DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 25-00893
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Rhett E. Petcher, Esq., Department Counsel
For Applicant: *Pro se*

07/01/2026

Decision

HALE, Charles C., Administrative Judge:

This case involves security concerns raised under Guideline I (psychological conditions), Guideline H (drug involvement and substance misuse), and Guideline F (financial considerations). Eligibility for access to classified information is denied.

Statement of the Case

Applicant submitted a security clearance application on September 23, 2023. On August 5, 2025, the Department of Defense (DoD) sent her a Statement of Reasons (SOR) alleging security concerns under Guidelines I, H, and F. The DoD acted under Executive Order (Exec. Or.) 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) promulgated in Security Executive Agent Directive 4, National Security Adjudicative Guidelines (December 10, 2016).

Applicant answered (Answer) the SOR on October 13, 2025, and requested a decision based on the administrative (written) record, without a hearing before an Administrative Judge. On November 20, 2025, Department Counsel requested a hearing

in the case before an Administrative Judge, pursuant to Paragraph E3.1.7. of the Additional Procedural Guidance at Enclosure 3 of DoD Directive 5220.6. Department Counsel was ready to proceed on December 18, 2025, and the case was assigned to me on March 2, 2026. On March 11, 2026, the Defense Office of Hearings and Appeals (DOHA) notified Applicant that the hearing was scheduled for April 16, 2026. I convened the hearing as scheduled. Government Exhibits (GE) 1 through 13 were admitted in evidence without objection. Applicant testified and offered Applicant Exhibits (AE) A through M, which were admitted without objection. DOHA received the transcript (Tr.) on April 30, 2026. While the record was open, Applicant offered AE N through Q, which were admitted without objection. The record closed on May 18, 2026.

Findings of Fact

With the exception of SOR ¶ 1.a, Applicant admitted all SOR allegations These admissions are incorporated into the findings of fact. During the hearing the Government moved to amend the SOR under Guideline F, adding SOR ¶¶ 3.b and 3.c, and Applicant did not object and elected to proceed with the additional allegations at the hearing. (Tr. 70-71.) Based on my review of the pleadings, evidence submitted, and testimony, I make the following findings of fact.

Applicant is 41 years old. She received her bachelor's degree in 2015. At the time of her June 2024 psychological evaluation, she held a master's degree in industrial-organizational psychology and was currently pursuing a second master's degree in criminal justice. She testified she had started her doctoral program in international psychology in October of 2025. She married in 2008 and divorced in 2011. She married again in 2016, and this marriage ended in divorce in 2020. She has two teenage children. She provides support for both. Her oldest child is in college. She has held a public trust clearance. She has been employed by her sponsor without any interruptions in pay since 2020. (GE 1; GE 3 at 1; Tr. 56-60, 109.) Consistent with the Government psychologist's observation, Applicant at her hearing testified credibly about her mental health issues, substance abuse concerns, and her financial consideration concerns. She offered strong and credible testimony from her support network. (Tr. 17-27, 28-45, 98-99.)

Guideline I (Tr. 119-144.)

Applicant disclosed on her SCA four admissions for mental health issues. For the first three admissions she listed she stated, "I voluntarily admitted myself to [hospital] because I was having a challenging time." On the fourth admission she stated, "I admitted myself to the psychiatric unit at my local hospital for depression." (GE 1 at 35-36.)

SOR ¶ 1.a: **You were evaluated by a licensed psychologist on June 6, 2024. The evaluator determined you meet the criteria for Bipolar II Disorder. You have a history of problematic substance use, bipolar symptoms, acting out impulsively and psychiatric hospitalizations. Considering your extensive psychiatric history, there was a recent and significant gap in your mental health care after you ceased treatment with your treatment provider in approximately the summer of 2023. You**

did not reestablish care for approximately nine months, during which you engaged in self-harm behavior and experienced two manic episodes. The evaluator opined that your long-term stability is concerning and there is not enough evidence to demonstrate that you have reached consistent psychiatric stability. The evaluator opined that your reliability, judgment, stability and trustworthiness are comprised by your current psychiatric state. Applicant denied the allegation and, in her Answer, stated:

> I am currently psychiatrically stable. I am engaged in ongoing outpatient psychiatric care, including monthly appointments with a treating psychiatrist. I am adherent to a prescribed psychotropic medication regimen, which has been effective in stabilizing mood symptoms. I do have [a] documented history of psychiatric instability, including a period of several months during which I was not engaged in care. During that time, I exhibited self-harm behaviors and experienced manic episodes. However, with re-engagement in treatment and medication adherence, my condition has stabilized. Further, ongoing monitoring and treatment compliance are in place to support continued stability.
>
> Lastly, despite my history, I have demonstrated reliability, exercise sound judgement, and am regarded as trustworthy in my current functioning. I have shown insight into my condition and remain committed to maintaining psychiatric stability through continued treatment and self-management. (Answer.)

