



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



In the matter of:)
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Applicant for Security Clearance)
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ISCR Case No. 25-00731

Appearances

For Government:
Karen A. Moreno-Sayles, Esq. Department Counsel

For Applicant:
Pro se

06/04/2026

Decision

CEFOLA, Richard A. Administrative Judge:

Applicant mitigated the security concerns under Guideline G (Alcohol Consumption). Applicant did not mitigate the security concerns under Guideline I (Psychological Conditions) and Guideline E (Personal Conduct). Eligibility for access to classified information is denied.

Statement of the Case

Applicant submitted a Questionnaire for National Security Positions on January 4, 2023 (Questionnaire). On September 26, 2025, the Defense Counterintelligence and Security Agency (DCSA) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline H (Personal Conduct) and Guideline I (Psychological Conditions). The action was taken under Executive Order 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) effective within DoD after June 8, 2017.

On October 23, 2025, Applicant responded to the SOR in writing (Answer) and requested that the case be decided on the written record in lieu of a hearing. In his Answer, Applicant admitted to all allegations.

On February 6, 2026, Department Counsel submitted the Government's written case in a File of Relevant Material (FORM). Therein, Department Counsel amended the SOR by adding the italicized language to ¶ 1.a and adding ¶¶ 1.d – 1.h:

1.a. In about November 2018, you received inpatient treatment at Landstuhl Regional Medical Center in Germany for suicidal and homicidal ideations. *You were diagnosed with alcohol dependence, uncomplicated; PTSD, chronic; unspecified mood (affective) disorder, and suicidal ideation. During discharge, you experienced a dissociative episode during which you assaulted a non-commissioned officer from your command who was there to pick you up from the hospital, resulting in re-hospitalization and an Article 15.*

1.d. *In or around April 2020, you experienced suicidal ideations over a one-month period and had a positive screening for depression.*

1.e. *In May 2020, you had a positive screening for suicide, depression, PTSD, and alcohol abuse.*

1.f. *In November 2020, you reported 'uncontrolled symptoms of PTSD' yet you remained 'disinterested' in therapy.*

1.g. *In April 2021, you experienced severe symptoms of depression.*

1.h. *In November 2023, you experienced increasing symptoms of depression and anxiety and active PTSD symptoms.*

In the same FORM, Department Counsel also added Guideline G (Alcohol Consumption) allegations to the SOR at ¶¶ 3.a – 3.b:

3.a. *In November 2018, you were diagnosed with alcohol dependence, uncomplicated, as set forth in paragraph 1.a.*

3.b. *You continued to consume alcohol after your alcohol dependence diagnosis until at least around March 2025, despite medical advice to abstain from alcohol consumption.*

A complete copy of the FORM, consisting of Government Exhibits (GE) 1 to 13 and the Government's arguments in support of the SOR, was received by the Applicant on March 4, 2026. He was afforded an opportunity to file objections and submit material to refute, extenuate, or mitigate the security concerns, but he did not respond within the specified 30-day period. As Applicant did not reply to the FORM, his silence with regard to the amended allegations is viewed as a denial of them. The case was assigned to me on May 18, 2026, and all exhibits were admitted without objection.

Findings of Fact

Applicant is 51 years old and self-employed, selling hunting, camping, and sport shooting equipment. He is sponsored for a security clearance by a defense contractor where he hopes to work as an interpreter. He served in the U.S. Army from 1998 – 2020, where his Military Occupational Specialty (MOS) was 11B (Infantry). Applicant had three combat deployments (2004, 2010, and 2012-2013). He was injured during his last deployment, received a Purple Heart medal, and was medically retired with an honorable discharge as a sergeant (E-5). Applicant completed the Questionnaire in connection with his desired employment and previously held a secret clearance while serving in the Army. Applicant was married from 2002 – 2021 and has one child. (GE 3 at 5, 17, 19-20; GE 4 at 2-4; GE 5 at 1, 4; GE 6 at 1, 6-7, 11; GE 7 at 11; GE 9 at 216, 1017, 1046)

SOR Paragraph 1, Guideline I (Psychological Conditions)

The Government alleged that Applicant is ineligible for a security clearance due to certain emotional, mental, or personality conditions. I find the following facts regarding this allegation (the SOR ¶ 1.c facts were shifted for chronological continuity):

