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| In the matter of: | ) | ISCR Case No. 25-00940 |
| Applicant for Security Clearance | ) | |

## Appearances

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

06/30/2026

## Decision

ROSS, Wilford H., Administrative Judge:

Applicant did not mitigate the security concerns under Guidelines I (Psychological Conditions), G (Alcohol Consumption), and J (Criminal Conduct). Eligibility for access to classified information is denied.

## Statement of the Case

Applicant submitted a security clearance application (SCA) on May 13, 2022. On January 12, 2026, the Defense Counterintelligence and Security Agency (DCSA) sent her a Statement of Reasons (SOR) alleging security concerns under Guidelines I, G, and J. Applicant answered the SOR on or about February 13, 2026, and requested a decision on the written record in lieu of a hearing. Department Counsel submitted the Government's written case on March 11, 2026. A complete copy of the file of relevant material (FORM) was sent to Applicant, who was given an opportunity to file objections and submit material to refute, extenuate, or mitigate the Government's evidence. She received the FORM on March 20, 2026, and on March 27, 2026, she responded by resubmitting her answer to the SOR. The case was assigned to me on June 10, 2026.

The Government's FORM consists of the pleadings in the case (Government Exhibit (GE) 1), Applicant's answer to the SOR (GE 2), and the documents in support of the allegations in the SOR (GE 3-8). GE 3 through 8 are admitted into evidence, without objection. Applicant's response to Government's FORM is a duplicate of her 15-page answer to the SOR, which has been marked as GE 2 and is already a part of the record. To avoid duplication and potential confusion, Applicant's response to Government's FORM will not be marked or made part of the record.

## Findings of Fact

The SOR alleges under Guideline I that Applicant meets the criteria for persistent depressive disorder and borderline personality disorder, and that her reliability, judgment, and trustworthiness are compromised by her psychological state (SOR ¶ 1.a). From December 2020 to August 2025, she received treatment for pervasive instability in moods, behavior, and interpersonal relationships, and a history of suicidal thoughts. At her intake for treatment, in about December 2020, she was diagnosed with generalized anxiety disorder and borderline personality disorder (BPD) (SOR ¶ 1.c). After a suicide attempt in April 2022, she was hospitalized and received treatment through partial hospitalization and residential treatment from about October 2022 until December 2022. Her treatment addressed her diagnoses of persistent depressive disorder (PDD), BPD, and specific phobia, other (SOR ¶ 1.b). Applicant admits the allegations under Guideline I, SOR ¶¶ 1.b and 1.c, and denies the allegation in SOR ¶ 1.a. (GE 2)

The SOR alleges under Guideline G that Applicant has consumed alcohol in excess since about age 16 to at least July 2025 (SOR ¶ 2.b). In August 2018, she was arrested and convicted for driving while intoxicated and failure to stop at the scene of an accident (SOR ¶ 2.c). She continues to drink and based on an evaluation conducted at the request of DCSA in September 2024, she meets the criteria for alcohol use disorder, severe (SOR ¶ 2.a). Applicant admits the allegations under Guideline G, SOR ¶¶ 2.b and 2.c, and denies the allegation in SOR ¶ 2.a. (GE 2)

The SOR alleges under Guideline J that Applicant was arrested in December 2022 for two counts of assault and battery on a family member and related charges (SOR ¶ 3.b). It also cross-alleges the DUI allegation detailed in SOR ¶ 2.c, above (SOR ¶ 3.a). Applicant admitted the allegations under Guideline J. (GE 2)

Applicant is 34 years old, received her bachelor's degree in 2014, and has been employed with her government contractor employer since October 2017. She has no prior military history and had been cohabitating with her now husband since March 2020; they married on July 5, 2025. (GE 3; GE 8 at 5)

