DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 25-01519
	)	
Applicant for Security Clearance	)	

Appearances

For Government: William H. Miller, Esq., Department Counsel
For Applicant: *Pro se*

06/26/2026

Decision

HARVEY, Mark, Administrative Judge:

Security concerns arising under Guidelines I (psychological conditions) and F (financial considerations) are mitigated; however, security concerns under Guideline G (alcohol consumption) are not mitigated. Eligibility for access to classified information is denied.

Table of Contents

Statement of the Case

On April 25, 2024, Applicant completed and signed an Electronic Questionnaire for Investigations Processing (e-QIP) or security clearance application (SCA). (Government Exhibit (GE) 1) On January 23, 2026, the Defense Counterintelligence and Security Agency (DCSA) issued a statement of reasons (SOR) to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017. (Hearing Exhibit (HE) 2)

The SOR detailed reasons why the DCSA did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and recommended referral to an administrative judge to determine whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guidelines I, G, and F. (HE 2) On February 11, 2026, Applicant provided a response to the SOR and requested a hearing. (HE 3) On March 5, 2026, Department Counsel was ready to proceed.

On March 19, 2026, the case was assigned to me. On March 26, 2026, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for April 21, 2026. (HE 3) On March 31, 2026, DOHA issued an amended notice scheduling the hearing one hour later on April 21, 2026. (HE 3A) The hearing was held as rescheduled.

Department Counsel offered eight exhibits into evidence and requested administrative notice of excerpts regarding panic disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD) from the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM-5*); Applicant offered one exhibit into evidence; there were no objections; and I admitted the proffered exhibits into evidence. (Transcript (Tr.) 21-25; GE 1-GE 8; Applicant Exhibit (AE) A; HE 4) I also took administrative notice of the requested pages of *DSM-5*. (Tr. 16; HE 5) On May 10, 2026, DOHA received a transcript of the hearing. No post-hearing documents were received.

Some details were excluded to protect Applicant's right to privacy. Specific information is available in the cited exhibits and transcript.

Findings of Fact

In Applicant's SOR response, he admitted the SOR allegations in ¶¶ 1.a, 1.c, 2.a, and 3.a. (HE 3) He denied the SOR allegations in ¶¶ 1.b, 2.b, and 2.c. His admissions are accepted as findings of fact. Additional findings follow.

Applicant is a 29-year-old employee of a Defense contractor. (Tr. 8, 55) In 2016, he graduated from high school. (Tr. 8, 55) In July of 2027, he is scheduled to graduate from a university with a bachelor's degree in technical management and business. (Tr. 8, 55) He served in the Army from 2016 to 2022. (Tr. 9, 56) He received a medical discharge for PTSD and general anxiety disorder. (Tr. 57) He is receiving medical retirement benefits from the Army. (Tr. 9, 57) His initial military occupational specialty (MOS) was infantryman, and he was reclassified to avionics. (Tr. 9) He did not serve in any combat zones. (Tr. 10) He did not receive any nonjudicial punishments or other adverse personnel actions while he was in the Army. (Tr. 10) He was promoted to sergeant when he was honorably retired from the Army. (Tr. 10)

In 2016, Applicant married, and his two children are ages two and six. (Tr. 11) Applicant has an 80 percent disability rating from the Department of Veterans Affairs (VA),

which includes a 70 percent disability rating for PTSD. (Tr. 11) He has a claim pending with the VA to increase his disability rating. (Tr. 12)

Psychological Conditions

Applicant first had symptoms of anxiety when he was a teenager. (Tr. 60) He initially sought mental-health treatment in April of 2021, and he showed symptoms of paranoia and anxiety. (Tr. 60; GE 4 at .pdf 769, 801) He said he was unable to perform his Army duties because he had "Hypertensive crises, heart palpitations, stomach issues, fainting, all kinds of things. Problems breathing, I couldn't even stand in formation because I was being overstimulated by everybody around me. I hated hearing people talk." (Tr. 63)

From May 4, 2021, through March 25, 2022, Applicant attended 14 therapy sessions at an Army hospital. (GE 4 at .pdf 801) An April 1, 2022 Army mental-health treatment note indicates the following to support a diagnosis for PTSD:

> Exposure to severe repeated patterns of child sexual abuse, repeated patterns of verbal, physical abuse from family members from ages 6 to 18. Witnessed biological father "beating my siblings and my mother" repeated from ages 4 to 7. Soldier states he often thinks of the childhood sexual abuse and is "disgusted" with these ongoing memories. If I feel these "disgusting things I feel like a demon is there". Soldier states that when people talked to him in the army as an infantryman and in his current MOS, he was triggered and is still triggered by memories when his "grandmother talked down to him" "2-3 nights out of the week, wake up in complete fear and terror, sweating profusely" . . . "I have major panic attacks every day, at least 2-3 times a day" . . . Soldier identifies "constant fear, anger, and shame" as the most common emotions he experiences. "I can't eat at restaurants, can't go to high populated areas, because when I do I get mad as hell" . . . "I'm not emotionally stable, I am really upset in public." . . . Soldier shows rapid displays of aggression and anger towards others such as "yelling, screaming". Overindulgence in nicotine, and at times of alcohol Soldier states he is on edge throughout the day, has to find spaces at times while at work to get away in order to decompress, is prone to frequent panic . . . Soldier states "If I see someone in the comer of my eye, I get very jumpy" "often". Soldier reports sleep disturbance "a lot of nightmares" then to overanalyzing every situation during the day. (GE 4 at 801-04)

An April 1, 2022 Army mental-health prognosis was as follows: "guarded [service member (SM)] continues to be highly symptomatic and will need long-term weekly treatment for more than 12 months. SM has been having difficulty to fully perform the duties of his MOS without having periodic anxiety attacks and ongoing intrusive thoughts since age 16." (GE 4 at 804) He took various prescribed medications; however, they did

not help with his anxiety. (Tr. 64) Several years ago, he used alcohol to address his anxiety. (Tr. 65)

Psychological conditions security concerns are alleged in SOR ¶ 1. SOR ¶ 1.a alleges from about September 2022 until about September 2024, Applicant received mental health treatment at a VA medical center. He was diagnosed with chronic PTSD, generalized anxiety disorder, and panic disorder. In his SOR response, he admitted SOR ¶ 1.a. (HE 2) At his hearing, he said that he received outpatient VA mental-health treatment from September of 2022 to September of 2024. (Tr. 59; GE 4 at .pdf 144-49; HE 2)

SOR ¶ 1.b alleges in about March 2022, Applicant was hospitalized after he endorsed active suicidal ideation with specific plans. He described having auditory hallucinations of voices telling him to harm himself and exhibited paranoia, stating that he felt an "entity" was with him. He was diagnosed with an adjustment disorder.