1.a. Suicidal/Homicidal Ideations and Assault (November 2018): On November 13, 2018, Applicant called his Army unit and reported that he wanted to kill himself and his wife. That same day he was involuntarily admitted to an Army hospital where he received inpatient psychiatric care. When he was released on November 21, 2018, his command sent a Sergeant First Class (SFC) to pick him up, but almost immediately upon seeing the SFC, Applicant cursed at him and struck him in the face three times. Another soldier tackled Applicant to the ground and helped restrain him until more help arrived. Later, Applicant averred to having no recollection of assaulting the SFC, stating that he blacked out and when he came to, he was pinned on the ground by four soldiers. Applicant was arrested, then was ultimately re-admitted to the hospital on November 21, 2018. Applicant told medical personnel that he did not want to live anymore and related a plan to either hang himself with a USB computer cable or try to overpower a military police officer to grab his weapon and then shoot himself.

Applicant remained in the hospital until November 29, 2018, whereupon he was released with a diagnosis of suicidal ideation (SI). Upon returning to the command, he was punished for the assault at an Article 15 hearing, where he was reduced to paygrade E-5, received 45 days of extra duty, and forfeited one-half month's pay for two months.

Applicant denied having ever been hospitalized for a mental health condition in his Questionnaire response but admitted to the SOR allegation as drafted in his Answer, excepting the term “homicidal.” (Answer; GE 3 at 39; GE 4 at 3-4; GE 5 at 2; GE 6 at 2; GE 7 at 17-18; GE 10 at 27, 32-33, 36, 38, 40)

1.b. Depression, PTSD, and Suicidal Ideations (April – May 2019): While stationed in Germany, Applicant attempted suicide by trying to hang himself with a dog leash, but someone intervened and cut him down. He was subsequently sent back to the United States and was admitted for inpatient mental health care, under close observation, from April 19 – May 20, 2019. His diagnoses on admission were PTSD; major depressive disorder; SI; and traumatic brain injury (TBI). On discharge, his diagnoses were the same and his prognosis was considered fair “if he is compliant with the treatment and recommendations,” including psychotherapy, case management, medication visits, and working on his trauma issues. The medical record also noted a previous psychiatric hospitalization at a nearby Army hospital on April 5, 2019. Applicant denied having ever been hospitalized for a mental health condition in his Questionnaire response but admitted to the SOR allegation as drafted in his Answer. (GE 4 at 4; GE 5 at 6; GE 8 at 1-4, 9, 11; GE 9 at 878, 1017)

1.d. Suicidal Ideations (April 2020): In March 2020, Applicant began to receive healthcare from a local Veteran’s Administration (VA) hospital. During a mental health diagnostic review on March 26, 2020, he reported no SI in the past month. During a similar assessment on April 2, 2020, however, he reported emotions of not wanting to wake up some mornings – but denied having actual thoughts of killing himself. His case was reviewed by a consulting mental healthcare provider and it was agreed Applicant was “NOT currently experiencing a medical and/or mental health crisis.” He was evaluated with a Suicide Screening Score of “1” (positive screen for suicide risk) and a Depression Screening Score of “4” (positive screen on the Depression Scale). Applicant was provided with an expansive safety plan and released. A course of care for the future was discussed, including a follow-up mental health appointment for May 29, 2020. (GE 9 at 1031, 1033, 1035-1038, 1040, 1045, 1047, 1051, 1059)

1.e. Depression, PTSD, Suicidal Ideations, and Alcohol (May 2020): During his follow-up appointment on May 29, 2020, Applicant again indicated that several days over the preceding two weeks, he had felt down and thought he would be better off dead – but indicated he did not have any actual thoughts of killing himself. He was therefore again evaluated with a Suicide Screening Score of “1” and Depression Screening Score of “4”. He was also evaluated with a PTSD Screening Score of “5” (positive screen for PTSD) and noted to have a previous TBI diagnosis. An AUDIT-C Alcohol Screening was also performed, resulting in a “positive” score of “6”.

Regarding PTSD, depression, and SI, the mental healthcare provider noted that Applicant was receiving the appropriate care and follow-up appointments were scheduled. Regarding the alcohol, Applicant was advised to drink within safe limits (two per day average and no more than 14 drinks per week), given the relationship of alcohol

to his health issues: specifically, heart disease, depression, and anxiety. DSM-5 diagnoses of PTSD and Depression were identified. A suicide safety plan was again reviewed with Applicant. (GE 9 at 1004-1015, 1018, 1025)