Applicant on her SCA disclosed she was diagnosed in February 2012 with Bipolar mood disorder and that she was "still under [Dr. J's] care and as of today," and that she was stable and her symptoms were managed. (GE 1 at 37.) The Government's psychologist summed up his evaluation of Applicant as follows:

> To briefly sum up, the subject's self-report was reliable. While it is possible she may be at a juncture in which she is taking command and accountability of her psychological state, not enough time has passed to confidently say so. I recommend the subject continue her current medication regimen and establish a more intensive psychotherapeutic treatment, such as cognitive behavioral therapy or social rhythm therapy for bipolar disorder, and therapy aimed at permanently remaining abstinent from substances not currently being medically monitored. It is my professional opinion, within reasonable certainty, that the subject's ***reliability, judgment, stability, and trustworthiness are compromised*** by her ***current*** psychiatric state. (GE 3 at 5 (emphasis in original).)

Applicant admits she was diagnosed in February 2012 with Bipolar mood disorder. She agreed that she had been treated by a medical provider and in June of 2023 stopped seeing her provider over a disagreement in treatment. She now sees her current provider monthly but admitted she had not disclosed a recent manic episode to her new provider.

She is now current on her medications and is making her regularly scheduled appointments. She is currently taking Lamictal, Abilify, Gabapentin, Adderall, PRN medication for anxiety, Hydroxyzine, and Trazadone. She did not offer a recent opinion by one of her care providers concerning her conditions. (Tr. 130-137, 144; AE M.)

SOR ¶ 1.b: **From about 2012 through about the summer of 2023, you received treatment with [Dr. J]. You were diagnosed with Bipolar Mood Disorder and Anxiety Disorder. You stopped attending treatment with a significant gap in care between the summer of 2023 and April 2024**. Applicant admits the allegation, and on her SCA disclosed she was diagnosed in February 2012 with Bipolar mood disorder. She stated she was "still under [Dr. J's] care and as of today," and that she was stable and her symptoms were managed. (GE 1 at 37; GE 4.) She agreed that she had a recent and significant gap in mental health care because she had ceased treatment with her provider in December of 2023. (Tr. 130-131.) She stated she reestablished care for the following reason:

> I realized that I was not doing well. I was having -- just I was not feeling like myself and I wanted to feel stable again -- mentally stable. That's what prompted me to reestablish care. I wanted to feel like myself again. I did not feel like myself. (Tr. 135.)

SOR ¶ 1.c: **In about June 2023, you ceased mental health treatment and experienced manic episodes in about December 2023 and January 2024**. Applicant admits the allegation. She agreed that she had ceased treatment with her provider in June of 2023 over a disagreement in treatment. She now sees her current provider monthly. She was engaged during this period trying to recoup child support and medications lapsed. She is now current on her medications and is making her regularly scheduled appointments. (Tr. 130-136, 144; AE M.)

During this period, Applicant was able to handle her lack of treatment by utilizing her support network. She stated they grounded her and brought her back to reality. She also utilized other coping mechanisms by completing breathing exercises or exercising, in particular distance running. If those outlets did not work, she employed "journaling, stippling, calling my network, et cetera." (Tr. 140-141.) When she experiences a manic episode, she describes having a "racing heartbeat, racing thoughts, feeling like I can sit down, restless." She acknowledges experiencing manic episodes in 2025, which manifested itself in the form of spending sprees without regard to financial results and other risky behavior. She did not tell her current medical provider about this most recent manic episode. (Tr. 49, 54-55, 120-123, 128, 144.)

SOR ¶ 1.d: **From about May 2022 through June 2022, you participated in a partial hospital program at [a hospital]. You received treatment for Bipolar II Disorder and Generalized Anxiety Disorder**. Applicant admitted the allegation, which is supported by hospital records. She testified, "I'm diagnosed as Bipolar II. I believe it's II. So it's more depression than mania." (Tr. 120; GE 5.)