Applicant denied SOR ¶ 1.b in his SOR response because he did not remember having a specific plan to commit suicide, and he did not remember telling anyone that he had "auditory hallucinations of voices telling [him] to harm himself and exhibited paranoia, stating that he felt an 'entity' was with him." (Tr. 66) He said, "So, I don't recall disclosing that to any medical professional. I do recall the voices, but I don't recall the voices telling me to hurt myself, ever." (Tr. 69)

On March 29, 2022, Applicant was assessed in the emergency department of an Army medical center. (Tr. 67; GE 4 at .pdf 1208-10) He was at or near the emergency room for most of the day, and then he was discharged home that same day late in the afternoon because he convinced the staff that he was not suicidal. (Tr. 67, 72; GE 4 at .pdf 1214) A doctor's note indicates he was not admitted as an inpatient on March 29, 2022. (GE 4 at .pdf 810) The note states:

> Ah (sic) daily sounds like being in a cafeteria the voices are making him go down a dark path but specifically tell him to harm self. [W]ife and child are his support. [He] states [he] cannot be alone but does not like being in crowds the voices persuade him to hurt self [but] not command him. [W]hile driving to work today thought about crash car but changed [mind] as "suicide is not an honorable way to die". [H]is thoughts are dark according to him has [no] intent to harm self today. Has had suicidal thoughts but been eating or not been depressed. Has not been sleeping for an unknown duration (- still present). No anxiety, anger, unusual behavior, paranoia or delusions. No self-injury inflicted or hallucinations. (GE 4 at .pdf 1208)

Applicant commented that March 29, 2022 medical note also states the symptoms are "described as mild." (Tr. 68-69; GE 4 at .pdf 1208) He was described as stable and referred to the clinic for outpatient treatment. (GE 4 at .pdf 1209) The diagnosis on March 29, 2022 was suicidal behavior, and adjustment disorder. (Tr. 73; GE 4 at .pdf 1211)

Applicant emphasized that the "report specifically notes no hallucinations, delusions, paranoia, or unusual behavior, and describes [his] symptoms as mild with no evidence of impaired judgment or instability." (AE A a .pdf 24) He agreed with the adjustment disorder diagnosis, and he disagreed with the "suicide behavior" diagnosis. (Tr. 74)

SOR ¶ 1.c alleges in about 2015, Applicant engaged in suicidal behavior involving a firearm. Applicant denied that he ever said he was going to harm himself. (Tr. 70) However, a March 29, 2022, treatment note states, "Pt reports that on the way to work this morning, he had SI with a plan 'to blow my brains out' or drive his car off the overpass while on his way to PT." (GE 4 at .pdf 789) Applicant explained the treatment note as follows:

> So that's very misleading. I told my psychiatrist I was expressing my emotions about that day. I was having a bad day that day. And I told her that I wanted to get out of the car and cause a scene, maybe knock on someone's window and hope they blow my brains out, but I never said I was going to do it. . . . So maybe they put that in to shorten it up, but I don't know. I really don't. I never said I was going to blow my brains out, so. (Tr. 71)

On January 26, 2022, a mental-health treatment note indicates:

> Past Psychiatric History: Pt self injury and violence. He reports a suicidal gesture "more so that they would realize what I was capable of when he was younger, but denies it was a suicide attempt." He states he does not want to further expand on this, however chart notes that pt placed a shotgun to his chin at age 18 which was aborted by his stepfather. He denies IP or IOP admissions. He initiated outpatient care in 2021. He denies access to weapons in the home. (GE 4 at .pdf 920)

Applicant admitted that he used the shotgun as indicated in the treatment note to get his stepfather's attention; however, he said, "I wasn't going to pull the trigger." It was loaded, but a round was not chambered, and the safety was on. (Tr. 76) He said, "I just was trying to get his attention. He knocked down the door and took the gun from me. . . . It was an attention grabbing – that whole situation was to get attention, because I was dealing with a lot of stress and no one was there for me." (Tr. 75-76)

For PTSD symptoms, it indicates Applicant has: intrusive memories; flashbacks; reminders trigger emotional distress; reminders trigger physical reaction; avoid triggering thoughts/feelings; strong negative feelings; and hypervigilance. (GE 4 at .pdf 920) For psychosis, it indicates, "auditory hallucinations." *Id*. He said his last suicidal thought was in 2022. (Tr. 77)

Applicant's family atmosphere was stressful. It is better now because his mother-in-law, who was a user of illegal drugs, and two foster children have moved out. (Tr. 100-102)

Dr. B's Evaluation

On September 8, 2025, Dr. B evaluated Applicant's mental health at the behest of the DCSA. (GE 5 at .pdf 1242-1250) Dr. B concluded:

> [Applicant's] prognosis for maintaining security clearance is favorable with continued treatment and monitoring. His diagnoses of Panic Disorder and PTSD are chronic but currently partially stabilized with medication, structure, and social supports, and he demonstrates insight into his symptoms. Although he continues to experience daily panic attacks, he reports they are less severe, and he has not required hydroxyzine for the past six months. Additionally, he has shown willingness to openly discuss suicidal thoughts while denying current intent or plan.
>
> While [Applicant] has a history of suicidal ideation, panic attacks, and trauma-related symptoms, these concerns are substantially mitigated by his current stability, sustained treatment engagement, and protective factors. He is stably married, actively engaged in raising two biological children as well as two children placed in his care,[1] and describes strong family relationships that provide daily structure, responsibility, and meaning. He remains consistently involved in both pharmacologic management and psychotherapy, reporting relief from hydroxyzine when needed and benefit from psychotherapy. He has also developed healthy coping strategies, including martial arts training, which reinforce patience and discipline, and regular church participation, which offers community connection and spiritual grounding. His prognosis is further supported by steady employment in a positive, stress-free federal contracting role, continued academic success at [a university], and active contributions to household responsibilities. He has reported improved sleep and noted that beginning his current job has reduced late-night rumination. In addition, he demonstrates insight into his conditions, motivation to improve, and a desire to "live with gratitude." . . .
>
> [Applicant] presents with PTSD and Panic Disorder. He continues to experience intermittent distress; however, his presentation is also characterized by meaningful protective factors, including strong family support, treatment adherence, and improved daily functioning. With ongoing medication management, psychotherapy, and established coping

[1] At his hearing, Applicant said the two foster children mentioned by Dr. B were placed with different foster parents, which reduced stress in his household. (Tr. 100-102)

strategies, his prognosis is favorable for maintaining judgment, reliability, and trustworthiness. (GE 5 at .pdf 1249-50)

On March 31, 2026, a VA mental health social worker said, "I have had the honor of working with [Applicant] since January 6, 2023. [He] has been highly motivated to improve his mental health since starting therapy. He has not missed any appointments, he also regularly accepts openings for additional therapy appointments when there are cancellations." (AE A at .pdf 23)

