



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



In the matter of:)	
)	
)	ISCR Case No. 25-00844
)	
Applicant for Security Clearance)	
)	

Appearances

For Government: Karen Moreno-Sayles, Esq., Department Counsel
For Applicant: *Pro se*

05/08/2026

Decision

FOREMAN, LeRoy F., Administrative Judge:

This case involves security concerns raised under Guidelines I (Psychological Conditions), G (Alcohol Consumption), H (Drug Involvement and Substance Misuse), and E (Personal Conduct). 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 October 7, 2022. On December 4, 2025, the Defense Counterintelligence and Security Agency Adjudication and Vetting Services (DCSA AVS) sent her a Statement of Reasons (SOR) alleging security concerns under Guidelines I, G, H, and E. 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.

On December 17, 2025, Applicant responded to the SOR in writing (Answer) and requested a decision on the written record in lieu of a hearing. On January 20, 2026, Department Counsel submitted the Government's written case in a file of relevant material (FORM).¹ A complete copy of the 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. She received the FORM on February 10, 2026, and did not respond. The case was assigned to me on April 14, 2026.

Findings of Fact

In her Answer, Applicant admitted the allegations under Guideline I detailed in SOR ¶¶ 1.a. – 1.c. and 1.e. – 1.g.. She admitted the allegation in SOR ¶ 1.d., but for the alcohol use disorder diagnosis, which she denied. She admitted the allegation in SOR ¶ 1.h., but not the concerns relating to her impaired judgment, lack of candor, and trustworthiness, which she denied. (GE 1)

Applicant admitted the allegation under Guideline G detailed in SOR ¶ 2.a.. She admitted the allegation in SOR ¶ 2.c. that she continues to consume alcohol, but denied her diagnosis and treatment for alcohol use disorder (AUD), as alleged. She denied the cross-allegation in SOR ¶ 2.b., setting forth the same information as that in SOR ¶ 1.d.. (GE 1)

Applicant admitted all the allegations under Guideline H detailed in SOR ¶¶ 3.a. – 3.c.. She admitted the allegations under Guideline E detailed in SOR ¶¶ 4.b., 4.c., and 4.e. but asserts that her failure to disclose was not intentional, but rather a failure of recollection. She admitted the allegation in SOR ¶ 4.d. and again asserted that she did not disclose the information because she disagrees with the diagnosis. She denied the allegation in SOR ¶ 4.a. and asserted her failure to disclose was a result of misinterpreting the question. (GE 1)

Applicant is a 28-year-old, who has never been married and has no children. She obtained her bachelor's degree in aerospace engineering from a university in 2021 and is pursuing a master's degree in human factors engineering at the same university. She has worked as a behavioral health technician with her current employer and sponsor since March 2024. Prior to this position, she worked as a behavioral health technician at a youth treatment center from January 2021 to October 2022, and from July 2023 to January 2024. She has no prior clearance or military history. (GE 2)

Applicant attempted suicide on at least two separate occasions in 2013 and 2014, and in 2021 she sat with her firearm for several minutes contemplating taking her own life, before ultimately putting the firearm away. (SOR ¶¶ 1.a., 1.b., 1.d.) Her 2013 and 2014 suicide attempts were via overdose with pills. Between about 2012 to about 2015, she engaged in self-injurious behavior by burning herself. (SOR ¶ 1.c.) She has also had suicidal ideation and plan via car crash, specifically to "take a bunch of Seroquel and drive

¹ The date on page one of the Government's FORM is a scrivener's error. Department Counsel dated the FORM January 20, 2025, however her electronic signature is date stamped January 20, 2026.

[her] truck into a tree.” (GE 3) Following the December 2021 incident, she confided in her friends, who then confiscated her firearms and persuaded her to seek help. She voluntarily entered inpatient treatment at a hospital. During her treatment, which spanned from about January 2022 to about February 2022, she was diagnosed with major depressive disorder (MDD), severe, alcohol use disorder (AUD), mild, attention-deficit/hyperactivity disorder (ADHD), and stimulant use disorder (SUD) in sustained remission. (SOR ¶ 1.d.) She voluntarily resumed inpatient treatment shortly thereafter, from about April 2022 to about May 2022, and was hospitalized for depression, suicidality, and disassociation. (SOR ¶ 1.e.) In November 2023, she reported experiencing passive and active suicidal ideations and visual hallucinations. (SOR ¶ 1.f.) In August 2024, she reported experiencing passive suicidal ideations at least three times per week. (SOR ¶ 1.g.) (GE 3, 5-7)