Applicant was voluntarily hospitalized for depression and suicidal thoughts after a suicide attempt on about April 12, 2022. She impulsively consumed excessive amounts of over-the-counter pain medication, immediately regretted it, and informed her now husband, who took her to the hospital. (GE 2; GE 4 at 15; GE 5 at 3) She was hospitalized in behavioral health from April 13 through April 17, 2022, and diagnosed with PDD, BPD,

and specific phobia, other. She subsequently entered a Partial Hospitalization Program (PHP) from November 29, 2022 through December 14, 2022[1] to address her various diagnoses. (GE 4 at 17, 306; GE 5 at 3) She left PHP early, after attending only eight days out of the 25-day recommended treatment, to attend a different Intensive Outpatient Program (IOP) instead. (GE 4 at 306) (SOR ¶ 1.b) The record is unclear if this was against treatment recommendations. She failed to disclose either her diagnoses or her hospitalization and residential treatment in Section 21 – Psychological and Emotional Health of her May 2022 SCA. (GE 3 at 56-57)

During her biopsychosocial assessment at behavioral health on April 20, 2022, it was noted that Applicant did not believe she needed help with her alcohol use, but that she suffered from social anxiety and recognized she needed a new coping mechanism to manage her stress, since she could no longer exercise as much as she once did. (GE 4 at 17, 20) She presented with the following problems: dependent traits, family conflicts, medical issues, social anxiety, and unipolar depression. (GE 4 at 21) She agreed with her diagnosis of major depressive disorder, but disagreed with previous bipolar and borderline personality diagnoses. (GE 4 at 20-21)

> [She] reported that a previous psychiatrist diagnosed her with bipolar disorder, BPD, and attempted medication which did not change her thought patterns. [She] shared having no symptoms of mania and felt confused about the diagnosis. [She sought] a new psychiatrist who believed she has a major depressive disorder and tried multiple medications to control her feelings related to severe sadness and social anxiety… [She] exhibited symptoms of persistent depressive disorder (dysthymia) including but not limited to a depressed mood for most of the day, low energy, low self-esteem, and poor concentration, and she has not been without symptoms … for more than 2 months at a time. [She] has also met the criteria for major depressive disorder continuously for greater than 2 years. Additionally, [she] exhibits symptoms of social anxiety disorder with marked fear or anxiety about social situations. (GE 4 at 20-21)

In December 2022, Applicant underwent another biopsychosocial assessment at behavioral health. During this assessment she was diagnosed with borderline personality disorder and persistent depressive disorder (dysthymia). (GE 4 at 23) At the time, she reported her age of first alcohol use as 17 and that at 22 she began to regularly consume alcohol. In December 2022, she reported that she consumed about 10 alcohol drinks within three-to-four days to help cope with her anxiety. (GE 4 at 34) In February 2023, she reported that when she consumes alcohol, she had a hard time stopping and usually continued drinking until she went to bed. (GE 4 at 808) (SOR ¶ 2.b) She reported her then-current consumption as two to three mixed drinks once every week or every two weeks. (GE 2 at 3; GE 4 at 24; GE 8 at 5) She has had suicidal thoughts off and on since she was a teenager, and she has a family history of depression and alcohol use disorder. (GE 4 at 27-29) During this assessment, unlike in April 2022, she admitted to needing

[1] Applicant reported her dates of treatment as "10/2022 – 11/2022" which conflicts with medical records. (GE 4 at 6)

help with her alcohol use and reported that "she does not want to be suicidal and wants to feel better about life." (GE 4 at 30) She reported being aware of her suicidal triggers and needing help with impulse control. (GE 4 at 31) She presented with the following problems: anxiety, borderline traits, medical issues, self-harm, sleep disturbance, substance use disorders, and suicidal ideations. (GE 4 at 34)

From about April 2022 to January 2023, Applicant regularly attended both individual and group therapy sessions to address her anxiety, social anxiety, dependent traits, borderline traits, medical issues, self-harm, sleep disturbance, substance use disorder, suicidal ideation, and depression. (GE 4 at 4-5, 109-987) She also attended couples counseling with her now husband, though it was not regular. (GE 4 at 4, 237-239) She has also been treated by a psychiatrist and prescribed various psychotropic medications to manage and treat her various mental health conditions from about May 2019 to present. (GE 4 at 8, 893-960; GE 5 at 3) (SOR ¶ 1.c)