Alcohol Consumption

Applicant's Credibility

Applicant's April 25, 2024 SCA asked four questions about his alcohol consumption: (1) "In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?"; (2) "Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?"; (3) "Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?"; and (4) "Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?" (GE 1 at .pdf 34) Applicant answered, "No" to all four questions. *Id*. He explained that he did not have any alcohol-related charges, and the time he punched a hole in the door at home was mostly due to his prescription for mental-health medications. (Tr. 93-94) He claimed that he did not realize that one of his behavioral-health counselors was an alcohol-related counselor. (Tr. 94-95) Dr. B said his medical record states that he self-referred to SUDCC on April 13, 2021, and completed a formal intake the same month. (Tr. 96; GE 5 at .pdf 1244) SUDCC documented heavy near daily drinking during the prior 12 months that SUDCC diagnosed "alcohol dependence uncomplicated." (Tr. 96) He said he did not remember any involvement with SUDCC. (Tr. 96)

An August 19, 2024 Office of Personnel Management (OPM) summary of interview mentioned Applicant's mental health issues; however, it did not indicate anything about problematic alcohol consumption. It states:

> Subject volunteered that he suffers from post-traumatic stress disorder (PTSD) with anxiety and depression. All of subject's mental health treatment has been related to these conditions. He was never ordered to obtain treatment and his condition has never had a negative impact on his work or home life. All treatment was voluntary and sought by subject to help him learn to navigate through different ways to cope with his PTSD. (GE 6 at .pdf 1255)

Alcohol consumption security concerns are alleged in SOR ¶ 2. SOR ¶ 2.a alleges from about 2015 until at least September 2025, Applicant consumed alcohol in excess and to the point of intoxication. He reported that he consumed alcohol to address anxiety, panic attacks, and to help him sleep.

Medical Records

On April 13, 2021, Applicant's alcohol consumption was evaluated during a 90-minute interview by a licensed clinical social worker (LCSW) and her staff at an Army medical center. (GE 4 at .pdf 1081-1088) Applicant reported the following levels of alcohol consumption:

> SM reports the age of drinking and how much: 18-19 y/o (12pk) of beers every day. SM reports the age of next drinking and how much: 20 y/o Infantry at Fort [C] (4-6) beers every day. SM reports the age of next drinking and how much: 22 y/o (6-9) beers weekend. SM reports the age of next drinking and how much: 23-24 y/o (5-6) beers weekday and (18 pack) on weekends. (GE 4 at .pdf 1083)

In April of 2021, Applicant told an evaluator that he had been drinking large amounts of alcohol almost every day for the past 12 months because of anxiety. (Tr. 82-83; GE 4 at .pdf 1082) He said, "I was young, I was stupid." (Tr. 79-80) The evaluator said he reported periods of abstinence of "six months." (GE 4 at .pdf 1083) The evaluator found the following *DSM-5* alcohol use disorder criteria: (1) Substance is often taken in larger amounts or over a longer period than was intended; (2) There is a persistent desire or unsuccessful efforts to cut down or control substance use; (3) Craving or a strong desire or urge to use substance; and (4) Increased tolerance. *Id*. The preliminary clinical diagnosis per *DSM-5* based on these four symptoms or criteria was alcohol use disorder, moderate, and reaction to severe stress. (GE 4 at .pdf 1083, 1087) The *DSM 5* criteria for diagnosis of alcohol-use disorder for mild (presence of 2-3 symptoms), moderate (presence of 4-5 symptoms), and severe (presence of 6 or more symptoms) are as follows:

> A. A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:
>
> 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
> 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
> 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
> 4. Craving, or a strong desire or urge to use alcohol.

5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance.
11. Withdrawal. (GE 4 at .pdf 1083 (listing *DSM-5* criteria))

On May 4, 2021, Applicant reported that "he has not had anything to drink for 3 weeks. [He] stated he quit cold turkey because there are better things in life that can help him, like I go to the gym more, I bond with my son more. [He] stated his alcohol use is no longer a big deal[.]" (GE 4 at .pdf 1074) He agreed to "cease Alcohol usage as a result of this is what originally prompted him to come to [behavioral health] along with SUDCC issues, otherwise may be re-assessed for an enrollment in SUDCC." (GE 4 at .pdf 1031) A May 4, 2021 medical treatment note indicates, "BARRIERS TO TREATMENT: 'Overthink things', 'don't trust the world, don't trust people', SM currently not willing to address alcohol issues, history of heavy drinking." (GE 4 at .pdf 1007) This note was repeated on March 31, 2022, and April 8, 2022 medical treatment notes. (GE 4 at .pdf 784, 815) He also said he stopped consuming alcohol for about a month because he was concerned about being discharged from the Army. (Tr. 85)

A September 20, 2021 medical treatment note states:

SM endorsed using alcohol: 2-3 times a week, 3-4 beers, after work . . . . SM reported that over the weekend, he got into an altercation with his wife, and became irrationally angry. He stated that he ended up shoving his wife at one point, and ended up punching holes in his door and ripped it totally off the hinges. (GE 4 at .pdf 1033-1034)

A September 30, 2021 medical treatment note states:

Alcohol Use: Yes; Have you ever felt you should Cut down on your drinking?: No; Have people Annoyed you by criticizing or complaining about your drinking?: Yes; Have you ever felt bad or Guilty about your drinking?: No; Have you ever had a drink or drug in the morning (Eye opener) to steady your nerves or to get rid of a hangover?: No; Alcohol Comments: 1-3 drinks/week. (GE 4 at .pdf 1021)

An October 26, 2021 medical treatment notes states:

> [Applicant] discussed a return to some 'binge' drinking, stated last drank multiple beers on 23 October, 2021. [He] stated his wife has commented that she is 'walking on egg shells' in their home. Discussed methods [he] can consider to slow down his use of alcohol and that in event he continues to struggle with amount he is using to reconsider a voluntary self enrollment again with this provider to address his alcohol use. (GE 4 at .pdf 1002)

At his hearing, Applicant agreed with the comment about returning to binge alcohol consumption. (Tr. 86) Under objectives, the treatment record in 2021 and 2022 repeatedly indicates "cease Alcohol usage as a result of this is what originally prompted him to come to [behavioral health] along with SUDCC issues, otherwise may be re-assessed for an enrollment in SUDCC. (GE 4 at .pdf 748-749, 772, 785, 1008, 1031, 1054, 1062) He consumed excessive amounts of alcohol to help him sleep. (Tr. 88; GE 4 at .pdf 837)

A March 21, 2022 medical treatment note indicates:

> SM had a formal intake on 13 April, 2021 where he noted to cope with the anxiety he would drink "large amounts of alcohol", also talked about "being paranoid all the time and being afraid of the dark and of being alone". . . . On the initial session with this Provider, SM claimed no further alcohol use . . . . SM was then offered multiple types of therapy . . . with no real progress and worsening of symptoms, particularly of PTSD. In all SM attended 14 therapy sessions from 4 May, 2021 through 25 March, 2022. SM was offered a referral to IOP but did not feel able to commit to a group therapy format due to some of his ongoing symptoms of anxiety and discomfort around other patients in that type of setting. (GE 4 at .pdf 801)