After her first hospitalization, Applicant completed six Ketamine treatments starting in or about February 2022. Notwithstanding this 30-day hospitalization and subsequent treatment, she was again hospitalized in April 2022 for depression, suicidality, and dissociation. She has a history of MDD with psychotic features and has experienced both visual and audio hallucinations and suicidal ideations. Despite attending outpatient counseling and medication management since 2021, her condition has not proven properly managed or readily controllable with treatment. She reported suicidal ideation as recently as August 2024, with passive suicidal ideation about three times per week. Medical records indicate her suicidal ideations increase and intensify when she is under stress and she reports a major stressor in her life is her work. She also has a history of difficulty sleeping, which contributed to her increased alcohol consumption. Her reported alcohol use contains inconsistencies. Records state that she reported drinking to self-medicate to sleep but also had difficulty stopping drinking in social settings. She has also at times failed to diligently follow treatment after-care recommendations. (GE 3 and 5)

Applicant was evaluated in March 2025 by a duly qualified mental health professional (MHP) at the request of DCSA AVS. Based on background information, clinical interviews and observations, and objective personality assessment, she was diagnosed with MDD, moderate, with psychotic features, in partial remission. Her depressive symptoms were characterized as “minimal to mild” and her prognosis was deemed “fair” due to her compliance with medication and counseling. However, the MHP opined that because insufficient time had passed since Applicant’s most recent suicidal ideations in August 2024, a predictive assessment regarding whether Applicant’s symptoms would recur could not be made. The MHP concluded that Applicant’s hospitalizations, depressive symptoms with psychotic features such as auditory and visual hallucinations, and 10 to 15 years of suicidal ideations which have persisted despite treatment, continue to raise concerns about her judgment and impulse control. A substantial decrease of depressive symptoms over a longer period (at a minimum six to nine months), to include suicidal ideation, would have to be established before the MHP could opine that Applicant is emotionally stable and possesses the requisite judgment to manage sensitive information. Concerns of candor and trustworthiness were also noted relating to Applicant’s lack of candor surrounding her cocaine use. (SOR ¶ 1.h.) (GE 3)

The MHP opined that Applicant is generally compliant with medications and counseling and seeks help when needed. However, she has had multiple hospitalizations and despite treatment, experienced suicidal ideation within the past year. She has a history of two suicide attempts as a teen, self-injurious behavior as a teen, and two psychiatric hospitalizations as an adult. She experienced active suicidal ideation as recently as 2023 and passive suicidal ideation as recently as late 2024. She has been under the care of counselors and psychiatric practitioners since 2021. Prior diagnoses include MDD with psychotic features, and she experiences auditory and visual hallucinations (mumbling and shadows) when she is severely depressed and not sleeping well. She admits to using alcohol excessively in the past to try to sleep and to quiet the noises in her head. She also has a history of cocaine use early in college. Per her self-report and psychological testing, depressive symptoms are currently minimal to mild. However, there are concerns due to the pattern of hospitalizations and suicidal ideation over the past 10 to 15 years, which continued despite treatment (including both counseling and medication management). Her last known counseling appointment was in March 2025. Her therapist was leaving for a new practice, so they terminated sessions. She is also relocating for a new job and intends to find a new therapist when she moves. (GE 3)

Applicant used marijuana from August 2016 to March 2022, approximately eight times total. (SOR ¶ 3.a.) (GE 6) She also used cocaine approximately one to two times a month while in school from August 2015 to March 2020. (SOR ¶ 3.b.) She attempted suicide in 2013 and 2014 via overdose with pills. (SOR ¶ 3.c.) During her first hospitalization in January 2022, it was determined that her stimulant use disorder was in sustained remission, and her medical records from April 2022 note SUD “early remission.” She has acknowledged her drug involvement and substance misuse, and in response to Government interrogatories stated “I have no intentions of utilizing illegal drugs or substances. I have no desire to participate in those activities or be around those who do.” (GE 6)

