DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 25-01306
	)	
Applicant for Security Clearance	)	

Appearances

For Government: William H. Miller, Esq., Department Counsel
For Applicant: Daniel P. Meyer, Esq.

07/24/2026

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Decision

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HARVEY, Mark, Administrative Judge:

Security concerns arising under Guideline G (alcohol consumption) and E (personal conduct) are mitigated. However, Guideline I (psychological conditions) security concerns are not mitigated. Eligibility for access to classified information is denied.

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Statement of the Case

On October 13, 2022, Applicant completed and signed an Electronic Questionnaire for Investigations Processing (e-QIP) or security clearance application (SCA). (Government Exhibit (GE) 1) On December 5, 2025, the Defense Counterintelligence and Security Agency (DCSA) issued a statement of reasons (SOR) to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017. (Hearing Exhibit (HE) 1)

The SOR detailed reasons why the DCSA did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and referred the case to an administrative judge to determine

whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guidelines I, G, and E. (HE 1) Applicant provided an undated response to the SOR and requested a hearing. (HE 2) On March 5, 2026, Department Counsel was ready to proceed.

On April 2, 2026, the case was assigned to me. On April 8, 2026, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for June 2, 2026. (HE 3) The hearing was held as scheduled.

Department Counsel offered six exhibits into evidence and requested administrative notice of excerpts regarding extracts pertaining to depressive disorder, anxiety disorder, and alcohol use disorder from the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM-5*); Applicant offered six exhibits into evidence; there were no objections; and I admitted all proffered exhibits into evidence. (Transcript (Tr.) 15-22; GE 1-GE 6; Applicant Exhibit (AE) A-AE F; HE 6) I also took administrative notice of the requested pages of *DSM-5*. (Tr. 18; HE 6)

Applicant initially filed exhibits A to E, and those documents are described as follows: A—Notice of Representation and discussion of issues (May 26, 2026) and power of attorney (March 4, 2026), .pdf pages 2 to 70; B—Notice of hearing, prehearing guidance, statement of reasons, receipt of statement of reasons, participation in psychological evaluation, .pdf pages 72 to 89; C—Applicant's declaration (May 12, 2026), statement from former spouse, medical summary post-COVID clinic (February 9, 2024), SOR response, Applicant's resume, OPM interviews of Applicant, and responses to DOHA interrogatories, .pdf pages 91 to 131; D—Declarations of three character witnesses, .pdf pages 133 to 145; E—PEth tests, .pdf pages 147 to 154. He separately filed a May 25, 2026 mental health evaluation by Dr. F (AE F—14 pages), screen shots of appointments with a primary care provider and a licensed clinical professional counselor (LCPC) (AE G—1 page), and a statement of a character witness (AE G—2 pages). Applicant's declaration is listed as AE H in the transcript; however, it is one of the documents in AE C.

On June 15, 2026, DOHA received a transcript of the hearing. The record was held open until July 20, 2026, and Applicant submitted four exhibits after the hearing. He submitted the November 6, 2022 SCA (AE H), an updated therapy record (AE I), two statements related to Alcoholics Anonymous (AA) attendance (AE J); and a mental-health counseling record for treatments in June and July 2026. (AE K) All proffered documents were admitted into evidence without objection. (AE H-AE K)

Some details were excluded to protect Applicant's right to privacy. Specific information is available in the cited exhibits and transcript. The transcript correctly indicates on page 1 that I was the judge at Applicant's hearing; however, in the body of the transcript from Tr. 5 to Tr. 54, it erroneously states that Judge Hale was the judge at the hearing. From Tr. 54 to the end, it correctly indicates that I was the judge for Applicant's hearing.

Findings of Fact

In Applicant's SOR response, he denied the SOR allegations in ¶¶ 1.a, 1.b, 2.a, 2.b, 2.c, 3.a, 3.b, and 3.c. (HE 3) He also provided extenuating and mitigating information. Additional findings follow.

Applicant is a 35-year-old employee of a large civilian accounting firm, which has employed him for the last 12 or 13 years. (Tr. 24-26, 52-53; October 13, 2022 SCA at 5) He provides highly technical, sophisticated, and sensitive data to support the DOD. (Tr. 24-26) He has a bachelor's degree with a major in computer science and a minor in mathematics and Spanish. (Tr. 53) He has a master's degree in cyber security. (Tr. 53) He received several technical certifications. (AE C) His resume provides additional information about his background and professional experiences. (AE C) He has received annual security refresher training. (Tr. 27) In 2017, he married, and in 2023, he was divorced. (Tr. 55; GE 1 at 17) In 2025, he married his second spouse, and he has a five-year-old daughter from his previous marriage. (Tr. 53, 56-57)

