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

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| In the matter of: | ) | |
| | ) | |
| | ) | ISCR Case No. 25-00845 |
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| Applicant for Security Clearance | ) | |

## Appearances

For Government: Brian Farrell, Esq., Department Counsel
For Applicant: *Pro se*

07/01/2026

## Decision

Dorsey, Benjamin R., Administrative Judge:

Applicant did not mitigate the psychological conditions security concerns. Eligibility for access to classified information is denied.

## Statement of the Case

Applicant submitted a security clearance application (SCA) on May 16, 2023. On October 31, 2025, the Defense Counterintelligence and Security Agency (DCSA) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline I (psychological conditions). Applicant responded to the SOR on November 25, 2025 (Answer), and requested a decision based on the written record. On December 16, 2025, pursuant to Paragraph E3.1.7 of the Additional Procedural Guidance at Enclosure 3 of DoD Directive 5220.6, Department Counsel timely requested that an administrative judge decide this matter after a hearing rather than issue a decision based upon the written record. The case was assigned to me on April 1, 2026.

The hearing was convened as scheduled on April 30, 2026, over the Microsoft Teams online network. Government Exhibits (GE) 1 through 5 were admitted in evidence, without objection. Applicant testified but did not provide documents for entry in evidence at the hearing. At Applicant's request, I left the record open to provide the parties the opportunity to submit additional evidence. Applicant timely submitted Applicant Exhibits (AE) A through C, which were admitted in evidence, without objection. I marked the email correspondence relevant to post-hearing submissions as Hearing Exhibit (HE) I. DOHA

received a transcript of the hearing (Tr.) on May 7, 2026. The record in this matter closed on June 5, 2026.

## Findings of Fact

Some of the Government's SOR allegations, especially those in SOR ¶ 1.a, read like a narrative that I will not attempt to relay word for word. While I incorporate those SOR allegations herein by reference, the SOR can effectively be reduced to the following salient allegations:

(a) Applicant was evaluated by a licensed clinical psychologist and board-certified neuropsychologist (Dr. B) in April 2025 and May 2025. Based on her clinical interviews and available treatment records, Dr. B determined that Applicant meets the criteria for an unspecified depressive disorder and post-traumatic stress disorder (PTSD). She noted that despite undergoing inpatient hospitalization, he did not undergo any additional mental health treatment, and he denied he sought outpatient treatment in 2023 despite evidence to the contrary. The results of his Personality Assessment Inventory (PAI) test, revealed that Applicant consistently represented himself in a favorable light and as relatively free of common shortcomings to which most will admit. Dr. B noted that these results often mean the individual will underrepresent any difficulties they are experiencing. Dr. B had concerns about Applicant's ongoing depression. She noted that even if his depression and PTSD are in remission, as he did not receive appropriate treatment for those conditions after his in-patient hospitalization under the Baker Act, this lack of ongoing treatment raises concerns about the recurrence of those conditions and any relapse of either could impact judgment, reliability, stability, and trustworthiness. (SOR ¶ 1.a)

(b) In approximately January 2023, Applicant received outpatient treatment at a Veterans Affairs (VA) medical center for depression, anxiety, and panic attacks where he had clinically significant symptoms of depression and anxiety. His plan of treatment included taking Cymbalta and follow up psychotherapy. (SOR ¶ 1.b)

(c) In January 2019, Applicant was involuntarily hospitalized at a VA hospital under the Baker Act 52 after a suicide attempt. He received treatment for depressive disorder, relationship distress with spouse, and PTSD, chronic. (SOR ¶ 1.c)

(d) In about 2010, Applicant received inpatient mental health treatment at a VA medical center where he was diagnosed with and treated for PTSD. (SOR ¶ 1.d)

Applicant admitted the SOR allegations with additional comments, except for SOR ¶ 1.b, which he denied, with additional comments. He essentially claimed that he did not seek outpatient treatment for depression, anxiety, or panic attacks at a VA medical center in 2023. Instead, he claimed that he sought treatment to establish a primary care provider for chronic pain and fibromyalgia symptoms. He claimed that any VA records that suggest that he was treated for mental health symptoms in January 2023 are inaccurate and noted that he has never received medical treatment of any kind in State 1. (Answer)