A March 30, 2022 medical treatment note states, he consumes six to eight drinks once per week. (GE 4 at .pdf 787) A February 6, 2024 medical note indicates, "That until he quit drinking alcohol a while back he did not care if he had medical care or not. [Applicant] has noticed that his anxiety has been higher since he quit alcohol." (GE 4 at .pdf 293)

On January 15, 2026, Department Counsel presented Applicant with his response to DOHA interrogatories, in which Applicant said he was consuming three to four beers on the weekends and two days during the week; he drank beer most recently on December 22, 2025; and he drank one shot glass of liquor every other day; and stopped drinking liquor on October 1, 2025. (Tr. 88; GE 6 at .pdf 1266) Department Counsel asked for updated information on his current level of alcohol consumption, and on January 16, 2026, Applicant sent an email to Department Counsel, in which Applicant responded:

> I struggled with alcoholism while I was in military service. After I was medically retired around September 2022, I quit drinking cold turkey around

> October 2022 and remained sober for a period of time. Sometime between October 2024 and 2025, I began drinking again for about a year. During this period, I would typically have a glass of whiskey after work to wind down. In early October 2025, I switched from whiskey to beer because whiskey felt hard on my liver. After drinking beer for about a month, I went to the doctor and was found to have low testosterone and poor sleep quality. As a result of these findings, I quit consuming alcohol completely around mid-December 2025. Since quitting, I have fully stabilized and am focused on my mental and physical health. I am committed to recovery and continued improvement moving forward. (GE 6 at .pdf 1266)

Applicant's Spouse's Statement

Applicant's spouse previously described him as "increasingly anxious and it was like walking around eggshells with him;" however, now she is unconcerned about her safety and the safety of her children. (Tr. 30) In 2021, she was home when he punched a hole in the door; she said he was intoxicated; and "he was trying to get through the door." (Tr. 30-31, 34) She recommended to him that he receive alcohol counseling. (Tr. 33) She believed his violent reaction was because he was on a "new mental health medication [and] had alcohol on top of it." (Tr. 33) She noted that "nothing has happened since, and it's been great since." (Tr. 33) The disposition of the incident involving damage to the door was that he attended the Army's family advocacy program, where Applicant and his spouse received marriage counseling. (Tr. 31) He was never charged with any alcohol-related criminal offenses. (Tr. 32)

Applicant drank to intoxication at home. (Tr. 32) In 2024, his spouse called for an ambulance several times. (Tr. 38) When he was in the Army, she said he "had multiple panic attacks a day, [and he] was hospitalized a few times because of hypertensive crises." (Tr. 37) He was afraid he was going to die. (Tr. 39) She believed he drank alcohol due to stress. (Tr. 37) He has tried to stop consuming alcohol on multiple occasions in the past, and "he's relapsed on multiple occasions." (Tr. 39) He has not consumed any alcohol since December of 2025. (Tr. 32) She said he stopped drinking alcohol in 2025 because she was opposed to his consumption of alcohol and because it was damaging to his health. (Tr. 35, 37) She described him as honest and reliable. (Tr. 42) His spouse concluded:

> [Applicant is] stable, he's self-aware now, he's in control of his decisions, his behavior, his mindset, his habits, and he's just been significantly different since where he was in the past. He communicates so much [better] now, he manages his stress in a healthier way, and he has a strong sense of responsibility at home with our children and our everything, life. (Tr. 41-42)

SOR ¶ 2.b alleges in September 2025, Applicant was evaluated by a licensed psychologist. Based on background information, a clinical interview and observations, he was found to meet the criteria for binge drinking.

Dr. B's Evaluation

In Dr. B's September 8, 2025 evaluation, Dr. B found as follows:

> Alcohol Dependence, uncomplicated was also previously diagnosed during a period of heavy use, but current report does not support an active alcohol use disorder. [Applicant] reports limited alcohol intake without evidence of dependence, withdrawal, or sustained impairment. . . . [His] alcohol use has decreased significantly from his prior pattern of consuming approximately six beers nightly while stationed at [an Army installation] to his current pattern of about two beers every other night and four to six beers on Saturdays. He reports no impairment in social, occupational, or daily functioning and continues to perform well in his [current employment], which he describes as a positive and low-stress work environment. However, given his history of heavier alcohol use and his current pattern of consuming five to six beers in one sitting, he meets criteria for binge drinking. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), binge drinking is defined as consuming five or more alcoholic drinks for males on the same occasion on at least one day in the past month. Although [Applicant's] current use meets this criterion, a diagnosis of alcohol use disorder is not warranted at this time due to the absence of associated impairment in functioning. Continued monitoring and support for further alcohol reduction are recommended to help minimize potential future risks. (GE 5 at .pdf 1249-50)

SOR ¶ 2.c alleges in about April 2021, Applicant received Substance Use Disorder Clinical Care (SUDCC) treatment at an Army medical center for a condition diagnosed as Alcohol Dependence, Uncomplicated.

Applicant conceded he was diagnosed with alcohol dependence, uncomplicated in April of 2021. (Tr. 97; GE 5 at .pdf 1244) Dr. B's September 8, 2025 evaluation states:

On September 8, 2025, Dr. B said:

> [Applicant] reported that his alcohol use escalated beginning around age 21 and described it as primarily social/party-related rather than longstanding dependence. He estimated drinking roughly three to six beers nightly during his heaviest periods and noted particularly heavy use (about six beers per night) while stationed at [an Army fort] during a period of high stress. Currently he reports consuming about two beers every other night and four to six beers on Saturdays. He denied concern about his alcohol use and

denied withdrawal symptoms. He reported becoming intoxicated by about five to six beers most Saturdays.