Applicant failed at several steps to disclose her cocaine use. She did not disclose her cocaine use in her SCA, during her subject interview, or in the first interrogatory responses she provided. During her mental health evaluation in March 2025, she initially denied ever using any hard drugs. The MHP noted that while Applicant approached testing in an honest and straightforward manner, her failure to disclose her cocaine use when initially asked raised concerns about her candor and trustworthiness, as well as her ability to reliably relay information. When the MHP confronted Applicant with evidence of her cocaine use, the dates of use she gave were 2015 or 2016. These dates were inconsistent with medical records that indicated her use was twice per week in college, with the last use in 2020. When confronted with the hospital notes, she responded, “oh...yeah,” and amended her response to admitting cocaine use as noted in her medical records. In her response to Government interrogatories, she disclosed cocaine use “1-2x month each year while in school” from August 2015 to March 2020. (GE 3-6) She blamed her lack of memory on a concussion from 2019. (GE 1, 3, and 6)

As alleged under Guideline G, Applicant has consumed alcohol, at times in excess and to the point of intoxication, since about age 10 or 11 to at least about March 2025. She attributes her alcohol consumption as a minor to her environment, which deemed this behavior to be normal. She reported that her mother drank alcohol actively while she was growing up. Her family of origin was verbally and emotionally abusive. She does not remember most of her childhood and described it as “chaotic” due to her parent’s divorce and the dynamics of them not coparenting well. (GE 3 and 5) She admitted continuing to consume alcohol on occasion and denied her diagnosis and treatment for AUD. (GE 1)

Applicant failed to disclose that she underwent inpatient treatment in 2022 for a mental health condition, which also included treatment for potential drug and alcohol substance abuse. She did not voluntarily disclose her cocaine use in her 2022 SCA, during her later interview in 2023 with an authorized investigator, or during her mental health evaluation in 2025. She asserts that her failure to disclose was not intentional, but rather a failure of recollection or a misinterpretation of the question. (GE 1-6)

According to the MHP’s impressions, while it did appear that Applicant had begun to work on understanding the root causes of her depressive symptoms, it is unlikely that improvement would occur rapidly from the end of 2024 to present. At the time of her mental health evaluation, Applicant intended to seek out a new therapist after her relocation and had only had one counseling appointment in 2025. The MHP concluded that,

[T]he amount of time in which Applicant reports emotional stability is not substantial enough to represent a new pattern or baseline. In order to establish that she is emotionally stable and possesses the judgment and impulse control to manage sensitive information, there would need to be a substantial decrease of depressive symptoms over a longer period of time (at a minimum six to nine months), to include suicidal ideation. (GE 3)

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 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:

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;

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

AG ¶ 28(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 counseling sessions.

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 her evaluation with an MHP in 2025, Applicant presented with a psychiatric condition that could pose a significant risk to her judgment, reliability or trustworthiness concerning classified information. She has experienced suicidal ideation over the past 10 to 15 years, and attempted suicide at least twice. Although she has been generally compliant with medications and counseling and has been under the care of counselors and psychiatric practitioners since 2021, making AG ¶ 29(b) potentially applicable, her prognosis is not favorable. She has had multiple hospitalizations and despite treatment, she experienced active suicidal ideation as recently as 2023 and passive suicidal ideation as recently as late 2024. There is no evidence that she has established new, consistent primary care since her relocation in 2025. There is insufficient evidence to support that Applicant is emotionally stable and possesses the judgment and impulse control to manage sensitive information. There is no evidence of a substantial decrease in depressive symptoms over a long period of time, at a minimum six to nine months, to include suicidal ideation. The amount of time in which Applicant reports emotional stability is not substantial enough to represent a new pattern or baseline. (GE 3)

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(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 has not acknowledged her pattern of maladaptive alcohol use and continues to deny her previous diagnosis with and treatment for AUD. She continues to consume alcohol and at times uses it to try to sleep and to quiet the noises in her head. There is no evidence of successful completion of treatment and required aftercare. Given her continued denial that her alcohol use is maladaptive, the security concerns remain.

Guideline H, Drug Involvement and Substance Misuse

The concern under this guideline is set out in AG ¶ 24:

The illegal use of controlled substances, to include the misuse of prescription and non-prescription drugs, and the use of other substances that cause physical or mental impairment or are used in a manner inconsistent with their intended purpose can raise questions about an individual's reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person's ability or willingness to comply with laws, rules,

and regulations. *Controlled substance* means any “controlled substance” as defined in 21 U.S.C. 802. *Substance misuse* is the generic term adopted in this guideline to describe any of the behaviors listed above.

