



**DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:)
)
) ISCR Case No. 25-00379
)
Applicant for Security Clearance)

Appearances

For Government:
John Renehan, Esquire, Department Counsel

For Applicant:
Pro se

05/20/2026

Decision

ROSS, Wilford H., Administrative Judge:

Statement of the Case

Applicant submitted his most recent Electronic Questionnaire for Investigations Processing (e-QIP) on March 31, 2023. (Government Exhibit 2.) On June 25, 2025, the Defense Counterintelligence and Security Agency (DCSA) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline I (Psychological Conditions). The action was taken 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) implemented by the Department of Defense on June 8, 2017.

Applicant responded to the SOR (Answer) on July 14, 2025, and requested a hearing before an administrative judge. Department counsel was prepared to proceed on August 29, 2025. The case was assigned to me on September 8, 2025. The Defense Office of Hearings and Appeals (DOHA) issued an original Notice of Hearing on

September 16, 2025, setting the case for November 3, 2025. A second Notice of Hearing was issued on November 18, 2025. I convened the hearing as scheduled on January 12, 2026. The Government offered Government Exhibits 1 through 6, which were admitted without objection. Applicant offered Applicant Exhibits A through T, which were also admitted without objection. Applicant testified on his own behalf and called three additional witnesses. He requested the record remain open for the receipt of additional information. He submitted in a timely fashion Applicant Exhibit U (a more legible and complete copy of Government Exhibit 5, records of D Behavioral Health (DBH)); and Applicant Exhibit V (records from C Psychological Services (CPS)). Both exhibits are admitted without objection. DOHA received the transcript of the hearing (Tr.) on January 23, 2026. The hearing and decision were delayed when all administrative judges were furloughed from October 1 through November 12, 2025, during a Federal government shutdown due to a lapse in Federal funding.

Findings of Fact

Applicant is 24 years old and single. He has both a bachelor's and master's degree in engineering. He has been employed by a defense contractor since approximately April 2024. He is applying for national security eligibility in connection with his employment. (Government Exhibit 2 at Sections 12, 13A, and 17; Applicant Exhibits A, B, and C.)

Paragraph 1 (Guideline I, Psychological Conditions)

The Government alleges in this paragraph that Applicant is ineligible for clearance because he has emotional, mental or personality conditions that can impair judgment, reliability, or trustworthiness.

1.a. Applicant admitted that he was admitted to DBH in March 2020 following an attempt to strangle himself with a telephone cord. He admitted being placed on a voluntary 72-hour-hold for self-harm. He further admitted that the diagnoses at the time included Generalized Anxiety Disorder and Major Depressive Disorder, recurrent, severe, without psychotic features. He was 18 years old at the time of the admission. (Government Exhibit 4.)

The medical records also indicate that Applicant stated he had attempted the same conduct three or four weeks prior. Applicant has consistently denied any other self-harm attempts of the same or a similar nature. He does not remember saying that to any medical professional. (Government Exhibit 4 at 5; Tr. 107.)

Applicant has consistently described this as a singular incident of self-harm that was the result of many factors. For example, he describes it in his Answer at page 1:

The event occurred when I was 18 years old, still in high school, and facing an overwhelming combination of stressors. These included the abrupt onset of the COVID-19 pandemic, college admissions disappointments, and significant personal and relationship turmoil. At the time, I lacked the tools,

emotional maturity, and life experience to effectively process and cope with these challenges. (See Government Exhibit 4; Tr. at 27-28, 97-99.)

At the time of the above incident Applicant had been attending therapy since January 2019 at DBH. He received therapy and medication management from various providers at DBH from 2019 through December 2022. (Applicant Exhibit U; Tr. 40-42.)

Applicant admitted that, while he had not engaged in any similar self-harm conduct since 2020, he used to hit his arm when frustrated. The last time he engaged in this conduct was early 2024, before he began work with his current employer. (Applicant Exhibit U at 106; Tr. 30-31, 107-109.)

In December 2022 he became disappointed with his individual therapist at DBH, who was often unavailable. Accordingly, he decided to move to L Mental Health and Wellness (LMHW). He began therapy there in February 2023, including Dialectical Behavior Therapy as well as medication management. (Applicant Exhibit K.) He worked with a particular therapist there through November 2023, when she left the practice. He was notified of that fact in January 2024. At that time, he was in the last few months of his master's program and was going to move back home to a different city after graduation. He made the decision not to look for another therapist at the time because of his forthcoming move. (Applicant Exhibits K and L; Tr. 42-44, 46.)