Applicant is a 44-year-old employee of a government contractor (Company A) for which he has worked since about January 2026. He worked for the government contractor (Company B) that is sponsoring him for a security clearance from July 2021 until sometime in 2025 and will work for Company B again in the event he is awarded security clearance eligibility. He graduated from high school in 2001, earned an associate degree in 2016, and earned an undergraduate degree in 2017. He served on active duty with the Marine Corps from 2003 until 2007. He also served on inactive reserve duty with the Marine Corps from 2007 until 2011, when he earned an honorable discharge. He was married from 2007 until December 2025, when he and his wife divorced. They still live together and he claimed they get along well, but he said their marriage ran its course, partially because of the divergence of their career paths. (Tr. 22-30, 32-36, 99-100; Answer; GE 1; AE A, B)

Applicant was involved in combat in 2004 and 2005 in Afghanistan and in 2006 in Iraq. He described some of this combat as "heavy." He also deployed to Israel in 2009 during a conflict involving the Gaza Strip. However, he was there for support and training and did not see any action. He has a 100% VA disability rating for issues with his back, neck, traumatic brain injury, "lockjaw" or TMJ, from a blow he took to the head as a result of an explosion in combat, and PTSD. (Tr. 32-36; Answer; GE 2-5; AE A)

Applicant first began experiencing symptoms of what he later learned was PTSD in 2008 when he was taking classes and was having trouble with his memory. He ultimately sought treatment for these symptoms through the VA, and, in about 2010, was diagnosed with PTSD. As a result of his diagnosis, he was prescribed various medications, many of which had negative side effects that deterred him from taking prescription medication and encouraged him to find more natural alternatives. His VA medical records reflect that he had inpatient treatment for PTSD in 2010 at a VA in State 1 for PTSD medication trials. Applicant admitted he received inpatient treatment for PTSD during this time frame, but claimed he has never received treatment at a VA clinic in State 1. He began finding relief from PTSD with methods such as grounding techniques, physical fitness, and supplements. (Tr. 18-22, 44-50, 113-114; Answer; GE 1-5; AE A, B)

In January 2019, Applicant was working out of state when his wife contacted him to inform him that she was having an affair. He flew back to State 2, where he resides. When he got home, his wife informed him that she wanted a separation. One morning about three days later, while he was alone in his house, he sent out a mass text message to his family informing them that he planned on committing suicide. He had suicidal ideations and planned on using his personal firearm to kill himself. A family member contacted the authorities. A police officer with whom Applicant served in the military happened to respond to Applicant's home, broke in through a sliding glass door, and convinced him to unload his weapon and to surrender it. Applicant testified that he is not sure whether he would have gone through with his plan to kill himself if the police officer had not intervened. (Tr. 18-22, 30-32, 36-44; Answer; GE 2-5; AE A, B)

As a result of his suicide attempt, in January 2019, Applicant was involuntarily hospitalized at a VA hospital in State 2 under the Baker Act, a State 2 mental-health law.

He spent just under three days being treated. He was diagnosed with unspecified depressive disorder, relationship distress with spouse, and PTSD (chronic). According to his medical records, at the time of his discharge, he was "not interested in medications at this time." He was "very motivated to receive therapy [after his release from involuntary hospitalization] and agreed to be receptive if medications are recommended while receiving therapy." He also told his treatment team that he is "planning to get therapy while in [City X]." (Tr. 18-22, 30-32, 36-44, 50-66, 70-76; Answer; GE 2-5; AE A, B)

Applicant testified that he did not seek additional psychotherapy upon discharge. He testified that he would not have been released if the review panel recommended further treatment upon discharge. He misconstrued the basis for his discharge under the Baker Act after 72 hours as meaning that mental health professionals thought he did not need additional mental-health treatment. However, the VA clearly advised him to seek therapy after he was discharged. Moreover, they noted that he agreed to do so. (Tr. 18-22, 30-32, 36-44, 50-66, 70-76; Answer; GE 2-5; AE A, B)

