideline I, cross-alleging SOR ¶¶ 1.a. – 1.g.. The Government's FORM amended the dates listed in SOR allegation ¶ 1.a., after which, Applicant in his response to the FORM admitted the amended allegation as well. His admissions are incorporated in my findings of fact. (GX 1-2)

Applicant is a 43-year-old high school graduate, and divorced father of one child. He currently cohabitates with his girlfriend in a home he owns. Between the two of them they have shared custody of three minor children who live with them part time. He has been working as a senior operations manager for a federal contractor since July 2020. Prior to this position, he worked as a case reviewer for background investigations from 2014 to 2020, and conducted background investigations support and field work for 11 years prior to that. He has never served in the United States military. (GX 3 and 7)

Under Guideline G, the SOR alleged and Applicant admitted that from about 2014 to at least July 2025, he has consumed alcohol almost daily (SOR ¶¶ 1.a.–b.). He was convicted of driving under the influence (DUI) in 2004 (SOR ¶ 1.d.) and has operated a motor vehicle while under the influence of alcohol on at least two to three occasions since, without incident (SOR ¶ 1.e.). He continues to consume alcohol daily and the last known time he drank to the point of impaired judgment was July 2025 (SOR ¶ 1.f.). In March 2024, after a suicide attempt that was interrupted by his girlfriend, he was involuntarily hospitalized for five days for mandatory observation. His blood-alcohol content at admission was .361. He was diagnosed with alcohol use disorder, acute and adjustment disorder. At discharge, he declined the offered alcohol cessation medication and treatment and indicated that he would research medications and treatment at a later date. After his release, he followed up on neither and instead described his suicide attempt as an anomaly and isolated incident. (SOR ¶ 1.c.) Although he states in his Answer to the SOR and Response to the FORM that he is willing to seek treatment if it is necessary to maintain a security clearance, there is no indication that he has ever sought out treatment or has a sincere desire to seek treatment but for the current security clearance concerns and the threat of losing his eligibility for a clearance. In fact, medical impressions and reports indicate that he minimizes the seriousness of his alcohol intake and that he demonstrates poor insight regarding the impact of his alcohol use on his functioning. (GX 2, 4, 5, 6, and 7).

On January 23, 2025, Applicant was evaluated by a duly qualified mental health professional (MHP) as part of the security clearance adjudication. He was diagnosed with alcohol use disorder, moderate, and adjustment disorder with depressed mood (by history). The MHP opined that Applicant's psychiatric condition could pose a "significant risk to his judgment, reliability or trustworthiness concerning classified information." She reported that Applicant continues to consume alcohol and at times his consumption is a coping mechanism. His prognosis was guarded, but "if he were to abstain from alcohol and seek treatment, his prognosis *may* improve." However, given the extent of his denial that his drinking is a problem and his failure to seek help despite his suicide attempt, it is more likely that his consumption will escalate, and alcohol related problems will develop once again. (SOR ¶ 1.g.) The MHP concluded that his level of treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. (GX 7)

SOR ¶ 2.a. cross-alleges the conduct alleged in SOR ¶¶ 1.a. through 1.g. Applicant admitted this allegation. During his January 2025 evaluation, he reported some difficulties consistent with relatively mild or transient depressive symptomatology. Specifically, he reported physical symptoms of depression, such as sleep disturbance, slowness, and low energy. With respect to suicidal ideation, he reported no distress from thoughts of self-harm. His interest in and motivation for treatment is somewhat below average in comparison to adults who are not being seen in a therapeutic setting. His responses suggest that he is satisfied with himself as he is, that he is not experiencing marked distress, and that, as a result, he sees little need for changes in his behavior. (GX 7)

Applicant began consuming alcohol in about 2007 and was drinking "semi-regularly" at the age of 18 or 19 years old and daily for the 10 years preceding his 2024 suicide attempt. His daily alcohol consumption ranges anywhere from two to five rum and cokes every weekday in the evening after work. On the weekends, when there are no children at home, he will drink a little more, closer to three to five drinks. He has always asserted that he never drinks before or during his workday. He has stopped drinking for a brief period of time "a few weeks to a few months" on two occasions, first, in 2004 while on probation for his DUI, and second for a brief period after his 2024 hospitalization. When he resumed drinking in 2004, he actually drank more heavily and binge drank on most weekends for about eight to ten years. The 2004 DUI and 2024 suicide attempt are the two known serious and concerning consequences of his abusive alcohol consumption. (GX 6 and 7)