Applicant was evaluated on September 15, 2024, by a duly qualified mental health professional (MHP) at the request of DCSA. (GE 5) According to the MHP's impressions, although Applicant was receiving treatment, she had not yet taken the time to effectively and consistently address her underlying personality traits that contribute to her other depressive symptoms and alcohol use. The report states under "Conclusions & Recommendations":

> [Applicant's] self-report was a mix of truthfulness and minimization. [She] has a long history of inconsistent medication management and therapy treatment. Her sporadic treatment regimens and inconsistent therapy relationships signify unstable interpersonal relationships. While she is now in a long-term intimate relationship, their initial conflicts, as she described, were rooted in her fears of abandonment, and irrational behaviors and cognitive distortions that led to unhealthy behaviors. She has also historically sought treatment after the dissolution of relationships. Proactively seeking treatment is commendable; however, it appears she does so when stressors emerge and then stops once they have seemingly improved. Thus, her treatment-seeking has not addressed her underlying maladaptive personality traits for a persistent period. It is quite possible her depressive symptoms are much improved with her new treatment regimen of [medication for treatment-resistant depression]; however, she continues to drink. Although the amount and frequency of alcohol she reportedly drinks are not generally concerning, [she] would be prudent to completely stop alcohol, given her history, and unaddressed borderline personality traits.
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> In sum, [Applicant's] self-report was not reliable. It is possible she is at a juncture in which she is taking accountability for her psychological state. This is noted in her currently receiving treatment for depressive symptoms. Her most recent psychological decompensation was approximately two years ago, and she is now involved in a healthy long-term relationship, but

> she has not taken the time to effectively and consistently address her underlying personality traits that contribute to her other depressive symptoms and alcohol use. There were observable behaviors[,] such as denying background negatives and minimization, or inconsistencies in her self-report to suggest dissimulation or deception. (GE 5 at 4-5)

Based on background information, collateral records, Applicant's self-report, and clinical interview, the MHP opined that Applicant met "the criteria for **persistent depressive disorder, alcohol use disorder, severe, and borderline personality disorder**," all of which are conditions that could potentially affect Applicant's reliability, judgment, stability, and trustworthiness. (GE 5 at 4) Based on the foregoing, the MHP opined "within reasonable certainty, that the [Applicant's] ***reliability, judgment, stability, and trustworthiness ARE compromised*** by her ***current*** psychological state." (GE 5 at 5) (SOR ¶¶ 1.a and 2.a)

On August 9, 2018, Applicant was involved in a motor vehicle accident where she left the scene before providing identifying information. Immediately after the accident, Applicant drove to a nearby drug store parking lot, where the driver of the other vehicle was able to make contact with Applicant. However, instead of exchanging information, the Applicant told the other driver to follow her home and then drove away. The other driver did not follow and notified police instead. Applicant, after leaving the scene of the first accident, was involved in a second accident, where the driver of the second vehicle she hit was able to box Applicant's vehicle in and await police arrival. Applicant was detained by police officers and subjected to field sobriety tests, after which she was arrested for driving while intoxicated and transported to the police station. (GE 7 at 1-4) Formal charges were filed against Applicant on August 16, 2018, and she was later convicted of driving while intoxicated and failing to stop at the scene of an accident. (SOR ¶¶ 2.b, 2.c and 3.a; GE 6 at 1-4)

On December 30, 2022, Applicant was arrested for assault and battery against a family member and damage to a phone line. Formal charges were filed on January 3, 2023. (GE 6 at 5-7) Her now husband phoned the police after Applicant began to hit and attack him, to include biting him. Officers arrived at the scene and spoke with both parties. Though both had visible injuries, officers noted that her version of events were "scattered," she was reluctant to speak with them, and she stated she did not remember what had happened. He reported that he only put hands on her to stop her from hitting him. The officers determined on the scene that she was the "predominate physical aggressor" and she was arrested. Applicant complained to officers on the scene that her finger felt injured. (GE 7 at 5-9) During a group therapy session in January 2023, she disclosed she had broken her finger by punching a table and was arrested for domestic violence. (GE 4 at 117) (SOR ¶ 3.b)