During cross examination, Applicant initially claimed that the VA's recommendation that he receive therapy did not mean it was recommended that he see a psychiatrist, but that he seek some other unarticulated form of therapy, possibly physical therapy. During extensive cross examination and questioning from the bench, he eventually acknowledged that he did attend four required follow-up appointments with individuals he believed were social workers, but he claimed these individuals did not believe he needed additional medication or mental-health treatment. I found his shifting and inconsistent testimony detracted from his credibility. The records from this inpatient hospitalization reflect that his wife was interviewed and claimed that Applicant is a "human lie detector" and "he could fool people." He claimed that he followed the social workers' recommendations and worked on himself through research, grounding techniques, talking to other veterans, and following a healthy lifestyle with a good diet and exercise. He found these techniques to be effective and claimed they resolved his mental health issues. He and his wife eventually reconciled after this incident and remained married until their recent divorce in late 2025. (Tr. 18-22, 30-32, 36-44, 50-66, 70-76; Answer; GE 2-5; AE A, B)

Applicant claimed that he has not had any issues with his mental health since 2019. However, his VA medical records belie this claim. Records from December 2022 reflect that he conducted an initial visit to establish primary care regarding chronic pain. The December 2022 VA records document that Dr. S, a Ph.D., a licensed clinical psychologist "met briefly with pt. to introduce behavioral health services at this facility" following Applicant's appointment with his primary care physician (PCP). The record further reads, "veteran reports anxiety, pain, ptsd [symptoms]. He reports that these are well-managed, but he is interested in completing an intake appointment." While it read that his risk level was low, outpatient treatment was appropriate. The record noted that "pt. reporting coping well at this time, but is interested in establishing with MH to learn new tools for managing trauma sxs." Finally, it noted that an appointment should be scheduled for January 11, 2023. (Tr. 18-22, 30-32, 36-44, 50, 76-96, 100-118; Answer; GE 2-5; AE A-C)

VA records reflect that on January 11, 2023, Applicant had a primary care behavioral health consultation with the VA. The records from that visit reflect dates of January 11, 12, and 13, 2023 and read that Applicant was experiencing worsening mood/anxiety and "clinically significant symptoms of depression and anxiety, as evidenced by self report of symptoms and results of [mental health] rating scales." The records also reflect that, during a recent session with a psychologist, Applicant expressed interest in potential initiation of mental health meds and "he is also having panic attack symptoms." The records note his concurrent chronic pain issues and recommends starting Cymbalta daily. They further read, "agree with plan to f/u with [Dr. S] for psychotherapy." The record dated January 12, 2023 indicated that the appointment lasted between 16 and 37 minutes, that the writer's diagnostic impression was that Applicant had panic disorder and unspecified trauma disorder, and that a follow-up mental health appointment should be scheduled for January 25 for trial of brief psychotherapy. The record dated January 13, 2023 is electronically signed by a psychiatrist and was forwarded to a licensed clinical psychologist. It noted a primary mental health diagnosis of "depression unspec; anxiety unspec (r/o panic disorder)." It also read that "pt will not need CAPs as he has seen psychology." (Tr. 18-22, 30-32, 36-44, 50, 76-96, 100-118; Answer; GE 2-5; AE A-C)

Applicant claimed that these entries in his medical record are inaccurate because he has not sought mental-health treatment since 2019. He claimed the only treatment he sought in 2023 was to establish a new primary-care doctor for chronic pain associated with fibromyalgia. He noted that the VA medical records related to his PTSD treatment in 2010 reflect that he was treated in State 1, and claimed he never received treatment there, so the VA records are fallible. He believes that the 2023 VA records inaccurately portray his mental health issues such as panic attacks by implying that he was suffering from them close in time to January 2023. He claimed that he has not had panic attacks since about 2010, and that he did not represent to anyone in January 2023 that he was having worsening anxiety, panic attacks, and wanted to consult about taking mental-health medication. He claimed that he did not consult with either of the men listed in the VA medical records, instead meeting with two women. The VA medical records from December and January 2023 contain other information about Applicant that is accurate, so the record does not seem to relate to another patient. For example, the records reference his 2019 inpatient treatment, his correct address and date of birth, and his history of suffering from lower urinary tract symptoms, traumatic brain injury, and TMJ. It also contains accurate information that he had two dogs. He contacted the VA about potentially correcting these records, but he did not say when he took this action or what progress he has made. He acknowledged that he had not read all of the VA records in evidence before the hearing, despite receiving them well in advance of the hearing. (Tr. 18-22, 30-32, 36-44, 50, 76-96, 100-118; Answer; GE 2-5; AE A-C)