Applicant had been drinking heavily for several days prior to the day of his attempted suicide. On the day of it, he was arguing with his girlfriend who had asked him to stop drinking. At some point, he texted his brother "see you on the other side" which prompted the brother to reach out to police and request a welfare check. Upon arrival, police were greeted by Applicant and his girlfriend. Applicant told police he had no intention of harming himself and stated he was not suicidal. Officers cleared the scene after speaking with his girlfriend, who told them she did not believe he needed any assistance. Shortly after leaving, they were called back to the residence for a suicide attempt. Applicant's girlfriend stated that he had been drinking prior to the welfare check, but that he was fine. His mood changed after police left and he left the home. When she

went to check on him, she found him in the detached garage with an extension cord around his neck, blue in the face. She “freed” him and called the police. Applicant told police he did attempt to hang himself and that “he could no longer do this anymore.” During his evaluation he admitted that he tied the cord around his neck and hung it up from a shelf, and that his girlfriend found him and called the police. (GX 5–7)

Applicant was transported to the hospital on an involuntary hold. He spent the night in the hospital in detox and was stabilized then transferred to the behavioral unit. He was involuntarily hospitalized for five days. He reported that he did not pursue any follow-up treatment because although his medical team provided him with options, they didn’t recommend or force him to treatment, so he did not feel that he needed any follow up treatment. He did not attend any Alcoholics Anonymous (AA) meetings and maintains that his suicide attempt was an isolated incident, as a result of being in a bad state of mind. He had too much to drink at a volatile time and his emotions got the best of him. Applicant admits that he could stop drinking if it was a “must do situation” but that it would be hard and he would have withdrawal symptoms. (GX 7)

According to medical reports, Applicant minimized the seriousness of his alcohol intake and has never sought rehabilitation for his alcohol use or ever participated in AA meetings. While hospitalized he indicated that he is not interested to be placed on any psychotropic medications because he believes he does not have any emotional problems that need to be addressed or treated. Although he was offered to start on medication for his alcoholism to assist him in cessation, he reported that he would first like to read literature on such medications before he decides to start taking them. He also stated he was willing to undergo outpatient drug and alcohol rehabilitation and would engage in AA meetings, as long as he could continue to have time to work. (GX 6) To this day, Applicant has done neither.

During his evaluation, Applicant presented with a psychiatric condition that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information and his prognosis is guarded. If he were to abstain from alcohol and seek treatment, his prognosis may improve. This conclusion was reached based on his reported history of alcohol abuse, his suicide attempt while intoxicated, his admissions that he continues to drink, at times as a coping mechanism, and that he has been unsuccessful in his attempts at sobriety in the past. His social support is minimal, and he remains in denial about the extent to which his drinking is a problem. He has not recognized the need for help despite his involuntary hospitalization following his suicide attempt while intoxicated and his diagnosis with alcohol use disorder. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), alcohol use disorder “has a variable course characterized by remission and relapse. A decision to stop drinking, usually in response to a crisis, may be followed by abstinence or limited or nonproblematic drinking. Once alcohol intake resumes, however, it is highly likely that consumption will escalate and problems will develop once again.” Applicant was also diagnosed with adjustment disorder, a stressor-related disorder, and therefore his alcohol use is likely to increase especially in times of stress or when mental health symptoms are exacerbated. (GX 7)

## Policies

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

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

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

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

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of establishing controverted facts alleged in the SOR. See *Egan* at 531. Substantial evidence is “such relevant evidence as a reasonable mind might accept as adequate to support a conclusion in light of all the contrary evidence in the same record.” See ISCR Case No. 17-04166 at 3 (App. Bd. Mar. 21, 2019). It is “less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent [a Judge’s] finding from being supported by substantial evidence.” *Consolo v. Federal Maritime Comm’n*, 383 U.S. 607, 620 (1966). “Substantial evidence” is “more than a scintilla but less than a preponderance.” See *v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant’s security suitability. ISCR Case No. 15-01253 at 3 (App. Bd. Apr. 20, 2016).

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

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

## **Analysis**

### **Guideline G, Alcohol Consumption**

The concern under this guideline 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 following disqualifying conditions under this guideline are established by Applicant’s admissions and the evidence in the FORM:

AG ¶ 22(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;

AG ¶ 22(b): alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder; and

AG ¶ 22(c): habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;

AG ¶ 22(d): diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder; and

AG ¶ 22(e): the failure to follow treatment advice once diagnosed.

The following mitigating conditions are potentially applicable:

AG ¶ 23(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;

AG ¶ 23(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;

AG ¶ 23(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

AG ¶ 23(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.