SOR ¶ 1.e: **In about May 2022, you were admitted to [a hospital], on an emergency petition following a suicide attempt during which you consumed a large quantity of Xanax. You were diagnosed with Severe Depressed Bipolar I Disorder without Psychotic Features**. Applicant admitted the allegation. She disclosed the incident on her SCA and discussed the incident with the DoD investigator during her security clearance interview. (GE 1 at 36; GE 2 at 9; GE 6.) While she admitted the conduct, she did not describe it as a suicide attempt stating, "No, it was a -- it wasn't even a suicide attempt. It was a non-concern for my life at that point. … I have no care for what happened to me if I was to overdose on Xanax. But it was not a deliberate suicide attempt." (Tr. 86-87.)

SOR ¶ 1.f: **In about May 2017, you were voluntarily admitted to [a hospital] following a suicide attempt during which you consumed a large quantity of Seroquel. You were diagnosed with Bipolar Disorder, current episode depressed, severe without psychosis**. Applicant admitted the allegation. She disclosed the incident on her SCA and discussed the incident with the DoD investigator during her security clearance interview. (GE 1 at 36; GE 2 at 9; GE 8.)

SOR ¶ 1.g: **In about September 2009, you were voluntarily admitted to [a hospital] for a mental health condition**. Applicant admitted the allegation. She disclosed the incident on her SCA and discussed the incident with the DoD investigator during her security clearance interview. (GE 1 at 36; GE 2 at 9.)

SOR ¶ 1.h: **In about April 2004, you were voluntarily admitted to [a hospital]. You voluntarily sought hospitalization after experiencing suicidal ideation and visual hallucinations. You were diagnosed with Bipolar Disorder**. Applicant admitted the allegation. She disclosed the incident on her SCA and discussed the incident with the DoD investigator during her security clearance interview. She was first diagnosed with Bipolar Disorder in 2004. (Tr. 120; GE 1 at 35; GE 2 at 9; GE 9.)

Applicant testified she experienced "depressive episodes maybe about three or four times a year." She estimated it had been "over a year ago, maybe even more" since she experienced a manic episode. When she experiences a manic episode, she describes having a "racing heartbeat, racing thoughts, feeling like I can sit down, restless." (Tr. 49, 120-126, 128.)

Guideline H (Tr. 80-119.)

The timeline established by these facts reveals that Applicant recognized her addiction and sought psychiatric and medical treatment starting in 2012 (SOR ¶ 2.b). However, despite these efforts and receiving medication to curb narcotic cravings, Applicant continued to actively misuse Percocet from 2013 to 2020 (SOR ¶ 2.c) and Vicodin in the fall of 2019 (SOR ¶ 2.d). (Answer.) Applicant admittedly misused a different class of controlled substance, Xanax (SOR ¶ 2.a) in 2022. (Answer.)

SOR ¶ 2.a: **In about May 2022, you misused your prescription medication Xanax**. Applicant admitted the allegation. On her SCA she disclosed that, "In May 2022, I ingested approximately 5 Xanax in an attempt to commit suicide." (GE 1 at 40.) She wrote, "I was under extreme duress and felt burned out." (GE 1 at 42.) She did not know what a fatal dose would be for Xanax. She had discussed the incident with the DoD investigator during her security clearance interview and listed it in response to Government interrogatories. (Tr. 88-89, 108; GE 2 at 5-6, 9-10.)

SOR ¶ 2.b: **From about 2012 to about 2022, you sought treatment as a result of your misuse of narcotics. You were prescribed medication by your psychiatrist to curb your cravings for narcotics**. Applicant admitted the allegation. On her SCA she disclosed, "I saw my psychiatrist for the administration of a medication to curb 'cravings' for narcotics." (GE 1 at 43.) She has worked with narcotics anonymous (NA) and alcoholics anonymous (AA) and developed safeguards through her support network. She was approved by a vote to run home groups for both NA and AA. She serves as her region's newsletter chair. She testified she practices her daily AA step work and daily habits every single day and has a relapse prevention plan in place "centered on accountability, structure, and early intervention." (Tr. 99-101; GE 5 at 128; AE B, AE F, AE J.)