* * *

SUDCC documented heavy near-daily drinking during the prior 12 months and diagnosed Alcohol Dependence, uncomplicated, and Reaction to severe stress, unspecified. A formal therapy intake was completed on April 13, 2021 and his initial therapy session occurred on May 4, 2021 (chief complaint: "paranoia and anxiety for most of my life"); during the May 4 session he reported no further alcohol use. He attended 14 therapy sessions between May 4, 2021, and March 25, 2022 but declined IOP referral due to not feeling able to commit. (GE 4 at .pdf 1243, 1244)

On March 26, 2026, a VA psychologist wrote that on March 23, 2026, Applicant was enrolled in the VA's Substance Treatment and Recovery (STAR) program. This program entails his attendance at eight "psychotherapy sessions to help him evaluate his alcohol use and consider the changes he wishes to make in his alcohol consumption." (AE A at .pdf 29)

Applicant's Statements About Alcohol Consumption

Around April 1, 2026, Applicant wrote a statement in which he said, "First, I voluntarily ceased all alcohol consumption following medical findings of low testosterone and poor sleep quality. . . . I have not consumed alcohol since mid-December 2025. This demonstrates proactive management of my health and personal accountability." (AE A at .pdf 32) However, he also implied that he was continuing to consume alcohol stating, "My alcohol consumption has been significantly reduced from prior levels. My current use, if any, is moderate and controlled." (Tr. 103; AE A at .pdf 28)

At his hearing, Applicant said his most recent alcohol consumption was in December of 2025, and the comment in his statement about current responsible consumption of alcohol was "for future reference. Like, if I were to start back at still moderate and controlled." (Tr. 105) He stopped consuming alcohol because he "may have kidney damage, so probably from high blood pressure, from stress, and stuff." (Tr. 106)

***DSM-5* Alcohol Consumption and Panic Disorder**

DSM-5 states, "A subset of individuals with panic disorder develop a substance-related disorder, which for some represents an attempt to treat their anxiety with alcohol or medications. Comorbidity with other anxiety disorders and illness anxiety disorder is also common." (HE 5 at .pdf 1361-1362) *DSM-5* also states, "Panic attacks are associated with increased likelihood of later developing anxiety disorders, depressive

disorders, bipolar disorders, alcohol use disorder, and possibly other disorders." (HE 5 at .pdf 1366)

Financial Considerations

Financial considerations security concerns are alleged in SOR ¶ 3. SOR ¶ 3.a alleges in about January 2025, Applicant filed for Chapter 7 Bankruptcy. This bankruptcy was discharged in May 2025. The bankruptcy discharged $34,000 in unsecured debt. (Tr. 97)

Applicant's spouse said she and her husband spent excessively and accumulated delinquent debt. (Tr. 35-36) Because of his health problems with "stress, anxiety, panic, hypertensive crisis, health problems, it would make sense to discharge those debts, [to] relinquish some stress." (Tr. 39) In 2023, he began his employment with his current employer with annual pay of $46,000, and his current pay is $53,000. (Tr. 58)

Applicant said his debts became delinquent because he was unemployed and underemployed after leaving the Army. (Tr. 99) At times, he was unable to work because of panic attacks. (Tr. 99) His current employment is not stressful. (Tr. 99)

After the bankruptcy discharged their nonpriority unsecured debts, Applicant and his spouse changed their financial practices. (Tr. 36) She said, they focused on saving, and they planned to "never ever, ever getting a credit card again. If you can't pay for it fully, then we don't need it, and we are a [smarter] now with our money." (Tr. 36) They only have one credit card. (Tr. 99) His January 12, 2026 personal financial statement (PFS) shows a net monthly remainder of $4,755, no credit card debt, and savings of $7,000. (GE 6 at .pdf 1265) At his hearing, Applicant said they have a substantial monthly remainder after paying their expenses. (Tr. 100) His January 6, 2026 credit bureau report (CBR) shows: paid accounts—29; satisfactory accounts—42, now delinquent/derogatory accounts—zero, and was delinquent/derogatory accounts—4. (GE 8 at .pdf 1327) On April 23, 2025, his FICO credit score was 526—poor, and on April 1, 2026, FICO credit score 682—good. (AE A at 15)

Applicant's closing conclusion for financial considerations is as follows:

> I carry no unsecured debt, maintain all accounts in good standing, and demonstrate disciplined credit use.
> • I follow a structured monthly budget and spending plan, including consistent surplus tracking, as confirmed in [AE A].
> • I voluntarily enrolled in the [a] financial counseling program, actively applying lessons on budgeting, savings, and financial planning.
> These actions demonstrate that past financial issues are resolved, responsible behavior is established, and there is a very low risk of recurrence. (AE A at 35)

Applicant's Closing Conclusion for Guidelines F, I, and G

Applicant's closing conclusion is as follows:

Taken together, the evidence under Guidelines F, I, and G demonstrates that:

• Past financial, psychological, and alcohol-related concerns were situational and addressed proactively.
• I have established a pattern of consistent, responsible, and stable behavior.
• Professional evaluations, treatment records, and character statements confirm that I exercise sound judgment, reliability, and trustworthiness.
I respectfully assert that the conditions giving rise to prior concerns have been fully mitigated. My current personal, professional, and behavioral profile reflects stability, discipline, and accountability, supporting my continued eligibility for security clearance. (AE A at .pdf 36)

Character Evidence

A coworker and friend who has known Applicant for 30 months described Applicant as trustworthy, honest, and professional. (Tr. 45-53) Another coworker noticed Applicant's significant improvement over the last 30 months in the reduction of his anxiety. (AE A at .pdf 34) He also said Applicant is diligent and reliable. *Id*. Another coworker said:

> Applicant is a vital asset to the team. Over the last several years, he has gained a large variety of experience testing different [important] systems for the Army and is able to work independently as a technician. When given a task he is quick to execute it and does not shy away from either the demanding physical labor or tedious mundane work that is sometimes required by the job.
>
> The test range can often be a fast-paced work environment. Everyone, including myself, is bound to make mistakes along the way. One of the things I appreciate about [Applicant's] character is his honesty when he makes a mistake, and willingness to immediately correct it. This character trait is absolutely necessary for this kind of workplace.
>
> [Applicant] is a very reliable co-worker. He is fast at responding to texts and phone calls, and always quick to let us know if he has any trouble getting to work due to unforeseen issues such as worse than normal traffic. He plays a significant role in our day-to-day success as a team. It is a testament to his reliability that his absence is immediately felt when he takes a day off. (AE A at .pdf 33)

Policies

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, "no 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 Defense 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, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended.

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, these guidelines are applied 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, 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 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 "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." *See* Exec. Or. 10865 § 7. Thus, this decision should not be construed to suggest that it is based on any express or implied determination about applicant's allegiance, loyalty, or patriotism. It is merely an indication the applicant has not met the strict guidelines the President, Secretary of Defense, and Director of National Intelligence 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*, 484 U.S. at 531. "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. *See* ISCR Case No. 95-0611 at 2 (App. Bd. May 2, 1996).

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 ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his [or her] security clearance." ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. *See* ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). "[S]ecurity clearance determinations should err, if they must, on the side of denials." *Egan*, 484 U.S. at 531; *see* AG ¶ 2(b).

Analysis

Psychological Conditions

AG ¶ 27 articulates the security concern for psychological conditions:

> Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

AG ¶ 28 provides psychological conditions that could raise a security concern and may be disqualifying 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;
>
> (c) voluntary or involuntary inpatient hospitalization; 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 counseling sessions.