Psychological Conditions and Alcohol Consumption

SOR Allegations

SOR ¶ 1.a alleges in May of 2025, Applicant was evaluated by a licensed clinical psychologist, Dr. Z. Based on background information, clinical interview, observation, and psychological testing, Dr. Z determined that Applicant meets the criteria for Unspecified Depressive Disorder, and he determined Applicant has problematic personality traits that directly impact his judgment, stability, reliability and trustworthiness. Dr. Z concluded that behavioral evidence indicates that Applicant tends to frantic efforts to avoid abandonment and impulsivity, that may result in unstable relationships, poor judgment under stress, and an excessive need for reassurance, which can compromise discretion and decision-making. Dr. Z observed that Applicant's insight into his mental health appeared limited, and his responses during the evaluation were marked by inconsistencies and minimization, particularly regarding his psychiatric and substance use history. Despite current functional stability, Applicant's longstanding difficulties, minimization and vague approach during the evaluation, and insight limitations suggested that ongoing psychological support is warranted.

SOR ¶ 1.b alleges from about November 2020 until about March 2022, Applicant received treatment at a mental-health clinic for a condition diagnosed as Unspecified Anxiety Disorder, Somatic Symptom Disorder, and Hypochondriacal Disorder, unspecified.

SOR ¶ 2.a alleges Applicant has consumed alcohol, at times in excess and to the point of intoxication, since about his college years until about May 2025.

SOR ¶ 2.b alleges in May of 2025, Dr. Z determined that Applicant met the criteria for Alcohol Use Disorder Moderate to Severe (in sustained remission). Applicant told Dr. Z that he disagreed with his treating psychiatrist, Dr. D, whose diagnosis of Alcohol Use Disorder in 2022, stating that his alcohol use was situational and episodic rather than chronic, and his drinking was exaggerated by his providers. Dr. Z observed that Applicant inconsistently acknowledged his alcohol use patterns and continued to drink alcohol despite his past of alcohol-related incidents. Despite current functional stability, Applicant's longstanding difficulties, minimization and vague approach during the evaluation, and insight limitations suggested that ongoing psychological support is warranted.

SOR ¶ 2.c alleges from about November 2020 until about March 2022, Applicant received treatment at a mental health clinic, for a condition diagnosed as Alcohol Use Disorder, Severe.

History of Alcohol Consumption and Psychological Conditions

In 2008, while Applicant was a freshman in college, he sustained a traumatic brain injury (TBI) from playing rugby. (Tr. 27, 72) He broke his orbital bone, which consists of several bones forming the eye socket. (Tr. 28) Applicant said, "essentially my whole right side of the face [was] crushed, and I had to receive facial reconstruction for that. I've got two titanium plates now in my skull." (Tr. 29) His parents were concerned after the injury because they noticed Applicant's altered mood. (Tr. 28) His mother thought he was depressed and might kill himself, and Applicant received professional treatment for his TBI and altered mood on a behavioral health unit. (Tr. 28, 71-72) He said he was hospitalized for about two hours for the mental-health issue. (Tr. 72)

Applicant said that doctors advised him that he did not have clinical depression; however, he did have a TBI. (Tr. 28) He did not provide a citation to the medical record where depression was ruled out. He based his report of the incident on this advice. (Tr. 28) He viewed his situation as "physical trauma," as opposed to "mental illness." (Tr. 29) Applicant said that around 2019, he contracted long COVID, which included brain fog and fatigue. (Tr. 29) He said:

> With each passing day, the symptoms would either get worse or I would develop new symptoms and I think that kind of goes into why some of these doctors, like Dr. D, [who said] I had hypochondriac disorder. Because on going there, I would have a new problem, a new symptom, a new level of pain that no one could describe. I saw dozens of medical experts and providers trying to get the care for this, rheumatologists, [a] neurologist, [and other disease specialists], and they all [had] different answers. (Tr. 30-31)

The initial treatment note of November 24, 2020, states, "[Applicant] is a 30-year-old male with [history (HX)], of anxiety, depression, and alcohol use disorder who presents for an intake [visit]." (GE 4 at 31) The note also states:

> [P]anic attacks started in 2009 and reemerged the past September 2020 and now occurring nightly. He also recognizes that his drinking had worsened the past month, and he has cut back and stopped 4 weeks ago at the behest of his wife. He has also started AA once a week about 2 weeks ago. He denies depressed mood currently, but he has been dysphoric lately due to anxiety. He was last pressed for a couple of years in high school as well as during college when he was drinking more heavily which worsened his depression. He tried several psychiatric medications during that time which he doesn't believe were too helpful as he was drinking at the time. (Tr. 66-67; GE 4 at 30)

At his hearing, Applicant said he went to AA in early November of 2020 based on his spouse's suggestion. (Tr. 67-68) He labeled his AA attendance as exploratory, which means he wanted to learn about AA and not necessarily to start treatment. (Tr. 68-69) After the exploratory visit, he did not believe AA would be helpful to him. (Tr. 68-69)

When he was in college from 2009 to 2013, Applicant drank alcohol about twice per week and on average consumed about six beers. (Tr. 70-71) He occasionally consumed up to eight beers. (Tr. 70-71)