SOR ¶ 2.c: **In about 2006, and from about January 2013 through June 2020, you misused your prescription medication Percocet**. Applicant admitted the allegation. On her SCA she disclosed her Percocet use from about January 2013 through June 2020. She had discussed the incident with the DoD investigator during her security clearance interview. She was prescribed Percocet for different injuries over the course of her lifetime. They were to be taken as needed but she started misusing them. She admitted she continued to use the prescription after the pain had subsided. She did not seek a prescription when it was no longer needed treatment. She stopped using it whenever she was pregnant. (Tr. 81, 90-96, 108-109, 113; GE 1 at 39; GE 2 at 5-6, 9.)

SOR ¶ 2.d: **From about August 2019 through September 2019, you misused your prescription medication Vicodin**. Applicant admitted the allegation. On her SCA she disclosed, "I was prescribed codeine for pain after my hip surgery, and I misused the drug by using it even when I did not have pain." (GE 1 at 41.) She could not recall with certainty why she had chosen to misuse Vicodin but noted her 2020 divorce "could've been the culprit." (Tr. 109; GE 2 at 5-6, 9-10.)

Guideline F (Tr. 48-55, 61-79.)

SOR ¶ 3.a alleges that Applicant filed Chapter 13 bankruptcy in September 2024 and that the bankruptcy was discharged in January 2025 with claims to be scheduled to be discharged without payment in the approximate amount of $179,000. Applicant admitted this allegation, which was supported by GE 11. On her SCA she disclosed she had sought assistance for financial difficulties. She wrote, "the previous credit counseling service was not providing financial assistance but rather hindering my chances of bettering my credit." She added, "I have settled on many accounts since I began my debt

consolidation and am due to 'graduate' from the program in 2022." (GE 1 at 47; AE N, P, Q.) She discussed her bankruptcy in detail and her financial situation. (Tr. 48-56, 61-65.)

Applicant testified:

> Yes. I understand and I take full responsibility for that behavior in my past, first of all. Secondly, what led me to that financial situation or the financial issue is continued misuse of credit cards and loans. I mean, those are primarily the ones that caused it for years. And so I have [since] created financial habits such as budgeting which I hadn't been doing before in order to mitigate those issues. (Tr. 48.)

Applicant described her misuse of credit cards and loans, which arose from manic behavior, stating, "it was the same situation, old past behaviors appeared, came forth. And I have since rectified that, mitigated that again with like such as a budget and taking responsibility for those behaviors." (Tr. 53.) After the bankruptcy was discharged the spending sprees associated with her manic episodes resurfaced in 2025. (Tr. 49, 54, 129-125.) She provided documentary evidence of her actions to get her current and prebankruptcy debts under control. (AE N-Q.)

During the hearing, Applicant admitted she failed to pay as required state taxes for at least tax years 2020 through 2024 (SOR ¶ 3.b), and that she had approximately $12,000 in unpaid state taxes (SOR ¶ 3.c). She has a payment plan with her state and is paying $200 a month. (Tr. 66-71; AE O.) She confirmed that during the bankruptcy she took two required financial courses. She discussed some recent debts that had arisen because she had not managed her budget correctly. After this experience she created a spreadsheet to manage her finances. (Tr. 63-65.)

Applicant provided letters of support attesting to her character and work ethic. The testimony of her witnesses established that she has a strong support network and that she is working hard to resolve her issues and not hiding the facts when she has a relapse or an episode associated with mental health. (AE E; Tr. 17-45.)

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 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

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.

I have considered the disqualifying conditions for psychological conditions under AG ¶ 28 and the following are potentially applicable 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.

Applicant admits to a 20-year history of Bipolar Disorder accompanied by severe manifestations, including hallucinations, multiple hospitalizations, and suicide attempts. While Applicant has periodically sought care, the record highlights a cyclical pattern of severe depressive episodes (resulting in suicide attempts in 2017 and 2022) and a recent failure to adhere to treatment (Summer 2023), which triggered manic episodes (December 2023 to January 2024). AG ¶ 28(a), (b), (c), and (d) apply.

I have considered the mitigating conditions under AG ¶ 29. 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.

AG ¶¶ 29(a), (b), (c), (d), and (e) do not apply. The Applicant has a 20-year history of severe Bipolar Disorder characterized by multiple hospitalizations and suicide attempts. Most critically, her decision to unilaterally cease treatment in 2023 directly resulted in severe manic episodes in late 2023 and early 2024. She has not demonstrated that her condition is currently stable, compliant with medical advice, or safely under control.