1.f. PTSD (November 2020): On November 18, 2020, Applicant attended a regularly scheduled follow-up appointment for mental health care at the VA where he reported “stable but uncontrolled symptoms of PTSD.” The doctor, however, assessed Applicant as having “stable, partially controlled symptoms of PTSD.” He also noted that Applicant “appears disinterested (in therapy) though agrees to engage if needed. Denies any safety concerns at this time and denies perceptual disturbances.” He then went over a treatment plan with Applicant, to include medication for recurring headaches, and scheduled future appointments. (GE 9 at 838-840)

1.g. Depression (April 2021): On April 19, 2021, Applicant saw a VA nurse for an annual checkup. In addition to standard health screening questions, Depression Monitoring questions were asked. Applicant reported having low energy, little interest or pleasure doing things most days, and feeling down, depressed, or hopeless more than half the days. He also indicated, however, that he did not have thoughts about hurting himself or that he would be better off dead. Applicant’s Depression Screening Score was “18.” He was advised to follow up with mental health. During his next health assessment with a VA doctor on July 30, 2021, the report made no mention of depression and determined his PTSD to be chronic, but clinically stable. (GE 9 at 535, 595, 602-603)

1.h. Depression, Anxiety, and PTSD (November 2023): On November 6, 2023, Applicant left a voicemail with the VA asking for medication and possible therapy to assist with PTSD and depression. Applicant was contacted and came in to see a mental health care provider on November 8, 2023. Applicant reported having low energy, little interest or pleasure doing things most days, and feeling down, depressed, or hopeless more than half the days. He also indicated, however, that he did not have thoughts about hurting himself. His Depression Screening Score was “11.” He declined the need for psychotherapy at the time but requested an adjustment to his medications. The provider concurred and his medications were adjusted. During a subsequent follow-up on November 22, 2023, Applicant reported he was doing better with the medication adjustment and that, while he experienced good days and bad days, he was stable as to PTSD and depression. On April 11, 2024, the treating doctor wrote: “(Applicant) was released from mental health as he has been stable and doing well on medications” (GE 9 at 153, 214, 227, 232-234, 236)

1.c. Psychological Evaluation (March 2025): On March 14, 2025, Applicant met with a DoD-appointed psychologist for a psychological evaluation. The doctor reviewed Applicant’s medical records, administered a Personality Assessment Inventory (PAI), and conducted a lengthy interview. In his eight-page report, the doctor provided several examples of Applicant having provided contradictory information from what was contained in the medical records, including some versions of the facts that were wholly implausible. Applicant, for example, denied any mental health hospitalizations. The doctor concluded

that the records show “a lack of candor and misleading statements that suggest a troubling pattern of dishonesty.” The doctor discussed Applicant’s mental health history, to include SI, depression, and PTSD. The doctor, however, had difficulty arriving at a present diagnostic impression due to Applicant’s “lack of clarity, forthrightness, and dishonesty in his communication.” Ultimately, he opined that he was “not confident in (Applicant’s) judgment, reliability, trustworthiness, or his ability to safeguard sensitive information.” As such, his prognosis was “guarded.” Applicant admitted to the SOR allegation as drafted in his Answer. (GE 5 at 5, 8)

SOR Paragraph 2, Guideline E (Personal Conduct)

The Government alleged that Applicant is ineligible for a security clearance because he had engaged in conduct that involved questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations. I find the following facts regarding this allegation:

2.a. False Statement ONE in Questionnaire: On January 4, 2023, Applicant submitted his Questionnaire wherein he answered, “No,” to the question, “Have you EVER been hospitalized for a mental health condition?” As noted above, he was hospitalized for mental health issues from November 12 – 29, 2018; on April 5, 2019; and again, from April 19 – May 20, 2019. When questioned about the issue by the DoD investigator on October 24, 2023, he acknowledged the hospitalizations and provided details. He was unable, however, to explain why he did not list the treatment in his Questionnaire. In his Answer, Applicant admitted to the allegation as drafted, but suggested he misread / misunderstood the questions. He further noted that he cooperated fully with the investigators by providing full access to his medical records from the military and the VA. (Answer; GE 3 at 39; GE 4 at 4)

2b. False Statement TWO in Questionnaire: On January 4, 2023, Applicant submitted his Questionnaire wherein he answered, “No,” to the question, “Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?” While stationed in Germany, however, Applicant became concerned that he was drinking too much with fellow soldiers – particularly after deployments. He denied that the alcohol had any negative effect on his work, relationships, finances, or health; but in November 2013, he voluntarily attended alcohol counseling with the Army Substance Abuse Program (ASAP). He subsequently reduced his drinking and reported having not been intoxicated since that time.