Applicant admits the arrest but describes the incident drastically differently, insisting it was a mental health crisis and not a criminal incident. She stated that her husband "was trying to call a non-emergency mental health hotline to help [her] when [she] was having an episode in which [she] did hit his arm when he was trying to help

[her].” She believes her husband did not mean to have her arrested or charged and that he felt guilty afterwards, so he retained a lawyer to represent her and told prosecutors he did not want to pursue charges, and the case resolved in a nolle prosequi.[2] She has had no police incidents since. (GE 2)

Applicant in her answer to the SOR avers that she is “happy to stop drinking all together” but that no one has outright recommended she stop drinking. (GE 2) These days, she only drinks with her husband and she looks to him “to hold her accountable.” (GE 2) She was recently diagnosed with autism spectrum disorder (ASD) in January 2025 and insists that this makes her previous BPD “no longer relevant.” (GE 2) She states that “she’s doing much better now” and has “developed much better interpersonal relationships skills after [she] received the Autism[sic] diagnosis.” (GE 2) However, the record is void of causal evidence linking how the ASD diagnosis alone resolves all previous diagnosis or has helped her manage her BPD, anxiety, and depressive symptoms. She states, “I received inpatient treatment, residential treatment, and continued therapy and medication, which I am doing much better now. I no longer have instability in moods or behavior.” (GE 2) However, she received these treatments before she was diagnosed with ASD and, based on the MHP opinion, she had not taken the time to effectively and consistently address her underlying personality traits that contribute to her other depressive symptoms and alcohol use. Applicant hopes to have her new autism diagnosis, and not her previous BPD and other mental health diagnoses, explain her past erratic and impulsive behaviors. However, the ASD diagnosis report she includes with her answer does not support such a conclusion. (GE 2)

Applicant’s January 2025 evaluation was conducted at her own discretion with a qualified mental health professional and “focused on ruling in or out the diagnosis of autism.” (GE 2 at 7)? The “[d]iagnostic categories outside of autism were assessed only to the degree to which they impact assignment of an autism diagnosis.” (GE 2 at 7)? The evaluation was “not meant to be a comprehensive psychiatric evaluation.” (GE 2 at 7) The report states in “Summary”:

> [Applicant] meets the diagnostic criteria for autism spectrum disorder […] without intellectual/developmental delay or significant language impairment, requiring support at level one.
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> Autism commonly co-occurs with mental health conditions, such as anxiety and depression. Often, anxiety and depression develop over time and are related to the stress of masking one’s autism in environments which were not designed for autistic people. Given the targeted nature of this evaluation, a full diagnostic evaluation for psychological conditions was not completed. [Applicant] also endorsed several previous diagnoses, and it will be important that future intervention take into account her anxiety, PTSD, ADHD, BPD, and depression. (GE 2 at 13)

[2] The prosecutor did not pursue charges.

The evaluator also noted Applicant's many strengths, stating "She is resilient, thoughtful, hard working, and insightful into her own experiences. When addressing any areas of concern for [her], it will be important for therapy to be informed by her self-knowledge and build upon her many assets." (GE 2 at 14) Applicant denies her diagnosis with BPD and insists that there have been no incidents of impulsive or erratic behavior since 2022, that she takes her mental health seriously, and that her continuous therapy and medication management since 2022 is a testament to her commitment to her mental health. (GE 2)

## Policies

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

"[N]o one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to "control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy to have access to such information." *Id.* at 527. The President has authorized the Secretary of War or his designee to grant applicants eligibility for access to classified information "only upon a finding that it is clearly consistent with the national interest to do so." Exec. Or. 10865 § 2.

Eligibility for a security clearance is predicated upon the applicant meeting the criteria contained in the adjudicative guidelines. These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, an administrative judge applies these guidelines in conjunction with an evaluation of the whole person. An administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. An administrative judge must consider all available and reliable information about the person, past and present, favorable and unfavorable.

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation about potential, rather than actual, risk of compromise of classified information.

Clearance decisions must be made "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." Exec. Or. 10865 § 7. Thus, a decision to deny a security clearance is merely an indication the applicant has not met the strict guidelines the President and the Secretary of War 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. 15-01253 at 3 (App. Bd. Apr. 20, 2016).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant has the burden of proving a mitigating condition, and the burden of disproving it never shifts to the Government. *See* ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005).