Office of Personnel Management (OPM) summary of interview on February 5, 2024 and Alcohol Consumption

Applicant's February 5, 2024 OPM summary of interview related to his alcohol consumption states that Applicant told the investigator:

> ALCOHOL: **Subject was never treated, diagnosed and/or obtained treatment for alcohol. Subject has never abused alcohol or been alcohol dependent.** Subject has never been arrested, cited or charged with any type of alcohol related issues. From 2010 to 2013 during Subject's college years he would have four to six beers on the weekends. From 2013 to spring 2022 Subject would drink socially once a month and would have four to six beers. Subject was officially separated from his spouse on 10/2022. From spring 2022 to 11/2022 Subject's drinking increased due to his pending separation and the separation. From spring 2022 to 11/2022 Subject drank six to eight beers three times a week. From 11/2022 to summer 2023 Subject did not drink. Subject received marital counseling around 12/2022. From summer 2023 to fall 2023 Subject drank one time at a wedding and had three beers. From fall 2023 to 12/2023 Subject drinks socially once a month and will have four or five beers. From 12/2023 Subject has not drunk alcohol. Subject drinks alcohol socially. Subject did increase his drinking during his separation period but is back to his social levels. Subject estimates becoming intoxicated two or three times a year during celebrations or holidays. During his separation it was three times a week. It takes six or more beers for Subject to feel intoxicated. Subject describes

> being intoxicated as having slurred speech and being talkative. Alcohol makes the Subject feel more social and happier. Subject will drink with friends, neighbors, or by himself while fishing or listening to music. Subject does not have a problem with alcohol but did increase usage from spring 2022 to 11/2022. **No problems have resulted from the Subject's alcohol consumption. This circumstance did not have a negative impact on the Subject's home, school, work, friendships, physical and/or emotional health, reputation, judgment, reliability, finances, or ability to obtain or hold a security clearance.** There is no likelihood of a [recurrence in which] Subject knowingly drank more. Subject was not attempting to be deceptive or fraudulent by not reporting his alcohol consumption. It is common knowledge Subject drinks alcohol. (GE 6 (emphasis added))

In his SOR response to ¶ 2.a, which related to excess alcohol consumption since Applicant's college years until about May of 2025, Applicant denied the allegation. He said:

> While I have consumed alcohol on occasion, the characterization that I drank "since college until May 2025" in a manner suggesting chronic or excessive use is inaccurate. My alcohol use has been infrequent and socially typical. The only period of increased consumption occurred during a specific episode of acute marital stress and was temporary and resolved.
>
> There is no evidence of sustained misuse, dependence, or alcohol-related impairment. Describing occasional social drinking as a longstanding issue exaggerates the scope and duration of my alcohol use and does not reflect my overall behavior or current functioning.

At his hearing, Applicant explained his SOR response as follows:

> I don't think the characterization of me having a chronic problem or an alcohol use disorder during that period would fit or meet that criteria. So I would agree that I do have an alcohol use disorder in remission today, and I had an alcohol use disorder that primarily began within that period between 2020 and 2022, which, again, my thing is getting worse towards the tail end now than in the beginning. (Tr. 94-95)

At his hearing, Applicant maintained his response to SOR ¶ 2.a was accurate and not a minimization because he was not diagnosed with alcohol use disorder when he was in college. (Tr. 98) He said he would "stand by his statement." (Tr. 98)

Mental Health Treatment Notes

In December of 2020, Dr. D diagnosed Applicant with alcohol use disorder severe and anxiety disorder; however, Applicant said Dr. D did not disclose that diagnosis to him. (Tr. 78; GE 4 at 29) Applicant acknowledged that he had increased anxiety and panic attacks, and Applicant attributed these symptoms to long COVID. (Tr. 79)

An April 15, 2021 medical note indicates Applicant was abstaining from alcohol consumption while in treatment. (Tr. 80; GE 4 at 21) Dr. D indicated Applicant currently had alcohol use disorder severe in early sustained remission. (Tr. 81; GE 4 at 20)

Applicant's July 7 and July 28, 2021 medical notes have the same comment that his "Alcohol use includes 1.5 days a week to include up to 8 drinks per drinking day. He just started to go back to AA." (Tr. 83-85; GE 4 at 9, 11) Both notes indicate Applicant has a history "of anxiety, depression, and alcohol use disorder who presents for a follow-up visit." (Tr. 82; GE 4 at 9) At his hearing, he said sometimes he drank six to eight beers a day on a Friday or Saturday or both. (Tr. 83)

Applicant denied that he went to a second AA meeting in July of 2021. (Tr. 85) Applicant said he may have falsely told Dr. D that he went to AA to get her "off my back" about going to AA. (Tr. 86) Applicant was certain that he only went to one AA meeting before July of 2021. (Tr. 86)