1.b. Applicant was evaluated by a psychologist acceptable to the US Government (Dr. S) in March 2024. While the report's statement of Applicant's history generally tracks with the known facts, there are serious lapses that decrease the report's impact, particularly in terms of interpretation. With that proviso, the **Summary and Prognosis** is as follows:

[Applicant] is a 22-year-old, male who presented for a DoDCAF evaluation focused on examining the presence or absence of psychological symptoms that would impair his judgment, reliability, or ability to properly safeguard classified national security information. As a result of the above assessment, it is the undersigned clinician's opinion that [Applicant's] judgment, reliability, and trustworthiness is 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. Based on his chronic pattern of emotion regulation, interpersonal difficulties, poor distress tolerance skills, fixation behaviors, and limited evidence-based psychotherapy, [Applicant] appears to be experiencing high levels of mental health concerns. He has a chronic pattern of passivity suicidality and depression. While it is important to acknowledge that [Applicant's] family of origin may have caused increased distress on his development and

functioning, he is continuing to experience distress related to a variety of areas in his life. It appears he is able to fixate on academic and work-related tasks, but his interpersonal deficits and emotion dysregulation are at significantly high levels likely negatively impacting his functioning. He has a history of diagnoses including Major Depressive Disorder, Generalized Anxiety Disorder, Borderline Personality Disorder, and a rule out for ADHD [Attention Deficit/Hyperactivity Disorder]. Based on his self-report measures, history of symptoms, and record review, it is likely these diagnoses are correct. Of note, given the chronic pattern of his depressive symptoms, he appears to better meet criteria for Persistent Depressive Disorder rather than episodic Depressive Disorder. It is recommended he engage in weekly evidence-based psychotherapy, not just medication management, to learn to identify and manage his chronic symptoms. Furthermore, given his patterns of GI distress, varied neurological concerns, self-harm behaviors, and fixation behaviors, it is recommended [Applicant] engage in . . . a comprehensive psychological evaluation for Autism Spectrum Disorder. Re-evaluation for security clearance is recommended after engagement in these interventions. (Government Exhibit 6 at 4-5.)

Applicant admitted in his Answer that he was evaluated by the Government psychologist but felt that the evaluation, while possibly accurate at the time of the interview, did not accurately depict his current (July 2025) condition. In particular, Applicant believed Dr. S's analysis seemed to suggest that Applicant is basically a passive person who is not attempting to actively engage in therapy in an attempt to improve himself. Evidence in the record more than belies that impression. Applicant is, and has been, an active participant in attempting to resolve his own issues with various providers and medication management. (Tr. 46.)

Applicant stated:

In addition, the conclusions of [Dr. S's] report are inconsistent with multiple subsequent evaluations and objective testing by other providers which did not support diagnoses of either borderline personality disorder or ADHD. Given these subsequent evaluations and clarified diagnostic record, I have concerns about the accuracy and applicability of [Dr. S's] conclusions to my current functioning. (Tr. 101.)

After the above evaluation, Applicant "began reflecting seriously on my long-term mental health strategy." (Answer at 2.) As a result, in April 2024, when he was about to start his current employment, Applicant made the decision to wean himself off the three psychotropic medications he was currently taking so that he could establish a baseline. This was about a month after his interview with Dr. S. As stated earlier, he was not receiving individual therapy at this time but medication management. At that time, he was only working with a weight-loss doctor. He worked with this doctor to wean himself off of his medications in a responsible manner, as confirmed by the medical records from this

doctor. He was able to safely stop all medications in July 2024. (Government Exhibit 3; Tr. 44-55.)

Applicant described the changes in his mental health since safely weaning himself off of most of his medications, “Those results include substantially elevated mood, very rare instances of feeling depressed, occasional feelings of anxiety but not chronic debilitating anxiety. And I have maintained this stability without medication since July of 2024.” (Tr. 55.)