On April 21, 2025 and May 9, 2025, at the request of the DCSA, a licensed clinical psychologist and doctor of psychology (Dr. B), evaluated Applicant. Dr. B issued her report of evaluation on May 9, 2025. Her report, quoted at length below, was based upon virtual interviews, information about Applicant derived from security clearance eligibility investigations from 2021 and 2023, including his September 28, 2024 responses to DCSA

interrogatories, information related to a 2019 temporary injunction for a protective order in favor of his spouse after Applicant's 2019 suicide attempt, and the aforementioned mental health records from the VA. She noted that he had been prescribed various medications for mood disturbance while an inpatient at a VA in State 1 and that he denied ever being treated in State 1. Her interpretation was that Applicant refused prescription medication during his 2019 involuntary hospitalization. She noted that he did not seek psychotherapy treatment after his 2019 involuntary hospitalization because he thought he did not require it, and that he denied seeking intervention for emotional distress in 2023, despite his VA records indicating that he did. As part of his evaluation, she used Applicant's results of a psychological online test called the Personality Assessment Inventory (PAI) that he took during one of their meetings. She noted that based upon these score results, Applicant:

> tended to represent himself in a consistently favorable light, and as being relatively free of common shortcomings to which most individuals will admit. This indicates that [Applicant] may be reluctant to acknowledge personal limitations and will tend to repress or deny distress or other internal consequences that might arise from such limitations . . . . Consequently, he will likely minimize (or perhaps be unaware of) problems or other areas where functioning may be less than optimal. Given these apparent tendencies, the obtained clinical profile may underrepresent the extent and the degree of any significant difficulties he is experiencing. (GE 2)

Dr. B noted that Applicant's stable and relatively stress-free environment with his social support system is a favorable sign for future adjustment. She wrote "the following diagnoses are appropriate at this time: unspecified depressive disorder, per medical records [and] PTSD, chronic, per medical records (not currently identified)." (GE 2)

Dr. B further noted:

> Even if [Applicant's] mental health conditions are in remission, the absence of appropriate treatment for depression and anxiety since his hospitalization by Baker Act raises concern for future recurrence of either or both documented conditions. It is noteworthy that [Applicant] was similarly not compliant with his medication regimen at the time of his previous hospitalization. He also has not been complaint [*sic*] with recommended follow-up. Additionally, there are indications within the record that he presented to a walk-in clinic in 2023 for resurgence of symptoms (although the applicant denied this to be true). If faced with significant stressors, [Applicant] is at risk of relapse of either mental health condition documented in this case. (GE 2)

Dr. B gave Applicant a fair prognosis based upon the remoteness of his inpatient hospitalization and the presence of his supportive marriage and high job satisfaction, which she found are positive mitigating factors. However, she further found that "there is still the likelihood of recurrence of symptoms of either documented mental health

condition, either of which could impact judgment, reliability, stability, and trustworthiness." (GE 2)

As part of his post-hearing documentation, Applicant provided an undated report from Dr. C, a licensed clinical psychologist with a doctorate in psychology drafted after a consultation on an unspecified date. Dr. C referenced previous VA records, unspecified character-reference letters, and an unspecified letter from DOD. He wrote that his assessment procedures consisted of a clinical interview, the PAI, a PTSD and Suicide Screener, and "Trauma Symptom Inveitry [*sic*] -2nd ed. He noted that the PAI results showed Applicant's "mild tendencies to represent himself in a favorable light, but these tendencies do not impact the validity of his testing." Dr. C did not explain why he found no resulting impact. Dr. C also wrote that Applicant's test results "produced a valid profile with no clinical elevations." Dr. C's report related Applicant's background and biographical information that was largely consistent with the record herein. However, Dr. C noted that Applicant reported "suffering no serious injuries or having any health issues," which is inconsistent with the physical health problems from which he suffers, as discussed herein. Dr. C also wrote that Applicant denied any history of panic attacks, which is also inconsistent with the record herein. (AE C)