An August 18, 2021 medical note states that Applicant "hasn't been able to go to AA." (GE 4 at 7) It also indicates in the assessment that he has "alcohol use disorder severe." (GE 4 at 8) Applicant said:

> I was drinking -- my average, I'm drinking six to eight beers. So if it's saying that I drank during that time and that's what she has recorded, my best guess, I'll give you – let's go with the max. Let's go with 16 beers. . . . When I said 16, I mean like 3 to 8. (Tr. 87-88)

Applicant also said he probably had blackouts a few times. (Tr. 89) He used alcohol because of marital stress and to medicate for chronic pain. (Tr. 89-90) During marriage counseling, his former spouse asked Applicant to reduce his alcohol consumption. (Tr. 91)

The most recent medical note is dated March 17, 2022, and it indicates Applicant went on a "bender." (Tr. 91; GE 4 at 1) Applicant said a bender is like a "blackout." (Tr. 91) He may have consumed up to 12 beers during a binge. (Tr. 92) He conceded that he was minimizing his level of alcohol consumption during Dr. D's treatment in 2021. (Tr. 93)

Applicant admitted that he received mental-health treatment from November of 2020 until March of 2022 from Dr. D. (Tr. 58-60, 62; GE 4 at 30) Applicant denied SOR ¶ 1.b because:

> [Dr. D] couldn't make that diagnosis of the [long] COVID because that was outside her expertise. The only thing that she could diagnose me was what was within her realm, which includes depression and anxiety. And now, I guess, given upon the circumstances, you know, she would then label that I had anxiety and depression because of the symptoms of the [long] COVID that was causing these panic attacks for the anxiety. At the time, like, so I guess it's just my optics and the way that I viewed it. And, you know, I would say now that I've [incorrectly], you know, labeled it or viewed it upon that.
>
> So my intention was not to lie or mislead the government. I just didn't think at the time that, you know, [long] COVID and the symptoms presented by [long] COVID, I saw it as being -- that as the primary cause and the treatment for that not having a mental health issue, even though now I know better. I now can see that there is some overlap, quite a significant amount between the two. (Tr. 61-62)

A medical note on June 16, 2022, from Dr. B, a rheumatology specialist, said that Applicant was drinking excessively and "emphasize[d] the importance of guarding [against] binge drinking, especially due to effect on sleep." (Tr. 100-101; GE 4 at 68)

Dr. Z's Evaluation

On May 27, 2025, Dr. Z, Ph.D., provided an evaluation at the behest of the DCSA. (GE 5) He indicated he reviewed the documents listed in SOR ¶ 2.b. Dr. Z said in his evaluation:

> **Substance Use History**: In terms of substance use, the Subject reported first drinking in college and experiencing "one or two blackouts," with the most recent occurring during ongoing marital conflict. He acknowledged increased drinking during the marital dissolution, at times consuming up to 12 beers and experiencing blackouts. He reported drinking alone at home and using alcohol to "chill" during distressing periods, while working in his garage or kayaking, with a creek near his home. He denied any DUIs or legal consequences related to alcohol. He was unhappy about his previous alcohol use disorder diagnoses, attributing concerns to episodic occurrences and "things everyone goes through." Currently, he reports significantly reduced consumption - 2-3 drinks on a drinking occasion - and which [is] limited to social occasions and stated that there is no alcohol kept in his home. His fiancée does not drink and is aware of his history. (GE 5 at 3)

Dr. Z described one security-related incident as follows:

> **Legal and Security-Related Incidents**: A significant security-related event occurred in October 2022 when the Subject returned from work-related

travel and was informed by his spouse that she was leaving him. He described becoming emotional and attempting to pack his belongings, during which she filed for a Civil Protective Order (CPO) and "some other thing," the latter of which he conceded was an Extreme Risk Protective Order after I identified it as such. He denied making any threats or engaging in violence, which is corroborated by records. Law enforcement was contacted, but no charges were filed, and the Subject was not arrested, also confirmed by records. He added that after the event he offered to return his ex-wife's belongings to her, with which she agreed but then decided against it. The subject, however, decided to return her belongings and left them outside of her home. Subject's father traveled in to be with him because "he thought I was starting to step out of line." He voluntarily disclosed the incident to his employer and noted that it occurred after he submitted his SF-86, explaining the omission. (GE 5 at 3)[1]

Dr. Z's evaluation continued:

Mental Status Examination: The subject's affect was appropriate and he displayed cooperative demeanor. He was alert and oriented, with no indications of thought disorder, hallucinations, or suicidal ideation. **However, his responses were marked by inconsistencies and minimization, particularly regarding his psychiatric and substance use history.** He denied suicidal ideation or self-harm and has no history of arrests or criminal charges. He denied contributing to the breakdown of his marriage and minimized long-standing psychological symptoms documented in records dating back to high school.