Under AG ¶ 29(a), mitigation may apply if there is a recent opinion by a duly qualified mental health professional that the condition is under control and unlikely to recur. Given the Applicant's admitted manic episodes in December 2023 and January 2024, as well as in 2025, her condition is active and likely to recur when she is not compliant with care. This mitigation does not apply.

Under AG ¶ 29(b), mitigation is available if the condition happened so long ago or under such circumstances that it is unlikely to recur. The recent gap in care and subsequent manic episodes in late 2023/early 2024 preclude the application of this condition.

Under AG ¶ 29(c), a concern may be mitigated if the individual is currently receiving counseling or treatment with a favorable prognosis and is strictly compliant with treatment recommendations. While Applicant resumed care in April 2024, her track record demonstrates a dangerous pattern of unilateral treatment cessation. Her decision to stop seeing Dr. J in June 2023 directly caused severe manic episodes. The relatively recent resumption of care in 2024 is insufficient to establish a reliable track record of compliance given her long history of volatility.

Under AG ¶ 29(d), mitigation applies if the past emotional instability was a temporary condition (e.g., caused by a death, illness, or marital breakup), the situation has been resolved, and the individual no longer shows indications of emotional instability. This condition does not apply. The Applicant’s condition is not a temporary reaction to a situational stressor; it is a chronic, medically diagnosed psychiatric disorder (Bipolar Disorder) that has persisted for two decades and requires ongoing, long-term management.

Under AG ¶ 29(e), a concern may be mitigated if there is no indication of a current problem. This condition does not apply. The Applicant's unilateral decision to cease treatment in the summer of 2023 directly precipitated manic episodes in December 2023 and January 2024—just months prior to her resuming care in April 2024. In the context of a 20-year cyclical illness, recent manic episodes, including one she disclosed in 2025, and a recent gap in care are stark indicators that the problem remains current and is not safely resolved.

Guideline H: Drug Involvement and Substance Misuse

AG ¶ 24 expresses the security concern for drug involvement:

> The illegal use of controlled substances . . . can raise questions about an individual's reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person's ability or willingness to comply with laws, rules, and regulations.

I have considered the disqualifying conditions for drug involvement under AG ¶ 25 and the following are potentially applicable:

(a) any substance misuse.

SOR ¶ 2.b, that Applicant sought psychiatric treatment and medication to curb her narcotic cravings between 2012 and 2022, is a statement of fact and does not describe a disqualifying condition. The Applicant's admissions to SOR ¶¶ 2.a through 2.d establish a chronic history of prescription drug misuse involving high-potency controlled substances. This triggers AG ¶ 25(a) (any substance misuse).

I have considered the mitigating conditions under AG ¶ 26. The following are potentially applicable:

> (a) the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
>
> (b) the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:
>
> > (1) disassociation from drug-using associates and contacts;
> >
> > (2) changing or avoiding the environment where drugs were used; and
> >
> > (3) providing a signed a statement of intent to abstain from all drug involvement or substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility.
>
> (c) abuse of prescription drugs was after a severe or prolonged illness during which these drugs were prescribed, and abuse has since ended; and

(d) satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Under AG ¶ 26(a), a concern may be mitigated if the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur. This mitigation does not apply. The Applicant's drug misuse spans a 16-year period and involves multiple substances. It is neither isolated nor infrequent, and her recent use of Xanax in 2022 precludes a finding that the conduct is in the past.

Under AG ¶ 26(b), mitigation is available if an individual acknowledges their drug involvement, provides evidence of actions taken to overcome the problem, and establishes a pattern of abstinence. Applicant receives credit for acknowledging her problem and seeking psychiatric treatment and craving-reduction medication between 2012 and 2022. Acknowledging a substance abuse disorder is a vital first step.

However, under a strict application of this guideline, the efficacy of that treatment is severely undermined by the Applicant's own admissions. She continued to actively misuse Percocet and Vicodin while under this psychiatric care. A treatment regimen cannot be considered successful or mitigating if the applicant concurrently misuses the very narcotics the treatment is designed to curb. Furthermore, her misuse of Xanax in May 2022 represents a recent relapse and demonstrates she has not established a reliable, long-term pattern of abstinence. Her mental-health condition may trigger substance abuse in the future. AG ¶ 26(b) does not apply.