Applicant did not believe the psychological report from Dr. S was accurate. He disagreed with several of the conclusions and diagnoses, particularly that of borderline personality disorder. He contacted the government psychological contractor and requested a referral to one of their evaluators. He had a meeting with that evaluator (Dr. Z) in September 2025 and she prepared a report. (Applicant Exhibit N.) While the report’s statement of Applicant’s history generally tracks with the known facts, there are serious lapses that decrease its impact. The most important one is that the report does not address, or even mention, Applicant’s decision to wean himself off of psychiatric medication in 2024, over a year before this evaluation. Given that he had a long history of taking many prescriptions, at least 21 over the years, such a lack is telling. For example, on page 9 of the report she talks about Applicant’s “reliance on medication.” A proper examination of Applicant would have revealed he had not been taking any medication other than a sleep aid for over a year. Applicant specifically set forth his concern about this lack in his testimony. In addition, she describes Applicant as not being engaged in therapy, when the record that was available to her shows that he had consistently been in therapy with different providers over the years. Finally, the evaluator acknowledges, but does not address, Applicant’s conduct at his job. Since part of the purpose of the evaluation was to determine his current level of functioning, the lack of any discussion of his conduct at the job is also troubling. (Tr. 57-60.)

Taking into account those severe limitations, Dr. Z made the following **Diagnostic Impressions** at pages 7 and 8 of Applicant Exhibit N:

Persistent depressive disorder, Early Onset, in Full Remission (F34.1):

Given [Applicant’s] reported symptoms (e.g., hopelessness, low self-esteem) and the duration of symptoms exceeding two years, he meets criteria for persistent depressive disorder (PDD). The specifier, early onset, is used as he met the criteria for PDD before the age of 21. Currently, [Applicant] denies that he has experienced symptoms of depression since April 2024; thus, the in full remission specifier is used. Results from [testing] also indicate that he is not currently experiencing a depressed episode.

Generalized Anxiety Disorder (F41.1): [Applicant] meets the criteria for generalized anxiety disorder (GAD) as he has experienced anxiety in excess of six months across various aspects of his functioning, including social and academic. He expressed irritability, sleep disturbances, and feeling on edge. . . . An alternative anxiety disorder does not better explain

his symptoms, and from his self-report, his symptoms are not better encapsulated by a depression diagnosis.

The **Summary** on page 9 states, “While his symptoms of depression are low or absent, given his history, he is likely to experience a future depressive episode. His history of self-harm and lack of engagement in therapy, in conjunction with reliance on medication, suggests concerns specifically with his judgment and decision making.”

Applicant responded to the above statement as follows:

My response is it's hard to refute her claim as a medical professional that I'm likely to experience depressive symptoms in the future. I don't deny that. It's possible.

But I will point out that I very proactively monitor my mental health. I am capable of recognizing depressive symptoms very early. And I do engage with therapy. And I had previously engaged with therapy which she had record of which is confusing me as to why she stated that in her report. (Tr. 60.)

In her **Conclusions** on page 10 of Applicant Exhibit N Dr. Z states, “Based on the available data, [Applicant] presents with evidence of behavioral and personality patterns that reasonably could degrade his reliability, trustworthiness, or judgment in the context of protecting classified information and/or working in a cleared setting.” (See Tr. 112-113.)

It is concerning that Dr. Z's report does not address Applicant's conduct at his employer. At the time of the evaluation, he had been working there over a year and the therapist could easily have contacted coworkers and supervisors to determine whether Applicant was functioning properly in that environment. Instead, she makes the blanket finding that he is suffering from “behavioral and personality patterns” that could degrade his ability to safeguard classified information. I also note her lack of any discussion of the youth of Applicant and the impact that can have on her evaluation. For the reasons stated above, I reject her findings as unsupported by the available evidence.

It should be noted that this evaluation was independently obtained by Applicant. He was under no obligation to submit it to the Government.

Two of Dr. Z's recommendations were that Applicant begin work with a single provider to help with individual therapy, and that he undergo testing to determine whether he was suffering from ADHD. Applicant followed both of those recommendations.

Applicant's current therapist [Ms. H], a licensed clinical social worker [LCSW] who has been in practice since 1993, submitted a letter dated January 2, 2026. (Applicant Exhibit T.) This report is dated ten days before the hearing in this case. In pertinent part her letter states:

I met with [Applicant] for four sessions, and he was referred to me after his therapist left for another job. [See Applicant Exhibits O and P.] He had been seeing her regularly starting October 10, 2025, and he plans on continuing to come to therapy. [That date is one month after his interview with Dr. Z.] I have reviewed the evaluations completed by other professionals and have evaluated their testing results with [Applicant].

I have addressed the multiple medication changes and the multiple mental health diagnosis that these providers have made. [Applicant] has seen multiple providers throughout the years and has been prescribed multiple medications. **Some created negative symptoms or did not decrease his depressive symptoms.** . . . (Emphasis supplied.)