Disqualifying Conditions. The record establishes AG ¶ 28(a). AG ¶ 28(b) is not established because the SOR does not allege that "a duly qualified mental health professional [indicated that Applicant] has a condition that may impair judgment, stability, reliability, or trustworthiness." Dr. B and medical records show he has a mental-health condition; however, they did not specifically indicate the condition impaired his judgment, stability, or trustworthiness. AG ¶ 28(c) does not apply because he was not admitted as an inpatient for mental-health treatment. AG ¶ 28(d) is not established because the SOR does not allege that he "fail[ed] 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." Further details will be discussed in the mitigation analysis, *infra*. *See, e.g.,* USAF-M Case No. 23-00056-R at 7-8 (App. Bd. Jan. 4, 2024) (discussing generalized anxiety disorder and adjustment disorder in the context of AG ¶ 28(b)).

AG ¶ 29 lists psychological conditions mitigating conditions which are potentially applicable:

> (a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
>
> (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
>
> (c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
>
> (d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and
>
> (e) there is no indication of a current problem.

Discussion of Disqualifying and Mitigating Conditions

In ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013), the DOHA Appeal Board concisely explained Applicant's responsibility for proving the applicability of mitigating conditions as follows:

> Once a concern arises regarding an Applicant's security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. *See Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. *See* Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in *Egan*, *supra*. "Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security." Directive, Enclosure 2, [App. A] ¶ 2(b).

SOR ¶ 1.a alleges, and the record establishes, that from about September 2022 until about September 2024, Applicant received mental health treatment at a VA medical center. He was diagnosed with chronic PTSD, generalized anxiety disorder, and panic disorder. SOR ¶ 1.b alleges, and the record establishes, in about March 2022, Applicant was hospitalized after he endorsed active suicidal ideation with specific plans. He described having auditory hallucinations of voices telling him to harm himself and exhibited paranoia, stating that he felt an "entity" was with him. He was diagnosed with adjustment disorder. SOR ¶ 1.c alleges, and the record establishes, in about 2015, Applicant engaged in suicidal behavior involving a firearm. Applicant's statements that were inconsistent with the medical treatment notes, such as denying suicidal behavior and denying that he told treating medical personnel that he had a plan to commit suicide were not credible. They were an attempt to minimize security-relevant information at his hearing.

On September 8, 2025, Dr. B evaluated Applicant's mental health at the behest of the DCSA. Dr. B concluded:

> [Applicant] presents with PTSD and Panic Disorder. He continues to experience intermittent distress; however, his presentation is also characterized by meaningful protective factors, including strong family support, treatment adherence, and improved daily functioning. With ongoing medication management, psychotherapy, and established coping strategies, **his prognosis is favorable for maintaining judgment, reliability, and trustworthiness**. (GE 5 at .pdf 1250 (emphasis added))

On March 31, 2026, a VA mental health social worker said, "I have had the honor of working with [Applicant] since January 6, 2023. [He] has been highly motivated to improve his mental health since starting therapy. He has not missed any appointments, he also regularly accepts openings for additional therapy appointments when there are cancellations." (AE A at .pdf 23)

Applicant "has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and [he] is currently receiving counseling or

treatment with a favorable prognosis by a duly qualified mental health professional." AG 29(b) applies.

Dr. B is a "duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government," and Dr. B concluded that his "previous condition is under control or in remission, and has a low probability of recurrence or exacerbation." AG ¶ 29(c) applies.

The incidents, such as putting a shotgun under his chin, expressions of suicidal ideation, alcohol abuse, punching a door with his fist, knocking the door off of its hinges, and shoving his spouse are all connected to Applicant's diagnosed chronic PTSD, generalized anxiety disorder, and panic disorder. His current circumstances are different from when those events occurred. His family atmosphere is better because his mother-in-law and two stepchildren have moved out. His employment provides significant social contacts, satisfaction, and low stress. He is receiving therapy. He has a strong support system. He has been stable for about four years without evidence of mental-health incidents. Guideline I security concerns are mitigated.

Alcohol Consumption

AG ¶ 21 articulates the security concern for alcohol consumption, "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness."

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

> (a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
>
> (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;
>
> (e) the failure to follow treatment advice once diagnosed; and
>
> (f) alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

Disqualifying Conditions. The record establishes AG ¶¶ 22(c) and 22(d). AG ¶¶ 22(a), 22(e), and 22(f) are not established because the SOR does not allege any alcohol-related incidents, a failure to follow treatment advice once diagnosed, or alcohol consumption, which is not in accordance with treatment recommendations after a diagnosis of alcohol use disorder. Further details will be discussed in the mitigation analysis, *infra*.

AG ¶ 23 lists alcohol consumption mitigating conditions which are potentially applicable:

> (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
>
> (b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
>
> (c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
>
> (d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Discussion of Disqualifying and Mitigating Conditions. SOR ¶ 2.a alleges, and the record establishes, that from about 2015 until at least September 2025, Applicant consumed alcohol in excess and to the point of intoxication. He reported that he consumed alcohol to address anxiety, panic attacks, and to help him sleep. SOR ¶ 2.b alleges, and the record establishes, that in September 2025, he was evaluated by a licensed psychologist. Based on background information, a clinical interview and observations, he was found to meet the criteria for binge drinking. SOR ¶ 2.c alleges, and the record establishes, that in about April 2021, he received SUDCC treatment at an Army medical center for a condition diagnosed as Alcohol Dependence, Uncomplicated.

Applicant received notice of the alcohol consumption security concerns from the SOR. In ISCR Case No. 24-01962 at 7 n.7 (App. Bd. Mar. 9, 2026), the Appeal Board said:

> Moreover, an SOR is an administrative pleading, which is not held to the stringent standards of a criminal indictment and is instead "a means to

> assist the disposition of a case on its merits." ISCR Case No. 99-0710 at 2 (App. Bd. Mar. 19, 2001) (As long as an applicant receives fair notice about the matters at issue in his case and has a reasonable opportunity to respond, a case should be decided on the merits of the relevant issues and not concerned with pleading niceties.).

In other words, the SOR does limit the evidence to the allegations set forth in the SOR. Even if not alleged in the SOR, evidence of Applicant's repeated relapses, failures to follow treatment advice, minimization of mental-health issues, and credibility issues are admissible evidence and may nonetheless be considered in the credibility and mitigation assessments.

In ISCR Case No. 24-01962 at 8 (App. Bd. Mar. 9, 2026), the Appeal Board addressed an applicant's credibility issues in the context of an alcohol consumption security concern and commented:

> It is well-established that when a record contains a basis to question an applicant's credibility, the judge "should address that aspect of the record explicitly," explaining why an applicant's version of an event is worthy of belief when it is contradicted by other evidence or common sense. ISCR Case No. 07-10158, 2008 WL 4635412 at *4 (App. Bd. Aug. 28, 2008). Failure to do so suggests that a judge "has merely substituted a favorable impression of an applicant's demeanor for record evidence." *Id*.