None of these mitigating conditions are established. Applicant's alcohol abuse is recent, frequent, and has continued for a long time. He lacks self-awareness as it relates to his alcohol consumption. He has not acknowledged that the habitual nature of his alcohol use, separate and apart from whether it results in incidents, in and of itself presents a security risk. He presented no evidence of counseling or treatment and his later assertions that he would be willing to seek treatment if required to maintain a security clearance are self-serving, as were his statements upon discharge from hospitalization in 2024. At discharge from involuntary inpatient hospitalization, he was offered both alcohol treatment and alcohol cessation medication. He declined the treatment options, and although he assured his medical team that he would like to research alcohol cessation medication prior to starting and was open to treatment and AA meetings, he took no action to reduce or cease his alcohol consumption. His willingness to attend treatment only if it is required of him signals that he has yet to acknowledge that his pattern of habitual drinking for the past 20 years is maladaptive, despite his diagnosis with alcohol use disorder. To this day, he fails to recognize the gravity of his disease and the impact it has on his daily functioning and interpersonal relationships.

### **Guideline I, Psychological Conditions**

The concern under this guideline is set out in AG ¶ 27:

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

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

The following disqualifying conditions under this guideline are established by Applicant's admissions and the evidence in the FORM as it relates to certain cross allegations:

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

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

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

The SOR cross-alleges under Guideline I all the same concerns that were alleged under Guideline G. However, only two of the concerns are established and appropriate for consideration under Guideline I. The cross allegations of SOR ¶¶ 1.a., 1.b., 1.d. – 1.f. under Guideline I are not established. Guideline I sets out disqualifying conditions as they relate to conduct or behavior indicative of “[c]ertain emotional, mental, and personality conditions.” Further elaborated in AG ¶ 28(a), the intent is to cover “behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline . . . .” Here, the conduct cross alleged from SOR ¶¶ 1.a., 1.b., 1.d. – 1.f. falls squarely under Guideline G, and was appropriately alleged under Guideline G. There is insufficient evidence to establish that these allegations are also disqualifying under Guideline I.

Applicant attempted suicide in 2024 and was involuntarily hospitalized for five days. During his hospitalization, he was diagnosed with alcohol use disorder and adjustment disorder. After undergoing an evaluation with a duly qualified mental health professional in 2025, it was opined that he has a condition that may impair his judgment, reliability, or trustworthiness, and his prognosis is guarded. The cross allegations of SOR ¶¶ 1.c. and 1.g. are established.

The following mitigating conditions are potentially applicable:

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

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

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

AG ¶ 29(d): the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and

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

None of these mitigating conditions are established. During his evaluation, Applicant presented with a psychiatric condition that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information and his prognosis was guarded. It was opined that if he were to abstain from alcohol and seek treatment, his prognosis may improve. However, Applicant has not sought any treatment, and there is no evidence that the condition is under control or in remission or that there is a low probability of recurrence or exacerbation. Applicant's dependence on and abuse of alcohol remain untreated, making it unlikely that he will remain free of behavior that could impair his judgment, reliability, or trustworthiness. His lifestyle choices and situation remain mostly unchanged. Therefore his prognosis remains guarded. Lastly, his adjustment disorder diagnosis indicates that there is a high probability that his alcohol use will increase in times of stress or when mental health symptoms are exacerbated, and there is no evidence that he has acknowledged or addressed either. (GX 7)

### **Whole-Person Analysis**

Under AG ¶ 2(c), the ultimate determination of whether to grant a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. An administrative judge must evaluate an applicant's security eligibility by considering the totality of the applicant's conduct and all the relevant circumstances. An administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

(1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

I have incorporated my comments under Guidelines G and I in my whole-person analysis and applied the adjudicative factors in AG ¶ 2(d). Because Applicant requested a determination on the record without a hearing, I had no opportunity to evaluate his credibility and sincerity based on demeanor. See ISCR Case No. 01-12350 at 3-4 (App. Bd. Jul. 23, 2003). After weighing the disqualifying and mitigating conditions under Guidelines G and I, and evaluating all the evidence in the context of the whole person, I conclude Applicant has not mitigated the security concerns raised by his alcohol consumption and psychological conditions.

### **Formal Findings**

I make the following formal findings on the allegations in the SOR:

Paragraph 1, Guideline G (Alcohol Consumption):      **AGAINST APPLICANT**

    Subparagraphs 1.a. – 1.g.:                                      **Against Applicant**

Paragraph 2, Guideline I (Psychological Conditions): **AGAINST APPLICANT**

    Subparagraph 2.a, cross-alleging 1.c. and 1.g.: **Against Applicant**

    Subparagraph 2.a, cross-alleging 1.a., 1.b.,  
    1.d. – 1.f.:    **For Applicant**

### **Conclusion**

I conclude that it is not clearly consistent with the national security interests of the United States to grant Applicant eligibility for access to classified information. Clearance is denied.

LeRoy F. Foreman  
Administrative Judge