Dr. C noted that Applicant denied any current mental-health issues, is not receiving therapy or psychiatric symptoms, and that any prior behavioral issues had resolved by the passage of time and practicing coping skills. He noted Applicant reported no serious levels of stress and that he is "open to any therapeutic measures that are deemed necessary for him to function in society[.]" Dr. C noted no issues with regard to Applicant's decision making and judgment, that he was "a mild risk for future events of symptom breakthrough." He did not reference the discrepancy between Applicant's 2022 and 2023 VA records showing mental health consultations and Applicant's representation that no such consultations occurred. Dr. C opined that Applicant is capable of carrying out the "job he is currently doing . . . ." He further opined that Applicant's previous diagnosis of PTSD appears to be in remission, and that "he appears to be adequately suited to meet or exceed the psychological expectations for security clearance privileges." Dr. C opined that Applicant can fulfill the obligations and responsibilities of having a security clearance. Applicant did not provide a copy of Dr. C's CV and there is no evidence of Dr. C's qualifications to show he is qualified to opine specifically as to the psychological expectations for security clearance holders. (AE C)

Applicant noted that he has performed well in stressful professional situations and cited his progression during his employment and compliance with security and professional requirements as evidence that he is mentally stable and has good judgment. He claimed he has been open and honest about his past mental-health issues and has never tried to hide any of his treatment, demonstrating his reliability and trustworthiness. He claimed that he is not suffering from any PTSD related symptoms, has resolved any other mental-health issues, understands the importance of mental-health care, and would not hesitate to seek appropriate treatment in the future if medically necessary. In the Answer, he claimed he is in the process of reviewing his VA records to ensure they

accurately reflect his care history and to prevent further misunderstandings. (Tr. 18-22; Answer; AE A, B)

Applicant provided letters from work colleagues, including his supervisor. They wrote that he is professional, trustworthy, reliable, even tempered, and shows the utmost integrity even under the most stressful situations in unstable regions. To the extent they opined on the topic, the authors all recommended that he be granted security clearance eligibility. His program manager noted that he is no longer working for the same government contractor because of the issues surrounding his security clearance, but that he performed well and would be welcomed back if the security clearance issue is positively resolved. None of these writers indicated whether they are aware of the issues raised in the SOR. (Answer)

Applicant's ex-wife provided a letter that Applicant attached to the Answer and another that he provided as part of his post-hearing documents. She noted his 2019 mental-health crisis, claimed it was based upon marital distress, has been fully resolved, and is not related to his PTSD. She claimed that no mental-health professional has advised him to take any prescription medication. She wrote that he is dependable and calmly handles stressful situations. She recommended that he maintain security clearance eligibility. In the letter that Applicant attached to the Answer, she did not reference the possibility that he received outpatient treatment in 2023, nor did she reference errors in his VA records. In the letter Applicant submitted post-hearing, she did reference this issue, claiming that, to the best of her knowledge, he did not seek mental-health treatment in 2023, never received treatment in State 1, and claimed that she became aware of errors in his medical records during the disability rating process for which he employed the assistance of his congressman. (Answer; AE B)

## Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

The DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. The disorders of which Applicant has been diagnosed by mental-health professionals are summarized from the DSM-5, as follows:

### Unspecified Depressive Disorder

This category applies to presentations in which symptoms characteristic of a depressive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class and do not meet criteria for adjustment disorder with depressed mood or adjustment disorder with mixed anxiety and depressed mood. The unspecified depressive disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific depressive disorder, and includes presentations for which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

### Unspecified Anxiety Disorder

This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class, and do not meet criteria for adjustment disorder with anxiety or adjustment disorder with mixed anxiety and depressed mood. The unspecified anxiety disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific anxiety disorder and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

### Panic Disorder

In panic disorder, the individual experiences recurrent, unexpected panic attacks and is persistently concerned or worried about having more panic attacks or changes his or her behavior in maladaptive ways because of the panic attacks (e.g., avoidance of exercise or of unfamiliar locations). Panic attacks are abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms.

### PTSD

The essential feature of posttraumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events. The clinical presentation of PTSD varies. In some individuals, fear-based reexperiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic or dysphoric mood states and negative cognitions may be most prominent. In some other individuals, arousal and reactive-externalizing symptoms are prominent, while in yet others, dissociative symptoms predominate. Finally, some individuals exhibit combinations of these symptom patterns.

## Policies

This case is adjudicated under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG), which became effective within DOD on June 8, 2017.

When evaluating an applicant's suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are to be used in evaluating an applicant's eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, administrative judges apply the guidelines in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the "whole-person concept." The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security."