Applicant's Credibility. Applicant's April 25, 2024 SCA asked four questions about his alcohol consumption: (1) "In the last seven (7) years has your use of alcohol had a negative impact on your . . . personal relationships . . . ?"; (2) "Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?"; (3) "Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?"; and (4) "Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?" (GE 1 at .pdf 34) Applicant answered, "No" to all four questions. *Id*. He explained that he did not have any alcohol-related charges, and the time he punched a hole in the door at home was mostly due to his prescription for mental-health medications. He claimed that he did not realize that one of his behavioral-health counselors was an alcohol-related counselor. Dr. B said his medical record states that he self-referred to SUDCC on April 13, 2021, and completed a formal intake the same month. SUDCC documented heavy near daily drinking during the prior 12 months that diagnosed "alcohol dependence uncomplicated." (Tr. 96) He claimed he did not remember any involvement with SUDCC. (Tr. 96)

Applicant should have disclosed that his alcohol consumption affected his marriage. He punched a hole in the door, shoved his spouse, and knocked the door off of its hinges, and he received marriage counseling from family advocacy. He also attended alcohol-related counseling. He subsequently disclosed in his OPM interview that

he received mental-health treatment; however, the OPM summary does not indicate he disclosed any alcohol-consumption issues.

The SOR did not allege that Applicant failed to disclose complete and accurate information on his SCA about his Guideline G issues, he relapsed in 2021 and 2022 after attempting to abstain from alcohol consumption; and he received recommendations that he abstain from alcohol consumption as part of the objectives of treatment. These issues will not be considered for disqualification purposes; however, as indicated previously, they will be considered in the mitigation and whole-person assessments.

In Dr. B's September 8, 2025 evaluation, Dr. B found as follows:

> [Applicant's] alcohol use has decreased significantly from his prior pattern of consuming approximately six beers nightly while stationed at [an Army installation] to his current pattern of about two beers every other night and four to six beers on Saturdays. He reports no impairment in social, occupational, or daily functioning and continues to perform well in his [current employment], which he describes as a positive and low-stress work environment. . . . a diagnosis of alcohol use disorder is not warranted at this time due to the absence of associated impairment in functioning. Continued monitoring and support for further alcohol reduction are recommended to help minimize potential future risks. (GE 5 at .pdf 1250)

Applicant said he was consuming three to four beers on the weekends and two days during the week; he drank beer most recently on December 22, 2025; and he drank one shot glass of liquor every other day; and stopped drinking liquor on October 1, 2025. He subsequently said he completely stopped consuming alcohol in December of 2025, and his spouse's hearing statement confirmed his abstinence starting in December of 2025.

No Bright-Line Time Test. In ISCR Case No. 21-02005 (App. Bd. Feb. 17, 2023) the administrative judge's denied applicant's security clearance; applicant appealed; and the Appeal Board denied the appeal. In that case, the administrative judge observed that applicant repeatedly said that he abstained from alcohol consumption from December of 2019 through the date of his hearing on December 15, 2022. *Id*. at 1-2. The administrative judge "determined that there was 'insufficient information in the record to demonstrate [a]pplicant's claim that he has successfully abstained from using alcohol since his most recent DUI arrest in December 2019.'" *Id*. at 2. The Appeal Board stated:

> The Board has repeatedly declined to furnish "bright-line" guidance regarding the concept of recency. The extent to which security concerns have become mitigated through the passage of time is a question that must be resolved based on the evidence as a whole. . . . In light of the record before her, the [administrative judge's] determination that insufficient time has passed to conclude that [applicant] is unlikely to engage in further

misconduct was not arbitrary or capricious. *Id*. at 3 (internal citation omitted).

In regard to credibility of the applicant in that case, the Appeal Board said that "An administrative judge is not required to accept an [applicant's] representation merely because it is unrebutted. The [administrative judge] was well within her authority to determine that [applicant's] assertions of abstinence lacked corroboration and to decide the weight to be given to those assertions." *Id*. at 2-3 (internal citation omitted).

Applicant has a long history of excessive alcohol consumption. He was not honest on his SCA about his receipt alcohol-related counseling. His reasons for not disclosing his alcohol counseling on his SCA are not credible. His medical records indicate a history of not wanting to reveal information about his alcohol consumption. He may have minimized his history and current levels of alcohol consumption at his hearing and during his interview with Dr. B. Essentially, he provided a level of alcohol consumption to Dr. B and in his response to DOHA interrogatories as being "a clear and established pattern of modified consumption" in 2025, and then complete abstinence starting in December of 2025. He has attempted to stop his alcohol consumption in the past and then relapsed.

Applicant is credited with abstinence from December 2025 to his hearing date because of his spouse's corroboration of his statement; however, assuming he had responsible alcohol consumption throughout 2025, these actions are insufficient to fully mitigate security concerns. His anxiety issue contributes to his potential for resumption of excessive alcohol consumption. *See DSM-5*. His excessive alcohol consumption did not happen "under such unique circumstances that it is unlikely to recur," and it continues to "cast doubt on the [his] reliability, trustworthiness, [and] good judgment." Security concerns under Guidelines G are not mitigated.

Financial Considerations

AG ¶ 18 articulates the security concern for financial problems:

> Failure to live within one's means, satisfy debts, and meet financial obligations may indicate poor self-control, lack of judgment, or unwillingness to abide by rules and regulations, all of which can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. Financial distress can also be caused or exacerbated by, and thus can be a possible indicator of, other issues of personnel security concern such as excessive gambling, mental health conditions, substance misuse, or alcohol abuse or dependence. An individual who is financially overextended is at greater risk of having to engage in illegal or otherwise questionable acts to generate funds.

The Appeal Board explained the scope and rationale for the financial considerations security concern in ISCR Case No. 11-05365 at 3 (App. Bd. May 1, 2012) (citation omitted) as follows:

> This concern is broader than the possibility that an applicant might knowingly compromise classified information to raise money in satisfaction of his or her debts. Rather, it requires a Judge to examine the totality of an applicant's financial history and circumstances. The Judge must consider pertinent evidence regarding the applicant's self-control, judgment, and other qualities essential to protecting the national secrets as well as the vulnerabilities inherent in the circumstances. The Directive presumes a nexus between proven conduct under any of the Guidelines and an applicant's security eligibility.

AG ¶ 19 includes disqualifying conditions that could raise a security concern and may be disqualifying in this case, "(a) inability to satisfy debts," and "(c) a history of not meeting financial obligations."