Diagnosis/Prognosis: The diagnoses below are not full psychological diagnoses. They represent conditions that could potentially affect the subject's judgment, stability, reliability and trustworthiness. Based on the clinical interview, historical records, and behavioral observations, the

[1] At his hearing, Applicant essentially agreed with Dr. Z's summary of the incident with his spouse on October 23, 2022. (Tr. 102-104; GE 2-GE 3) He added the following information about his discussion with his spouse after she revealed she wanted a separation:

> So I took my revolver out and, you know, and then I guess [his spouse] saw that and it freaked her out. She thought I was going to do something with it. Like, my intention was to empty the bag. And I'm like, you know, I just want to get out of here. I want to go somewhere. And then she said she was going to call the cops. And so I told her, well, like, you know, do it. I don't know exactly how I said this, but, like, I knew that I wasn't going to be in that situation. I wanted to remove my situation from any -- you know, I know how it looks. Like I know how that situation looks already. You know, it's pretty bad optics. (Tr. 102)

Applicant had not consumed alcohol before the incident, and he left the firearm at his residence under a book bag. (Tr. 103)

Subject meets criteria for Unspecified Depressive Disorder, and Alcohol Use Disorder, Moderate to Severe (in sustained remission). Additionally, the Subject demonstrates problematic personality traits that directly impact [Joint Service Readiness Test (JSRT)]. These include frantic efforts to avoid abandonment and impulsivity.

Summary and Conclusion: The subject displayed factors that argue for and against continued security clearance. Regarding against, the subject **underreported and denied symptoms, inconsistently acknowledged alcohol use patterns, minimized psychological vulnerabilities**, exhibited a wavering communication style & limited insight, and continues to drink despite his past of alcohol-related incidents. Further, behavioral evidence indicates the subject has a tendency to frantic efforts to avoid abandonment and impulsivity. Individuals with abandonment fears may exhibit unstable relationships, poor judgment under stress, and an excessive need for reassurance, which can compromise discretion and decision-making. Impulsivity reflects poor behavioral control and a tendency to act without considering consequences, increasing the risk of rule violations or mishandling sensitive information. Together, these traits undermine JSRT.

Protective factors include long-term stable employment with a security-cleared agency, a supportive relationship with his fiancée (although the health and dynamics of the relationship are unknown at this time), established joint custody of his child, and a lack of criminal history or violent behavior. Despite current functional stability, the Subject's longstanding difficulties, minimization and vague approach during this evaluation, and insight limitations suggest that ongoing psychological support is warranted. He has demonstrated behavioral stability in key areas such as employment and parenting, but the persistence of insight limitations, underreporting, and emotional reactivity underscores the importance of continued monitoring. Given this mixed presentation, it is my professional opinion that the subject's **reliability, judgment, stability, and trustworthiness ARE compromised by his current psychological state**. (GE 5 at 4-5)

Treatment Recommendations

Outpatient Psychotherapy: Focusing on emotional insight, personal accountability, and long-term coping strategies.

Establish Psychiatric Services: For medication management and reassessment of current pharmacological needs.

Comprehensive Reassessment of Substance Use: Periodic alcohol screenings to verify abstinence and reinforce accountability.

Psychoeducational Programs: To enhance emotional regulation, setting relational boundaries, and adjusting post-divorce. (GE 5 at 4-5 (emphasis added))

Applicant denied SOR response to ¶ 2.b in his SOR response, and he said:

In May 2025, a licensed clinical psychologist concluded that I met criteria for Alcohol Use Disorder, Moderate to Severe (in sustained remission). During the evaluation, I explained that my alcohol use was situational and episodic rather than chronic and that prior characterizations of my drinking had been exaggerated. The evaluator asserted that I "continue to drink alcohol despite past alcohol-related incidents."

There is no documented evidence of alcohol-related incidents. My alcohol use has been limited, situational, and episodic, with no impairment, legal involvement, or functional consequences. (HE 2)

At his hearing, Applicant admitted that he minimized his alcohol consumption to Dr. Z because he was being defensive, and he realized what was at stake. (Tr. 96-97)

Dr. Y's Evaluation

On May 6 and 14, 2026, Dr. Y, Ph.D., examined Applicant, and on May 25, 2026, he issued his report. (AE F) He considered the following matters and drew the following conclusions:

Background Interview; Behavior Rating Inventory of Executive Function – Second Edition; Adult Self-Report History and Background Questionnaire; Personality Assessment Inventory (PAI); Review of Provided Records Structured Clinical Interview for the DSM-5 – Clinical Version (SCID-5-CV); and Structured Clinical Interview for the DSM-5 - Personality Disorders (SCID-5-PD). (AE F at 1)