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by the applicant or proven by Department Counsel." The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. 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 of potential, rather than actual, risk of compromise of classified information.

Section 7 of EO 10865 provides that adverse decisions shall be "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." *See also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

## Analysis

### Guideline I: Psychological Conditions

The security concern for psychological conditions is set out in AG ¶ 27:

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

negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

AG ¶ 28 provides conditions that could raise psychological conditions security concerns. The following are potentially applicable:

> (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.

**AG ¶ 28(a)**

Applicant engaged in suicidal behavior in 2019, which casts doubt on his judgment, stability, reliability, or trustworthiness, is not covered under any other guideline, and may indicate an emotional, mental, or personality condition. AG ¶ 28(a) is established.

**AG ¶ 28(b)**

AG ¶ 28(b) requires: 1) an opinion by a duly qualified mental health professional that the individual has a condition; and 2) that the condition may impair judgment, stability, reliability, or trustworthiness. Qualified mental health professionals have diagnosed Applicant with unspecified depressive disorder, unspecified anxiety disorder, panic disorder, and PTSD.

Some conditions clearly impair judgment, stability, reliability, and trustworthiness, and by their very nature raise security concerns, and can be accepted as such without further elaboration by the mental health professional. Other conditions may require elaboration by the mental health professional as to how the condition may impair the individual's judgment, stability, reliability, or trustworthiness. There is no evidence that any of the four aforementioned disorders with which Applicant has been diagnosed fall into the category of conditions that by their very nature raise security concerns. *See, e.g.*, USAF-M Case No. 23-00056-R at 3 (App. Bd. Jan. 4, 2024). Therefore, further elaboration from a mental health professional is required to establish the second prong

of AG ¶ 28(b). No such professional has elaborated on whether Applicant's unspecified anxiety disorder or panic disorder impact his judgment, stability, reliability, and trustworthiness, so AG ¶ 28(b) does not apply to those conditions.

Dr. B, a licensed clinical psychologist, diagnosed Applicant with the following conditions: unspecified depressive disorder, per medical records [and] PTSD, chronic, per medical records (not currently identified). She opined there is still the likelihood of recurrence of symptoms of either documented mental health condition, either of which could impact judgment, reliability, stability, and trustworthiness She opined that this condition impaired his reliability and stability. As both of the aforementioned conditions of AG ¶ 28(b) are met, it is established as to the diagnoses of unspecified depressive order and PTSD.

**AG ¶ 28(c)**

Applicant received voluntary inpatient treatment for PTSD in 2010 and involuntary inpatient treatment in 2019 after a suicide attempt. AG ¶ 28(c) is established.

**AG ¶ 28(d)**

As alleged in SOR ¶ 1.a, Dr. B opined that Applicant did not receive appropriate treatment for depression and anxiety and was not compliant with recommended follow up after his 2019 inpatient hospitalization. AG ¶ 28(d) is established by the substantial evidence of the allegations in SOR ¶ 1.a.

AG ¶ 29 provides conditions that could mitigate psychological conditions security concerns. The following 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.

As part of my mitigation analysis, I will attempt to square the direct contradiction between Applicant's VA medical records in late 2022 and early 2023, and his representations about that treatment in his Answer, his documents, and his testimony. The VA records clearly indicate that Applicant sought and received mental-health treatment from the VA in December 2022 and January 2023. Applicant, however, claimed that he neither requested nor received mental-health treatment or complained of mental health symptoms during this time period. Instead, he claimed that he merely sought to establish a relationship with a primary care provider because he was suffering from chronic pain. He claimed that information in those records to the contrary is inaccurate or represents symptoms and diagnoses from the distant past.

While I acknowledge that medical records can contain errors, I find it less likely that these records were inaccurately created than the alternative scenarios that Applicant does not remember the treatment, or he is being untruthful about it. I struggle to believe that multiple VA professionals made up conversations with Applicant about his mental-health symptoms or failed to accurately convey the timeline of Applicant's symptoms and conditions on multiple occasions. I note that the medical records contain indicia of reliability, such as being created within a reasonable period of time of the events they describe. The records also contain a number of other accurate pieces of information, such as his medical history, his date of birth, his address, and the number of dogs he owned. The 2022 and 2023 VA records report that Applicant sought treatment for worsening symptoms that are consistent with his diagnoses of unspecified anxiety disorder and panic disorder.