I have diagnosed him with Major Depressive Disorder (F33.1); recurrent severity is moderate. Currently, [Applicant] reports that he hasn't experienced a depressive episode in over 18 months and reports that his moods are stable. [Applicant] has also been diagnosed with autism spectrum disorder (299.00) by another provider. The testing that was administered supports this diagnosis. [Applicant] is a high functioning male diagnosed with Autism. He communicates appropriately and engages in eye contact. He is emotionally stable in his relationships, and his communication is appropriate in tone and content.

Based on the results of my evaluation of [Applicant] he does not meet criteria for borderline personality disorder (BPD). He does not engage in many of the behaviors which are consistent with this diagnosis. Some of the behaviors are black and white thinking, self-harm, suicidal gestures, emotional dysregulation.

Based on the results of my evaluation [Applicant] does not meet the criteria for either BPD or ADD [Attention Deficit Disorder]. (Emphasis supplied.)

Coincidental with the therapy discussed above, Applicant received testing from CPS. Based on his testing the following **Conclusion and Clinical Impressions** were made in a report dated December 12, 2025:

The patient's [Applicant's] symptoms are consistent with **Autism Spectrum Disorder, Level 1, without intellectual or language impairment (F84.0)**, based on longstanding social-communication differences, concrete and literal cognitive style, preference for structure and predictability, restricted and idiosyncratic interests, difficulty navigating ambiguity, reduced emotional awareness, and vulnerability to sensory and cognitive overwhelm. . . . His history of mental health distress may, in part, be accounted for by neurodevelopmental vulnerabilities. Current mental health

assessment identified no clinically significant elevations across mood, psychotic, personality and self-harm scales. (Emphasis in original.) (Applicant Exhibit R at 6; Applicant Exhibit S; Tr. 31, 99-101.)

Based on the current diagnoses Applicant is receiving regular dialectical therapy from his current therapist. He also sees his psychiatrist regularly, who finds Applicant stable from a medication standpoint. (Applicant Exhibits P and T; Tr. 33, 61, 100.)

Witnesses and Additional Evidence

Applicant's current supervisor testified on his behalf. His extremely laudatory testimony is found at pages 62-79 of the transcript. He has been Applicant's team lead for a year and has known him for a year and a half. The witness is aware of Applicant's mental health issues and has seen no concerning signs over the time he has worked with Applicant. (Tr. 74-75, 77-78.)

In terms of Applicant's performance, the witness stated:

So I would describe [Applicant] as my workhorse. He - - out of everybody I've had the pleasure of working with, at least on this team and since coming to [Applicant's employer], he is able to accomplish more work in a shorter period of time than anyone else that I've worked with. The quality of the work that he puts forth is incredibly high.

So I end up relying on him frequently for more complex tasks that require a high degree of detail orientedness I will say. So that is primarily what he does. He also frequently runs meetings for us. (Tr. 67-68; Applicant Exhibit M at 28.)

Applicant's assignment manager (Applicant Exhibit E) and functional manager (Applicant Exhibit D) submitted laudatory letters on his behalf. They both speak about his successes on the job, stating that he consistently meets or exceeds expectations. They both recommend him for a security clearance. It is noted that the functional manager specifically stated that he knows Applicant's mental health background. (See also Applicant Exhibits F and M; Tr. 104.)

Other letters were supplied by one of Applicant's professors who worked with him for Applicant's entire college career (Applicant Exhibit G), and a high school robotics coach who has known Applicant for ten years in a variety of roles in robotics activities (Applicant Exhibit H). They find him to be a person of integrity, stability, reliability, and trustworthiness. (Tr. 101-104.)

A friend of Applicant's for over ten years also testified. He was a friend of Applicant's at the time of the hospitalization and testified about the positive changes he has seen in Applicant since that time, particularly regarding his stability and the ability to handle stress. The witness also spoke "about a time in high school where I confided some

suicidality to him [Applicant]. And he [Applicant] contacted [a crisis hotline] for me.” (Tr. 79-86.)

Applicant’s father also testified. He has been intimately involved with his son’s care. His testimony described the difficulties Applicant had in getting consistent care after the 2020 hospitalization. He also described Applicant’s current stability. (Tr. 87-96.)