The client reported a period of increased alcohol consumption between approximately 2020 and 2022. He attributed this significant increase in drinking behavior to a combination of health-related stress stemming from his long COVID-19 diagnosis and the dissolution of his first marriage. During his period of greatest alcohol use, he reported drinking up to 8 to 10 beers a night, approximately 3 to 4 nights a week. He endorsed drinking more than anticipated/intended and experiencing occasional blackouts. He denied experiencing any legal or professional consequences related to his drinking, though he conceded that it likely worsened his depressive symptoms and increased stress within his marriage. The client began variably participating in the Alcoholics Anonymous program in September of 2022, and he abstained from alcohol for 7 months. He resumed drinking

socially (i.e., “at events”), which he reported he has continued to the present day. He reported his current drinking frequency at once or twice a month, and he acknowledged that he will occasionally “drink too much” at said events. The client reported that he has never sought formal treatment to address his history of excessive alcohol use, and he is not presently participating in Alcoholics Anonymous. The client has a preexisting “Alcohol Use Disorder, moderate to severe, in sustained remission” diagnosis, which was highlighted within his 2025 evaluation report. The client’s self-reported symptoms during this evaluation technically meet diagnostic criteria for Alcohol Use Disorder, moderate, in sustained remission (F10.21).

The client also completed a standardized, structured clinical interview to assess the potential presence of personality disorders (i.e., SCID-5-PD). While all personality disorders were assessed, the client’s history of impulsive drinking behavior, interpersonal conflict, and “frantic efforts to avoid abandonment” noted in his previous (i.e., 2025) psychodiagnostic evaluation, necessitated a particular focus on the potential presence of Borderline Personality Disorder. During the structured clinical interview (i.e., SCID-5-PD). The client’s symptom endorsement fell below the formal cutoff for a diagnosis of Borderline Personality Disorder. Of note, all other personality disorders were also assessed, but the results are not reported in detail to promote clarity. Importantly, the client did not meet diagnostic criteria for any personality disorder assessed using the SCID-5-PD. That said, in line with previous evaluation recommendations, it will be important for the client to complete a relevant course of psychotherapy to ensure he has attained therapeutic skills to effectively manage related symptoms moving forward. This will be reflected in the recommendations section.

[Applicant] has demonstrated substantial resilience throughout his life. During the assessment, the client was cooperative and direct. He is capable of an exceptional level of occupational, academic, and social success. That said, it will be imperative for the client to comply with recommendations made by his previous evaluator (i.e., Dr. [Z]) and this evaluator, which include engagement in weekly psychotherapy and ongoing medication consultation/management. (AE F at 11)

Dr. Y’s diagnostic impressions were as follows: “Major Depressive Disorder, recurrent, in full remission (F33.42); Alcohol Use Disorder, moderate, in sustained remission (F10.21); and Unspecified Anxiety Disorder (F41.9).” (AE F at 12) Dr. Y made the following treatment recommendations in his report:

1. **Individual Therapy (Cognitive Behavioral Therapy for Depression)** – The client’s self-report, provided records, and responses during the structured clinical interview noted a history of recurring clinically significant depressive symptoms. While the client denied current clinically significant

depressive symptoms, the severity and recurring nature of his depressive symptoms indicate that it will be important for the client to work with an individual psychotherapist to obtain therapeutic strategies to effectively manage any future depressive symptoms. Cognitive-Behavioral Therapy (CBT) for depression may be particularly useful. It is strongly recommended that the client promptly obtain an individual therapist, as this will also align with recommendations identified in his 2025 psychodiagnostic evaluation completed by Dr. [Z]. Of note, recurring (i.e., weekly) individual psychotherapy sessions will also allow for the monitoring of other relevant symptoms (e.g., alcohol use).

2. **Individual Therapy (Dialectical Behavioral Therapy)** – [Applicant's] history of alcohol use disorder in his provided records, interpersonal conflict in his previous marriage, and concerns expressed by his previous evaluator (i.e., Dr. [Z]) regarding "frantic efforts to avoid abandonment," indicate that he will likely benefit from obtaining therapeutic skills typical of Dialectical Behavior Therapy (DBT). Among other things, this therapeutic approach will provide the client with relevant skills to promote effective emotion regulation, urge management, distress tolerance, interpersonal effectiveness, and crisis survival. The client's current professional and interpersonal stability, as well as his overall mild symptom severity, suggest that he does not necessarily need to participate in a full comprehensive DBT program, which typically includes group therapy, individual therapy, and coaching calls. Instead, it will be acceptable for his individual therapist to integrate relevant DBT skills into the client's individual therapy treatment plan, assuming the individual therapist is competent in the delivery of adjunct DBT.

3. **Individual Therapy (Cognitive Behavioral Therapy for Anxiety)** – The client reported a history of anxiety symptoms, particularly related to his health. In this vein, the client has previously documented diagnoses of Illness Anxiety Disorder, Somatic Symptom Disorder, and Unspecified Anxiety Disorder. Based on the client's self-report, only Unspecified Anxiety Disorder could be confirmed within the context of this evaluation, though this does not disconfirm the previously identified diagnoses. Still, in line with previous recommendations from his 2025 psychodiagnostic evaluation, it is strongly recommended that the client obtain individual psychotherapy to effectively address his anxiety symptom history. Of note, weekly Cognitive Behavior Therapy for anxiety will likely be particularly effective. As highlighted elsewhere, weekly psychotherapy will allow for the monitoring of symptoms, which will also provide further clarification regarding the relevance of the client's previous Illness Anxiety Disorder and Somatic Symptom Disorder diagnoses. It is important to highlight that it is reasonable to assume that one psychotherapist can deliver the aforementioned CBT for depression, CBT for anxiety, and adjunct DBT skills.