An applicant "has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance." ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). "[S]ecurity clearance determinations should err, if they must, on the side of denials." *Egan*, 484 U.S. at 531.

## Analysis

### Guideline I, Psychological Conditions

The concern under this guideline is set out in AG ¶ 27:

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

The following disqualifying conditions under this guideline are established by Applicant's admissions and the evidence in the FORM:

> AG ¶ 28(a): behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;

AG ¶ 28(b): an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;

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

AG ¶ 28(d): failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions.

Applicant has engaged in irresponsible, violent, self-harm, suicidal, or impulsive behaviors which cast doubt on her judgment, stability, reliability, and trustworthiness. She was evaluated by a duly qualified mental health professional in September 2024, and he concluded that she has conditions that may impair her judgment, stability, reliability, or trustworthiness. She was voluntarily hospitalized in April 2022 after a suicide attempt and checked herself into PHP for mental health treatment from November-December 2022. She has a long history of inconsistent medication management and therapy treatment.

The following mitigating conditions are potentially applicable:

AG ¶ 29(a): the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

AG ¶ 29(b): the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

AG ¶ 29(c): recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

AG ¶ 29(d): the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and

AG ¶ 29(e): there is no indication of a current problem.

Mitigation under AG ¶ 29 is not sufficiently established. Applicant has sought treatment in the past and asserts that she is currently in treatment and compliant with her medication plan. However, she has not presented sufficient evidence of ongoing and

consistent compliance or a favorable prognosis by a duly qualified mental health professional sufficient to overcome her prior diagnoses and her long history of inconsistent medication management and therapy treatment. Her September 2024 evaluation concluded within reasonable certainty that Applicant's reliability, judgment, stability, and trustworthiness are compromised by her current psychological state. Applicant has not presented sufficient evidence to rebut these findings. The ASD assessment and diagnosis, though informative, does not replace her other diagnoses, nor does it indicate that her previous conditions are under control or in remission, and have a low probability of recurrence or exacerbation.

Applicant denies her diagnosis with BPD and insists that there have been no incidents of impulsive or erratic behavior since 2022, that she takes her mental health seriously, and that her continuous therapy and medication management since 2022 is a testament to her commitment to her mental health. (GE 2) However, she has not presented sufficient evidence in mitigation to overcome the prognosis she received in September 2024. That, coupled with her past impulsive and violent behavior, and her failure to recognize her maladaptive alcohol use while taking psychotropic medication, continues to present concerns.

There is insufficient evidence to support a finding that Applicant is emotionally stable and possesses the judgment and impulse control to manage sensitive information. There is no evidence of a substantial decrease in depressive symptoms over a long period of time, including suicidal ideation. Although she reports that she is doing much better, the amount of time in which Applicant reports emotional stability is not substantial enough to represent a new pattern or baseline.

**Guideline G, Alcohol Consumption**

The concern under this guideline is set out in AG ¶ 21: "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness."

The following disqualifying conditions under this guideline are established by Applicant's admissions and the evidence in the FORM:

> AG ¶ 22 (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;
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> AG ¶ 22(c): habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder; and

AG ¶ 22(d): diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder.

Applicant was convicted of driving while intoxicated and failing to stop at the scene of an accident in about August 2018. In December 2022, she reported that she has at times consumed excessive amounts of alcohol to help cope with her anxiety. In April 2022, she admitted to needing help with her maladaptive alcohol use. In February 2023, she reported that once she starts consuming alcohol, she has a hard time stopping, and usually drinks until she goes to bed. Applicant was evaluated by a MHP on September 15, 2024, who concluded that she met the criteria for alcohol use disorder, severe.