The record establishes the disqualifying conditions in AG ¶¶ 19(a) and 19(c), requiring additional inquiry about the possible applicability of mitigating conditions. Discussion of the disqualifying conditions is contained in the mitigation section, *infra*. The financial considerations mitigating conditions under AG ¶ 20, which may be applicable in this case, are as follows:

> (a) the behavior happened so long ago, was so infrequent, or occurred under such circumstances that it is unlikely to recur and does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
>
> (b) the conditions that resulted in the financial problem were largely beyond the person's control (e.g., loss of employment, a business downturn, unexpected medical emergency, a death, divorce or separation, clear victimization by predatory lending practices, or identity theft), and the individual acted responsibly under the circumstances;
>
> (c) the individual has received or is receiving financial counseling for the problem from a legitimate and credible source, such as a non-profit credit counseling service, and there are clear indications that the problem is being resolved or is under control;
>
> (d) the individual initiated and is adhering to a good-faith effort to repay overdue creditors or otherwise resolve debts; and
>
> (e) the individual has a reasonable basis to dispute the legitimacy of the past-due debt which is the cause of the problem and provides documented

proof to substantiate the basis of the dispute or provides evidence of actions to resolve the issue.

SOR ¶ 3.a alleges, and the record establishes, that in about January 2025, Applicant filed for Chapter 7 Bankruptcy. This bankruptcy was discharged in May 2025. The bankruptcy discharged $34,000 in unsecured debt.

Applicant's spouse said she and her husband spent excessively and accumulated delinquent debt. Because of his health problems with "stress, anxiety, panic, hypertensive crisis, health problems, it would make sense to discharge those debts, [to] relinquish some stress." In 2023, he began his employment with his current employer with annual pay of $46,000, and his current pay is $53,000. (Tr. 58)

Applicant said his debts became delinquent because he was unemployed and underemployed after leaving the Army. At times, he was unable to work because of panic attacks. His current employment is not stressful.

After bankruptcy discharged their nonpriority unsecured debts, they changed their financial practices. They focused on saving, and his spouse said they plan to "never ever, ever getting a credit card again. If you can't pay for it fully, then we don't need it, and we are a [smarter] now with our money." (Tr. 36) His January 12, 2026 PFS shows a net monthly remainder of $4,755, no credit card debt, and savings of $7,000. At his hearing, he said they have a substantial monthly remainder after paying their expenses. His January 6, 2026 CBR shows: paid accounts—29; satisfactory accounts—42, now delinquent/derogatory accounts—zero, and was delinquent/derogatory accounts—4.

AG ¶ 20(a) does not apply to the SOR allegations. "It is also well established that an applicant's ongoing, unpaid debts demonstrate a continuing course of conduct and can be viewed as recent for purposes of the Guideline F mitigating conditions." ISCR Case No. 22-02226 at 2 (App. Bd. Oct. 27, 2023) (citing ISCR Case No. 15-06532 at 3 (App. Bd. Feb. 16, 2017)).

AG ¶ 20(b) applies. Applicant's mental-health issues, unemployment, and underemployment caused his financial problems. These circumstances are largely beyond his control, and they adversely affected his finances. He acted reasonably and responsibly by filing for bankruptcy, and then avoiding subsequent delinquent debt after the bankruptcy.

AG ¶ 20(c) applies. Applicant is receiving financial counseling. There are clear indications that the problem is being resolved and is under control.

Applicants are not required "to be debt-free in order to qualify for a security clearance. Rather, all that is required is that an applicant act responsibly given his or her circumstances and develop a reasonable plan for repayment, accompanied by 'concomitant conduct' that is, actions which evidence a serious intent to effectuate the

plan." ISCR Case No. 15-02903 at 3 (App. Bd. Mar. 9, 2017) (denial of security clearance remanded) (citing ISCR Case No.13-00987 at 3, n. 5 (App. Bd. Aug. 14, 2014)). There is no requirement that an applicant make payments on all delinquent debts simultaneously, nor is there a requirement that the debts alleged in the SOR be paid first. *See* ISCR Case No. 07-06482 at 2-3 (App. Bd. May 21, 2008). *See also* ISCR Case No. 23-01434 at 2-3 (App. Bd. May 7, 2024).

AG ¶ 20(d) applies. Bankruptcy is a legally authorized means to discharge unsecured nonpriority debt. It provides a fresh financial start. He provided sufficient evidence that he is "adhering to a good-faith effort to repay overdue creditors or otherwise resolve debts."

AG ¶ 20(e) does not apply. Applicant did not dispute his responsibility for any of the SOR debts.

Applicant provided proof of his financial responsibility, and he has an overall recent track-record of paying his debts as shown by his most recent CBR. There are clear indications that the problem is resolved, and his finances are under control. Under all the circumstances, and considering the evidence as a whole, his financial issues are mitigated under Guideline F.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all the 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), "[t]he 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. My comments under Guidelines I, G, and F are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under those guidelines but some warrant additional comment.

Applicant is a 29-year-old employee of a Defense contractor. In July of 2027, he is scheduled to graduate from a university with a bachelor's degree in technical

management and business. He served in the Army from 2016 to 2022. He received a medical discharge for PTSD and general anxiety disorder. He is receiving medical retirement benefits from the Army. He did not receive any nonjudicial punishments or other adverse personnel actions while he was in the Army. He was a sergeant when he was honorably retired from the Army. In 2016, he married, and his two children are ages two and six. He has an 80 percent VA disability rating, which includes a 70 percent disability rating for PTSD. He has a claim pending with the VA to increase his disability rating.

Applicant has been employed for the past 30 months. Three coworkers and his spouse made statements on his behalf. The general sense of their statements is that he is friendly, honest, diligent, and responsible. He has shown some mental-health improvement in the last year.

The disqualifying and mitigating information is discussed in the analysis sections, *supra*. The reasons for denying Applicant access to classified information are more persuasive than the reasons for granting access to classified information.

It is well settled that once a concern arises regarding an applicant's security clearance eligibility, there is a strong presumption against granting a security clearance. *See Dorfmont*, 913 F. 2d at 1401. "[A] favorable clearance decision means that the record discloses no basis for doubt about an applicant's eligibility for access to classified information." ISCR Case No. 18-02085 at 7 (App. Bd. Jan. 3, 2020) (citing ISCR Case No. 12-00270 at 3 (App. Bd. Jan. 17, 2014)).

I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, the AGs, and the Appeal Board's jurisprudence to the facts and circumstances in the context of the whole person. Applicant mitigated psychological conditions and financial considerations security concerns; however, he failed to mitigate alcohol consumption security concerns.

Formal Findings

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

Paragraph 1, Guideline I:	FOR APPLICANT
Subparagraphs 1.a through 1.c:	For Applicant
Paragraph 2, Guideline G:	AGAINST APPLICANT
Subparagraphs 2.a through 2.c:	Against Applicant
Paragraph 3, Guideline F:	FOR APPLICANT

Subparagraph 3.a: For Applicant

Conclusion

Considering all of the circumstances presented by the record in this case, it is not clearly consistent with the interests of national security to grant Applicant eligibility for access to classified information. Eligibility for access to classified information is denied.

Mark Harvey
Administrative Judge