In his Answer, Applicant admitted to the allegation as drafted. When questioned about the issue by the DoD investigator on October 24, 2023, he provided the information about his counseling. He stated that he omitted reference to the counseling in his Questionnaire because he considered it to be more of an orientation class that was preventative and informative in nature. He also attended the training to encourage younger soldiers to use the service. (GE 3 at 41; GE 4 at 5; GE 5 at 4-5)

2c. False Statements to DoD psychologist: SOR ¶ 1.c analysis above pertains.

SOR Paragraph 3, Guideline G (Alcohol Consumption)

The Government alleged that Applicant is ineligible for a security clearance because of excessive alcohol consumption. Based upon the evidence presented in the administrative record, I find the following facts regarding the history and status of Applicant's alcohol consumption:

3.a. November 2018 diagnosis of "alcohol dependence, uncomplicated": On November 13, 2018, when Applicant checked into a military hospital, the "AutoCite" feature of the electronic form listed previously-noted "problems" from his military medical history. These included issues ranging from, "alcohol dependence, uncomplicated," to "bulging intervertebral disc." None of the items from the "problems" list, however, were diagnosed during that November 2018 admission and none of his counseling during that timeframe was related to alcohol. His sole diagnosis was "suicidal ideation." The initial "alcohol dependence" diagnosis from his medical record dated back to August 12, 2015; there is no evidence in the record as to whether he was still experiencing that issue in November 2018. (GE 4 at 4-5; GE 5 at 5; GE 6 at 20; GE 7 at 15-18; GE 9 at 1020)

3.b. Continued alcohol consumption despite medical advice to abstain: The medical advice Applicant has received on alcohol use has varied. On May 29, 2020, as discussed above, he was advised "to drink within safe limits, which are no more than two drinks per day on average and no more than four drinks on any one day AND no more than 14 drinks per week." On July 14, 2020, he was advised to "consume alcohol in safe limits" while in the same report "advised against alcohol use due to his rythmia (sic) history." On September 23, 2020, the doctor noted, "we discussed alcohol abstinence and his medication profile and how it should not be mixed with (alcohol)... especially since he combines with gabapentin." On October 24, 2024, Applicant's Alcohol Screen Score was "1" (negative) and as of March 3, 2025, Applicant listed his alcohol use as "none." (GE 9 at 44, 133, 926, 930, 974, 1009; GE 13)

Whole Person and Mitigating Evidence

Applicant submitted comments in his responses to interrogatories that discussed the depression and PTSD he has struggled with following three combat tours. He discussed the difficulties he faced getting mental health care while on active duty due to the operational tempo of his unit, but noted he is regularly attending VA counselling now. He also takes medication daily and regularly keeps his behavioral health appointments. (GE 7 at 5, 9-11, 19, 26-27)

Policies

When evaluating an applicant's suitability for national security eligibility, 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

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.

The facts of this case establish the following potentially disqualifying conditions set forth in 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;

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

(c) voluntary or involuntary inpatient hospitalizations; and

(d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counselling sessions.

SOR ¶¶ 1.a and 1.b allege suicidal behaviors followed by inpatient hospitalizations, and the record contains evidence in support. The added amendments to SOR ¶¶ 1.a, assert that in November 2018 Applicant was *diagnosed* with alcohol dependence, uncomplicated; PTSD, chronic; and unspecified mood (affective) disorder – in addition to SI. This list of “problems” automatically pre-populated on the electronic form by “AutoCite” does not recite actual diagnoses made in November 2018; however, Guideline I notes that a formal diagnosis of a disorder is not required for there to be a concern. Therefore, diagnoses or not, AG ¶¶ 28 (a) and (c) pertain. This holds true for SOR amendments ¶¶ 1.d, 1.e, 1.g, and 1.h. Additionally, SOR ¶ 1.c references an opinion by a duly qualified mental health professional questioning Applicant's judgment, reliability, and trustworthiness. Therefore AG ¶¶ 28 (b) pertains as well.

SOR ¶ 1.f, however, claims Applicant was “disinterested” in therapy, which could potentially trigger AG ¶ 28 (d). But that allegation parses the doctor's full quote in the record, which is referenced above: “(Applicant) appears disinterested (in therapy) though

agrees to engage if needed.” Agreeing to do something one does not wish to do is hardly the same as the abject failure to follow a prescribed treatment. SOR ¶ 1.f is found for Applicant. As to the rest of the allegations, the burden shifts to Applicant to mitigate the remaining security concerns under Guideline I.