> 4. **Medication Management** – [Applicant] reported that his current medication regimen of Duloxotine and Gabapentin is effectively managing his symptoms. Thus, it is recommended that he remain compliant with his medication management plan. That said, the client's history of depressive and anxiety symptoms suggest he also might consider obtaining an updated medication consultation from his prescribing provider to determine if any additional adjustments to his psychopharmacological intervention plan might be beneficial. This evaluator will certainly defer to the prescribing provider regarding all medication decisions.
>
> 5. **Further Diagnostic Evaluation** - If the client's behavior escalates, additional relevant symptoms appear, and/or existing symptoms worsen, diagnostic reevaluation will be relevant. His diagnostic profile should be amended as needed based on additional clinical data.

After Applicant received Dr. Y's report, he arranged for and attended several sessions. (Tr. 49) He received a suggestion for a medication change to "naltrexone for the alcohol use disorder." (Tr. 49) He is arranging therapy to address the other recommendations. (Tr. 49, 124) In response to Dr. Y's recommendations, Applicant has had a 30-minute session with his primary provider and a 30-minute session with Mr. P, an LCPC, the day before his hearing on June 1, 2026, and a 55-minute session on July 8, 2026. He has another 55-minute session scheduled for July 30, 2026. (Tr. 123-124; AE I; AE K at 6)

Mr. P's June 1, 2026 case summary states:

> The member describes a troublesome relationship with alcohol, stating that although he achieved seven months of sobriety, he has recently struggled with occasional drinking due to social situations. He expresses concern about potentially falling back into excessive drinking, especially since he reports that his drinking typically escalates when he does not set limits during social events. He acknowledges that he has taken his alcohol consumption seriously after a diagnosis of alcohol use disorder and describes previous coping strategies, including utilizing alcohol to numb physical pain associated with long COVID symptoms. The member explicitly denies any current suicidal thoughts or previous attempts. He acknowledges past feelings of wanting to escape due to the distress caused by his physical symptoms, but states he has not actively wished to harm himself. He is now looking for ways to build a better lifestyle and manage his alcohol consumption more effectively. The potential for referral to crisis care has not been indicated in this session.

* * *

> The member experiences significant functional impairments affecting various aspects of life. His recent challenges related to alcohol use disorder have influenced his daily routines, leading to instances of excessive drinking, especially in social settings, where he struggles to control his intake, as evidenced by his admission of losing track and drinking more than intended. This has likely impacted his relationships and responsibilities, particularly as he navigates co-parenting with his ex-wife while aiming to maintain a stable environment for their daughter. Additionally, the member's prolonged health issues stemming from long COVID have hindered his ability to work consistently, resulting in a reliance on disability support and a sense of feeling overwhelmed by chronic pain. These experiences have collectively contributed to a worsening of his mental health, further complicating his coping mechanisms and daily functioning. (AE K at 8)

The treatment records for July 8, 2026, made similar assessments to those of June 1, 2026. (AE K at 12) The treatment records for June and July 2026 do not include a statement concerning prognosis in the context of access to classified information. (AE K)

Personal Conduct

SOR Allegations

SOR ¶ 3.a alleges Applicant falsified material facts on an October 13, 2022 SCA, in response to the following questions: "Section 24 - Use of Alcohol In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?" The SOR alleges, he answered, "No" and thereby deliberately failed to disclose that information as set forth in SOR ¶ 2.c, *supra*. In addition, the SOR alleges that Applicant consumed alcohol, at times in excess and to the point of intoxication, until about March of 2022.

SOR ¶ 3.b alleges Applicant falsified material facts on an October 13, 2022 SCA, in response to the following questions: "Section 24 - Use of Alcohol Sought Counseling or Treatment Have you EVER voluntarily sought counseling or treatment as a result of your use of Alcohol? The SOR alleges, he answered, "No" and thereby deliberately failed to disclose that information as set forth in SOR ¶ 2.c, *supra*. In addition, the SOR alleges Applicant participated in AA in about November 2020.

SOR ¶ 3.c alleges in about October 2022, an Extreme Risk Protection Order and Civilian Protection Order was filed against Applicant by his former spouse.