The following mitigating conditions are potentially applicable:

AG ¶ 23(a): so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

AG ¶ 23(b): the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

AG ¶ 23(c): the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

AG ¶ 23(d): the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Mitigation under AG ¶ 23 is not sufficiently established. Applicant has never undergone treatment for her alcohol use disorder. She has not acknowledged her pattern of maladaptive alcohol use and continues to consume alcohol, insisting that no one has been transparent with her and recommended that she stop consuming alcohol altogether. Her assertions that she will happily cease alcohol consumption to obtain and maintain a security clearance do little to mitigate the current security concerns. She has a history of using alcohol as a coping mechanism for her anxiety. When she consumes alcohol, she does so around her husband with the expectation that he will hold her accountable. This raises concerns. Not only because it indicates that her previous behavior of excessive consumption of alcohol during times of high stress and anxiety may persist, but it also indicates a lack of self-control. Although she presents drinking with or near her husband as a responsible act on her part, it in fact has the opposite effect and highlights that she

has a problem with alcohol and is unable to monitor her own alcohol consumption and needs someone else to do it for her.

**Guideline J (Criminal Conduct)**

The security concern for criminal conduct is set out in AG ¶ 30: "Criminal activity creates doubt about an Appellant's judgment, reliability, and trustworthiness. By its very nature, it calls into question a person's ability or willingness to comply with laws, rules, and regulations."

The following disqualifying conditions under this guideline are established by Applicant's admissions and the evidence in the FORM:

> AG ¶ 31(a) a pattern of minor offenses, any one of which on its own would be unlikely to affect a national security eligibility decision, but which in combination cast doubt on the individual's judgment, reliability, or trustworthiness; and
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> AG ¶ 31(b) evidence (including, but not limited to, a credible allegation, an admission, and matters of official record) of criminal conduct, regardless of whether the individual was formally charged, prosecuted, or convicted.

Applicant was convicted of driving while intoxicated in about August 2018. On December 30, 2022, she was arrested for assault and battery against a family member.

The following mitigating conditions are potentially applicable:

> AG ¶ 32(a): so much time has elapsed since the criminal behavior happened, or it happened under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment; and
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> AG ¶ 32(d): there is evidence of successful rehabilitation; including, but not limited to, the passage of time without recurrence of criminal activity, restitution, compliance with the terms of parole or probation, job training or higher education, good employment record, or constructive community involvement.

Mitigation under AG ¶ 32 is not sufficiently established. Although there have been no new incidents in over three years, the evidence indicates that Applicant's mental health contributed to her criminal behavior in 2022, and her alcohol abuse contributed to her criminal behavior in 2018. She has not presented sufficient evidence to establish that either of those conditions are under control such to make recurrence of criminal behavior unlikely. Moreover, Applicant's description of the December 2022 domestic violence incident is drastically different than the police report and her husband's account. Given

her history of prevarication, Applicant has not demonstrated successful rehabilitation because she has yet to accept accountability for her actions.

**Whole-Person Concept**

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. In applying the whole-person concept, an 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. An administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

> (1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

I have incorporated my comments under Guidelines I, G, and J in my whole-person analysis and applied the adjudicative factors in AG ¶ 2(d). Because Applicant requested a determination on the record without a hearing, I had no opportunity to evaluate her credibility and sincerity based on demeanor. *See* ISCR Case No. 01-12350 at 3-4 (App. Bd. Jul. 23, 2003). After weighing the disqualifying and mitigating conditions under Guidelines I, G, and J, and evaluating all the evidence in the context of the whole person, I conclude Applicant has not mitigated the security concerns raised under Guidelines I (Psychological Conditions), G (Alcohol Consumption), and J (Criminal Conduct).

## Formal Findings

I make the following formal findings for or against Applicant on the allegations set forth in the SOR, as required by ¶ E3.1.25 of Enclosure 3 of the Directive:

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| Paragraph 1, Guideline I: | AGAINST APPLICANT |
| Subparagraphs 1.a-1.c: | Against Applicant |
| Paragraph 2, Guideline G: | AGAINST APPLICANT |
| Subparagraphs 2.a-2.c: | Against Applicant |

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| Paragraph 3, Guideline J: | AGAINST APPLICANT |
| Subparagraphs 3.a-3.b: | Against Applicant |

## Conclusion

I conclude that it is not clearly consistent with the national security interests of the United States to grant Applicant eligibility for access to classified information. Clearance is denied.

Wilford H. Ross
Administrative Judge