The guideline includes the following conditions in AG ¶ 29 that could potentially mitigate security concerns arising from Applicant’s psychological conditions:

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

(b) the individual has voluntarily entered a counseling or treatment program for a condition that is amendable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional.

Regarding Applicant’s suicide attempts and inpatient hospitalizations in 2018 and 2019, his ongoing treatment with VA healthcare providers since 2020 has proven greatly beneficial. As noted above, while depression and PTSD remain ongoing issues, SI has not been listed as an “active problem” during the five-year course of his VA care. Moreover, as of April 2024, he was released from mental health because he was stable and doing well. AG ¶¶ 29(a) and 29(b) apply. SOR ¶¶ 1.a and 1.b are found for Applicant.

As to the amended SOR allegations – including those made to SOR ¶1.a – each refers to PTSD and depression as *per se* Guideline I concerns without evidence that the conditions, either generally or specifically in this case, impair judgment, reliability, or trustworthiness. But even assuming, *arguendo*, that depression and PTSD are construed to be issues or concerns under Guideline I, after the November 2023 adjustment to his medications, both of those conditions were stable and under control. This is also true as it pertains to the SOR amendment references to suicide and suicidal ideations, as discussed above in SOR ¶¶ 1.a and 1.b. SOR ¶¶ 1.d, 1.e, 1.f, 1.g, and 1.h are therefore found for Applicant (as well as the amended language to SOR ¶1.a).

AG ¶¶ 29(a) and 29(b) cannot apply to SOR ¶ 1.c, however. Technically the opinion of the mental health professional provided by the Government (GE 5) does not identify an actual condition that may impair judgment, stability, reliability or trustworthiness. Indeed, the doctor even noted “any diagnosis for (Applicant) would be dubious at best...” The reason for this lack of specificity, however, stems from Applicant’s lack of credibility, inconsistency in self-reporting with other providers, lack of clarity, forthrightness, and dishonesty. Applicant cannot claim a benefit from his lack of candor and unwillingness to fully cooperate with the evaluation. And failure to cooperate with a DoD-appointed psychologist during an evaluation may indicate poor judgment. See ISCR 18-02085 at 6 (App. Bd. Jan. 3, 2020). SOR ¶ 1.c is found against Applicant.

SOR Paragraph 2 (Guideline E, Personal Conduct)

The security concerns relating to the guideline for personal conduct are set out in AG ¶ 15, which states:

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 investigative or adjudicative processes.

The facts of this case establish the following potentially disqualifying conditions set forth in AG ¶ 16:

(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; and

(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.

Applicant admitted to falsifying information to the DoD in his answers to the Questionnaire but qualified his answer to SOR ¶ 2.a by claiming he misread the questions. He made no other such qualifications in his admissions to SOR ¶¶ 2.b and 2.c. As such, AG ¶¶ 16 (a) and (b) apply. The burden then shifts to Applicant to mitigate security concerns under Guideline E.

The guideline includes the following conditions in AG ¶ 17 that could potentially mitigate security concerns arising from Applicant's personal conduct:

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

(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.

Applicant's assertion that he misunderstood the question "Have you EVER been hospitalized for a mental health condition?" is difficult to reconcile given the fact that he was hospitalized for psychiatric issues three times – twice for extended periods. In addition, he received frequent and recurring mental health care for years after those periods, both while on active duty and also through the VA. Also, after answering, "No," on the Questionnaire, he went on to explain the hospitalizations to a DoD investigator several months later. But when asked the same question by the DoD-appointed mental health professional, he again denied any such hospitalizations.

As the Appeal Board has noted, "a person holding a security clearance has a duty to fully disclose conduct of security concern." ISCR 24-00278 at 3 (App. Bd. Jan. 14, 2026). Moreover, a falsification of a security questionnaire constitutes misconduct that casts serious doubt on an applicant's judgment, reliability, or trustworthiness. ISCR 22-00657 at 4 (App. Bd. Apr. 18, 2023). The Appeal Board has further noted that multiple omissions undercut any argument that an applicant's failure to disclose required information was the result of mistake, oversight, or lack of recall. ISCR 21-02729 at 3 (App. Bd. Feb. 15, 2023). Having examined the omissions in light of the record as a whole, AG ¶¶ 17 (a) and (c) do not apply. SOR ¶ 2.a is found against Applicant.