AG ¶ 26(c) does not apply. The record indicates Applicant did suffer various medical issues during the periods alleged. It is plausible that Percocet and Vicodin were initially prescribed for legitimate pain management related to these conditions. However, the mitigation requires that the abuse "has since ended." Applicant's misuse extended beyond the recovery window these prescriptions were prescribed and culminated in the misuse of a non-pain-related medication (Xanax) in 2022. The abuse has not reliably ended.

Under AG ¶ 26(d), mitigation applies if there is satisfactory completion of a prescribed drug treatment program, a favorable prognosis by a recognized medical professional, and a strict pattern of abstinence. For the reasons stated above—chiefly her active misuse of drugs during her treatment and lack of a sufficiently sustained abstinence, and the absence of a favorable prognosis by a recognized medical professional—this condition does not apply.

Guideline F: Financial Considerations

The security concern relating to the guideline for financial considerations is set out in AG ¶ 18:

> 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. Affluence that cannot be explained by known sources of income is also a security concern insofar as it may result from criminal activity, including espionage.

This concern is broader than the possibility that an individual might knowingly compromise classified information in order to raise money. It encompasses concerns about an individual's self-control, judgment, and other qualities essential to protecting classified information. An individual who is financially irresponsible may also be irresponsible, unconcerned, or negligent in handling and safeguarding classified information. *See* ISCR Case No. 11-05365 at 3 (App. Bd. May 1, 2012)

Applicant's admissions and the evidence in establish the disqualifying conditions under this guideline:

> AG ¶ 19(a): inability to satisfy debts;
>
> AG ¶ 19(c): a history of not meeting financial obligations;
>
> AG ¶ 19(e): consistent spending beyond one's means or frivolous or irresponsible spending, which may be indicated by excessive indebtedness, significant negative cash flow, a history of late payments or of non-payment, or other negative financial indicators; and
>
> AG ¶ 19 (f): failure to file or fraudulently filing annual Federal, state, or local income tax returns or failure to pay annual Federal, state, or local income tax as required.

The following mitigating conditions under AG ¶ 20 are potentially applicable:

(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, or 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

(g) the individual has made arrangements with the appropriate tax authority to file or pay the amount owed and is in compliance with those arrangements.

AG ¶¶ 20(a), 20(b), 20(c), and 20(d) do not fully apply. Applicant's 2025 bankruptcy demonstrates an attempt to address past financial difficulties, her accumulation of new debt immediately following the bankruptcy indicates that her financial problems remain ongoing and are not under control. She is credited with receipt of financial counseling in the bankruptcy process; however, there are not clear indications that her finances are under control. Under the "whole-person" concept, I have evaluated Applicant's overall reliability. While the unalleged debts incurred after the 2025 bankruptcy were not explicitly charged in the SOR, they are highly relevant to assessing her current state of financial rehabilitation. Applicant's admission that she has immediately accrued new, delinquent debt post-bankruptcy demonstrates that the underlying causes of her financial distress have not been resolved. She has not established that her financial problems are "under control" as required for mitigation under AG ¶ 20(c).

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 considered her work performance, her education efforts, her efforts to deal with the misuse of prescriptions drugs and the strength of her support network to deal with both her substance use concerns as well as her mental health concerns, her work history, and her character letters. Her history of seeking help during crises is noted as a positive factor. However, the severity of her condition when unmanaged—manifesting in suicide attempts via drug overdoses and severe manic episodes—poses an unacceptable security risk. Her recent lapse in judgment to cease treatment in 2023 demonstrates that she has not fully developed the coping mechanisms necessary to manage her chronic condition reliably. Overall, the record evidence leaves me with questions and doubts about Applicant's eligibility for a security clearance. She did not provide sufficient evidence to mitigate the security concerns under Guidelines I, H, and F.

The determination of appellant's eligibility and suitability for a security clearance is not a once in a lifetime occurrence, but is based on applying the factors, both disqualifying and mitigating, to the evidence presented. Under her current circumstances, a clearance is not warranted. In the future, she may well demonstrate persuasive evidence of her security worthiness.

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.h:	Against Applicant
Paragraph 2, Guideline H:	AGAINST APPLICANT
Subparagraphs 2.a, 2.c-2.d:	Against Applicant
Subparagraph 2.b:	For Applicant
Paragraph 3, Guideline F:	AGAINST APPLICANT
Subparagraph 3.a:	Against Applicant
Subparagraphs 3.b-3.c:	For Applicant

Conclusion

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

Charles C. Hale
Administrative Judge