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

AG ¶ 25(a): any substance misuse (see above definition);

AG ¶ 25(c): illegal possession of a controlled substance, including cultivation, processing, manufacture, purchase, sale, or distribution; or possession of drug paraphernalia; and

AG ¶ 25(d): diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of substance use disorder.

The following mitigating conditions are potentially applicable:

AG ¶ 26(a): the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual’s current reliability, trustworthiness, or good judgment;

AG ¶ 26(b): the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:

- (1) disassociation from drug-using associates and contacts;
- (2) changing or avoiding the environment where drugs were used; and
- (3) providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility.

AG ¶ 26(a) and (b) are established for Applicant’s use of marijuana and cocaine. During her first hospitalization in January 2022, it was determined that her stimulant use disorder was in sustained remission. Her last marijuana use was in 2022, and her last cocaine use was in 2020. She has acknowledged her drug involvement and substance misuse, and although she did not provide an unequivocal statement acknowledging that any future involvement or misuse of drugs is grounds for revocation of national security eligibility, she did state in response to Government interrogatories “I have no intentions

of utilizing illegal drugs or substances. I have no desire to participate in those activities or be around those who do.” (GE 6)

Guideline E, Personal Conduct

The security concern under this guideline is set out in AG ¶ 15: “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. . . .”

Applicant’s admissions and the evidence in the FORM establish the following disqualifying conditions under this guideline:

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

AG ¶ 16(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.

The following mitigating conditions are potentially applicable:

AG ¶ 17(a): the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;

AG ¶ 17(c): the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment; and

AG ¶ 17(d): the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur.

AG ¶ 17(a) is established for Applicant’s failure to disclose her 2022 hospitalization for a mental health condition in her SCA, alleged under SOR ¶ 4.a. She corrected her

omission in good faith at the first opportunity during her 2023 subject interview, before being confronted with the facts.

None of these mitigating conditions are established for SOR ¶¶ 4.b.-4.e. Although Applicant asserts that she was forthcoming throughout her SCA and resulting investigation and evaluation, the record evidence reflects otherwise. Applicant had multiple opportunities to volunteer and disclose her cocaine use – 2022 SCA (GE 2), 2023 subject interview (GE 6), 2024 response to Government interrogatories (GE 5), 2025 mental health evaluation (GE 3) – and repeatedly failed to do so. She disclosed her cocaine use only after she was confronted during her evaluation by the MHP with medical records. And later, in response to a second set of Government interrogatories. (GE 3, GE 6) Such disclosure is not prompt, nor is it considered in good faith. She blames a 2019 concussion she suffered for her poor memory and failure to recollect and disclose her cocaine use. However, her admitted cocaine use continued after her 2019 concussion, between 2015-2020. There is no evidence to establish a causal link between her failure to recollect and disclose her cocaine use during the 2022-2025 SCA and investigation time period, to a concussion she suffered in 2019.

Lastly, Applicant's disagreement with her AUD and SUD diagnosis does not preclude her from disclosing the treatment she underwent for both mere months before completing her SCA in October 2022. Medical records from her second hospitalization in April 2022 support that she was aware of the AUD and SUD diagnosis from January 2022 and concerns of polysubstance abuse by her medical team. She was asked about both during her second hospitalization and denied any substance abuse issues. (GE 5)

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 I, G, H, and E 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 her 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 I, G, H, and E, and evaluating all the evidence in the context of the whole person, I conclude Applicant has not mitigated the security concerns raised by her alcohol consumption and psychological conditions, and personal conduct.

Formal Findings

Paragraph 1, Guideline I (Psychological Conditions):	AGAINST APPLICANT
Subparagraphs 1.a.-1.c.:	Against Applicant
Paragraph 2, Guideline G (Alcohol Consumption):	AGAINST APPLICANT
Subparagraphs 3.a.-3.g.:	Against Applicant
Paragraph 3, Guideline H (Drug Involvement and Substance Misuse):	FOR APPLICANT
Subparagraphs 3.a.-3.c.:	For Applicant
Paragraph 4, Guideline E (Personal Conduct):	AGAINST APPLICANT
Subparagraph 4.a.:	For Applicant
Subparagraphs 4.b.-4.e.:	Against 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