Regarding Applicant's denial of having ever voluntarily sought alcohol counselling, Applicant stated he considered the 2013 ASAP classes to be "preventative and informal in nature" and more akin to "an orientation type of counseling." Given that Applicant attended the course a decade ago, ascribing an intent to deceive to SOR ¶ 2.b is more tenuous. To this end, the Government has not provided the required substantial evidence to show this omission was deliberate. ISCR 07-16511 at 3 (App. Bd. Dec. 4, 2009). AG ¶ 17 (c) applies and SOR ¶ 2.b is found for Applicant.

Lastly, as to Applicant's statements to the DoD-appointed mental health professional, the discussion regarding SOR ¶ 1.c above pertains. Applicant's meeting with the doctor was laden with inaccuracies and falsehoods and Applicant admitted to the allegation as drafted. AG ¶¶ 17 (a) and (c) do not apply. SOR ¶ 2.c is found against Applicant.

SOR Paragraph 3, Guideline G (Alcohol Consumption)

The security concerns relating to the guideline for alcohol consumption are set out in AG ¶ 21, which reads as follows:

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 alcohol consumption guideline notes several conditions that could raise security concerns under AG ¶ 22. The following are potentially applicable:

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

(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

(e) failure to follow treatment advice once diagnosed.

Though Applicant felt in 2013 he was drinking too much, the Government has not provided evidence of habitual or binge consumption to the point of impaired judgment. Likewise, the Government has not shown Applicant to have ever been diagnosed with alcohol use disorder. As discussed above, during the course of his November 2018 hospital admission there is a passing reference to a previously-noted problem of “alcohol dependence, uncomplicated,” but this was not diagnosed as an issue at that time. A careful review of the VA medical records shows instead it dates back to at least 2015.

Assuming, *arguendo*, the issue fit the Guideline G criteria, the Government has provided no evidence that the issue (1) was extant in 2018 or (2) that “alcohol dependence, uncomplicated” equates to the “alcohol use disorder” articulated in Guideline G. The DSM-V excerpt provided by the Government notes that “Alcohol use disorder is defined by a cluster of behavioral and physical symptoms, which can include withdrawal, tolerance, and craving.” (GE 13 at 3). The Government has neither alleged nor provided evidence of what symptoms the Appellant has experienced which might meet these criteria.

Once again, assuming *arguendo* that the Applicant received a diagnosis of alcohol use disorder sometime in his life, the Government has failed to provide evidence that, as a result of the diagnosis, Applicant was provided a specific course or treatment that he did not follow. As discussed above, the mixed advice Applicant has received about alcohol consumption has been directly related to his myriad health issues – not aftercare following an alcohol use disorder course of treatment. AG ¶¶ 22 (d) and (e) do not apply.

But even if they were somehow thought to pertain, they are wholly mitigated by the applicable conditions in AG ¶ 23 that could potentially mitigate security concerns arising from Applicant’s alcohol consumption:

(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; and

(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.

None of Applicant's medical records – in particular the 1,085 pages of VA records from 2020 – 2025 – reveal any diagnosis of any version of an alcohol use disorder. And as of March 3, 2025, Applicant listed his alcohol use as “none.” Applicant has demonstrated a clear and established pattern of modified consumption or abstinence. SOR ¶¶ 3.a and 3.b are found for Applicant. This analysis likewise applies to the SOR ¶ 1.e reference to a “positive screening for...alcohol abuse” in May 2020.

Whole-Person Concept

Applying 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. I considered the above whole-person factors and the potentially disqualifying and mitigating conditions in light of all pertinent facts and circumstances surrounding this case. I have given the appropriate weight to Applicant's statements included in his responses to interrogatories, and his Answer. I have also considered Applicant's considerable military service and the profound sacrifice he has made for his country. Overall, however, the Guideline E and I issues in the record evidence leave me with questions and doubts as to Applicant's suitability for national security eligibility and a security clearance.

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:	AGAINST APPLICANT
Subparagraphs 1.a – 1.b:	For Applicant

Subparagraph 1.c:	Against Applicant
Subparagraphs 1.d – 1.h:	For Applicant
Paragraph 2, Guideline E:	AGAINST APPLICANT
Subparagraph 2.a:	Against Applicant
Subparagraph 2.b:	For Applicant
Subparagraph 2.c:	Against Applicant
Paragraph 3, Guideline G:	FOR APPLICANT
Subparagraphs 3.a – 3.b:	For Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, I conclude that it is not clearly consistent with the interests of national security to grant Applicant's eligibility for a security clearance. Eligibility for access to classified information is denied.

RICHARD A. CEFOLA
Administrative Judge