I also note that the VA professionals who created the records and entered information therein have no motivation to be untruthful or inaccurate. Applicant has motivation to show that his conditions and symptoms have not recurred since 2019, in order to maintain consistency in his narrative, and to show that his mental-health issues have resolved. Finally, Applicant claimed that he has made efforts to correct his VA records, but he has not provided any documentation to corroborate those efforts. Moreover, he did not provide evidence of when he engaged in these efforts or in what manner. Therefore, I find there is substantial evidence to establish the allegations in SOR ¶ 1.b, despite Applicant's denial. I also find that he can be an unreliable storyteller.

It is unclear from the record whether Applicant's unspecified depressive disorder and PTSD are readily controllable with treatment. There is some evidence that they are because of Applicant's representations that he is symptom free. However, as I have indicated herein, he has displayed a questionable willingness to accurately divulge his symptoms. Regardless, as Dr. B indicated that he did not seek sufficient mental-health treatment after his 2019 suicide attempt, and he has not provided evidence of following through with the treatment that mental-health professionals suggested for him in 2022 and 2023, he has not provided sufficient evidence of his ongoing and consistent compliance with his treatment plan. AG ¶ 29(a) is not applicable.

There is no evidence that Applicant is currently receiving counseling or treatment. He had a one-time undated consultation with Dr. C. AG ¶ 29(b) is not applicable.

Applicant provided an opinion by a duly qualified mental-health professional (Dr. C) that read that Applicant is a mild risk for future events of symptom breakthrough. Dr. C also opined that Applicant's previous diagnosis of PTSD appears to be in remission, and that "he appears to be adequately suited to meet or exceed the psychological expectations for security clearance privileges." However, there is insufficient evidence that Dr. C was employed by, or acceptable and approved by the U.S. Government. Moreover, there is inaccurate information in the report, such as Applicant reporting that he had no serious injuries or any health issues. This inaccuracy is consistent with Applicant's under or misreporting his past health history and undermines the accuracy of any subsequent findings. Dr. B, who was approved by the U.S. Government, wrote that there is a likelihood of recurrence of symptoms while he is not being appropriately treated (which she opined he was not). AG ¶ 29(c) is not applicable.

Applicant's suicidal behavior appears to have been episodic and has abated. However, as indicated by his 2022 and 2023 VA medical records, Dr. B's report, and the chronic nature of the conditions with which Applicant has been diagnosed, his depressive disorder, anxiety disorder, panic attacks, and PTSD are not temporary. Given his failure to seek treatment, the situation has not been resolved. I have thoroughly considered Dr. C's report, which provides evidence that all of the elements of mitigation under AG ¶ 29(d) are applicable. However, I give that report less weight than Dr. B's report for several reasons, as follows: it fails to consider the discrepancy between Applicant's 2022 and 2023 VA records and his representations that he received no mental-health treatment during this time frame; the inaccuracies in Dr. C's report, possibly caused by Applicant underreporting his health conditions, including his panic attacks; and the lack of information regarding Dr. C's qualifications. AG ¶ 29(d) is not applicable.

Given the conflicting evidence between Dr. B's and Dr. C's reports, and my finding that I find Dr. B's report more persuasive, Applicant has not met his burden to provide evidence that there is no indication of a current problem. AG ¶ 29(e) is not applicable.

**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 relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

> (1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct;

(8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I have incorporated my comments under Guideline I in my whole-person analysis. I recognize and thank Applicant for his military service and the sacrifices he has made for our country. I have considered his character-reference evidence attesting to his personal attributes and ability to perform his professional responsibilities. I have also considered his evidence that he is now stable and does not suffer from mental-health issues. However, I find that the more persuasive evidence presented is that he is still suffering from untreated mental-health conditions, and refuses to acknowledge this possibility. I have also found that, whatever the cause, he is not a reliable storyteller. Given these considerations, I have doubts concerning his judgment, reliability and trustworthiness that I must resolve in favor of national security. The psychological conditions security concerns are not mitigated.

## 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: | AGAINST APPLICANT |
| Subparagraphs 1.a-1.d: | Against Applicant |

## Conclusion

It is not clearly consistent with the national interest to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is denied.

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Benjamin R. Dorsey
Administrative Judge