Applicant submitted medical literature concerning a connection between low Vitamin D levels and depressive symptoms. He also submitted personal laboratory results showing how he has taken Vitamin D supplements that have raised his levels and may have an impact on his depressive symptoms. (Applicant Exhibits I and J; Tr. 103.)

Policies

When evaluating an applicant’s national security eligibility for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines (AG) list potentially disqualifying conditions and mitigating conditions, which are to be used in evaluating an applicant’s national security eligibility.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in AG ¶ 2 describing the adjudicative process. The administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. The entire process is a conscientious scrutiny of applicable guidelines in the context 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, “Any doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security.” In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. I have not drawn inferences based on mere speculation or conjecture.

Directive ¶ E3.1.14, requires the Government to 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, and has the ultimate burden of persuasion as to obtaining a favorable clearance 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 national

security eligibility. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified or sensitive information. Finally, as emphasized in Section 7 of Executive Order 10865, "Any determination under this order adverse to an applicant shall be a determination in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." See *also* Executive Order 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information.)

Analysis

Paragraph 1 (Guideline I, Psychological Conditions)

The security concern relating to the guideline 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.

The guideline at AG ¶ 28 contains five conditions that could raise a security concern and may be disqualifying. Three conditions are established 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.

The guideline at AG ¶ 29 contains five conditions that could mitigate security concerns:

(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.

In Applicant's response to allegation 1.a in his Answer, but applicable to the case as a whole, he states the following:

Since then [March 2020], I have grown significantly both personally and professionally. I received regular psychiatric care and counseling for several years, developed healthy coping strategies, and built a strong support network. Most importantly, I have not engaged in any form of self-harm or suicidal behavior since that time.

Over the past several years, I have demonstrated consistent emotional stability, judgment, and responsibility. I successfully completed both a Bachelor's degree in Electrical Engineering and a Master's degree in Computer Engineering in four years, and I currently work full-time with a defense contractor, where I maintain a record of professionalism and integrity. I am confident in my ability to manage stress and mental health challenges appropriately and proactively.

Applicant is an intelligent and eloquent young man, being just 24 years old. His written submissions are voluminous, organized and extremely worthwhile. He freely admits that he had mental health conditions from about 2019 to early 2024 that could have affected his reliability, primarily pervasive depression and anxiety.

However, and much more important, starting with his graduation from college in early 2024 and beginning work, his mental health has strongly improved. Applicant, his father, his friend and two of his managers provided evidence that shows his current and ongoing stability on and off the job.

I briefly turn to Dr. S's diagnosis of borderline personality disorder. That diagnosis is not repeated by any of the other evaluators in this case. As discussed earlier, the report is seriously flawed. The contemporaneous report of Ms. H, Applicant's current therapist, discounts such a diagnosis. It is, frankly, inconsistent with the facts of this case.

Applicant provided voluminous evidence, testimonial and documentary, showing that the two evaluations by government approved evaluators were flawed. The more recent report by his current therapist, whose report was written virtually simultaneously with the hearing, reports Applicant to be stable, that he is making progress on his treatment plan, and that his conditions (primarily depression and anxiety) are under control. Finally, and most importantly, clear and convincing evidence was produced to show that there is no indication of a current problem. Applicant, showing maturity far beyond his years, showed that he is knowledgeable of his emotional situation, that he has taken control of it, and that there is little to no chance of a recurrence of major depressive symptoms. All of the mitigating conditions clearly apply. Guideline I is found for Applicant.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for national security eligibility 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 national security eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept.

Applicant's testimony was extensive, coherent, honest, and searching. His documentary evidence was also extensive, well organized, and concentrated on the issues in the case. Applicant set out nine theses in his opening statement that he believed his expected testimony and the documentary evidence would support. (Tr. 11-14.) In his closing testimony, he described how his testimony, that of his witnesses, and the developed record supported his nine theses. (Tr. 97-105.) I agree that he has proved all of his theses, and the findings set forth in this decision more than validate them. He is eminently suitable for national security eligibility and a security clearance.

I considered the potentially disqualifying and mitigating conditions in light of all pertinent facts and circumstances surrounding this case. Viewing the evidence as a whole, Applicant has mitigated the security concerns of his psychological conditions.

Formal Findings

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

Paragraph 1, Guideline I: FOR APPLICANT

Subparagraphs 1.a and 1.b: For Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, it is clearly consistent with the national interest to grant or continue Applicant's national security eligibility for a security clearance. Eligibility for access to classified information is granted.

WILFORD H. ROSS
Administrative Judge