SOR responses to SOR allegations

In his SOR response to ¶ 3.a, Applicant said:

> The allegation that I falsified material facts regarding alcohol use on the October 13, 2022 eQIP is inaccurate. **The eQIP question asks whether alcohol use had negatively affected work performance, relationships, finances, or resulted in law enforcement involvement. My alcohol use did not result in any of these outcomes.**
>
> Although there was a temporary increase in alcohol consumption during acute marital stress, it did not cause professional, legal, or financial consequences. Accordingly, my response of "No" accurately reflected the scope of the question and the factual circumstances at the time. There was no intent to deceive. (HE 2 (emphasis added))

On November 6, 2022, Applicant completed an SCA, and responded to the following question, "In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?" (AE H at 38) He answered, "Yes," and he said:

> I caught COVID in July/August of 2020. The symptoms persisted until 03/04 of 2022. The virus caused a great deal of suffering and pain. It wasn't until approx. 05 of 2022 that a specialist at [a] Hospital was able to make the diagnosis. The medication and treatment (which was plenty) that was given to me in the interim [were] ineffective. For whatever reason, drinking was the only thing that dulled the significant amount of pain that I was in. So I started drinking more frequently. (AE H at 38)

In response to the request for the negative impact, Applicant said, "My relationship with my Wife eroded and now she is filing for separation/divorce." In response to the optional comment, he said, "I am regularly attending therapy and AA. And am now abstinent from alcohol." (AE H at 38)

At his hearing, Applicant said the incident with his spouse on October 23, 2022, which resulted in a protective order, occurred after he completed his SCA on October 13, 2022. (Tr. 104) He conceded the correct answer to the alcohol question in SOR ¶ 3.a was "Yes" because of his AA attendance. (Tr. 105) He emphasized that he resumed his AA attendance after the October 23, 2022 incident with his spouse. (Tr. 106) He said his SOR response was a "misrepresentation." (Tr. 106) When he answered, "No" to the question, he was stating his belief that alcohol consumption had not affected his work performance. (Tr. 107) He explained, "I have done minimizations of what I've done, and I think those factors are based on, you know, whether it's the embarrassment or not having accepted some of the reality of what my conditions and responsibilities were to play." (Tr. 107)

November 6, 2022 SCA and Alcohol Issues

Applicant's November 6, 2022 SCA also asked, "In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?" (AE H) He answered, "Yes" and said that the time period was from December 2020 to October of 2022. *Id.* He said:

> I caught COVID in July/August of 2020. The symptoms persisted until 03/04 of 2022. The virus caused a great deal of suffering and pain. It wasn't until approx. 05 of 2022 that a specialist at [a] Hospital was able to make the diagnosis. The medication and treatment (which was plenty) that was given to me in the interim was ineffective. For whatever reason, drinking was the only thing that dulled the significant amount of pain that I was in. So I started drinking more frequently. (AE H)

Applicant described the negative impact in his SCA, as "My relationship with my [w]ife eroded and now she is filing for separation/divorce." (AE H) For optional Comment, he said, "I am regularly attending therapy and AA. And am now abstinent from alcohol." *Id*. He provided a statement from his AA sponsor and a friend from AA. (AE J) He was sincere about meeting the goals of abstinence. (AE J)

Applicant's November 6, 2022 SCA also asked, "Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?" (Tr. 125-126; AE H at 39) He answered, "Yes," and said that he attended AA meetings. *Id*. He also said he completed a treatment program, and "Treatment is regular and ongoing. There are multiple sites that I frequent in [my] county." *Id*. According to his November 6, 2022 SCA, he attended AA counseling or treatment once or twice a week from October of 2022 to the present. *Id*. His SCA also asked, "Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?" *Id*. He responded, "No." *Id*.

Applicant conceded his alcohol consumption negatively affected his first marriage. (Tr. 41) However, he maintained, it did not affect his work. (Tr. 41) His most recent alcohol consumption was "probably two beers maybe a month ago" over about a three-hour period. (Tr. 42) He was most recently impaired by alcohol on December 31, 2025, when he consumed about six or eight drinks. (Tr. 42-43, 99) He did not drive after drinking six or eight drinks. He can consume about four beers at a three-hour sitting without feeling drunk. (Tr. 43) He acknowledged his maladaptive pattern of alcohol use. (Tr. 44-45)

DOHA Interrogatories and Alcohol-Related Counseling

On November 25, 2025, Applicant completed DOHA interrogatories. (GE 6) One interrogatory asked, "Have you previously participated or are you currently participating in an alcohol or drug rehabilitation support group (i.e., Alcoholics Anonymous, Narcotics

Anonymous, etc.)?" and Applicant checked "No." (Tr. 107; GE 6; AE C at .pdf page 128) He said he knew his answer was false; however, he wanted to maintain consistency with his previous answers about alcohol counseling and treatment. (Tr. 108)

Another DOHA interrogatory asked whether he currently consumed any alcoholic beverage, and he stated, "No." (GE 6 at 16) At his hearing, he said, "So at this period, I was probably drinking very little, literally none." (Tr. 111) However, he admitted he drank to impairment or intoxication on New Year's Eve on December 31, 2025. (Tr. 111) He said, "I guess I chalked it up to being a social event and not from being a misused characterization. So like during that time, I wasn't using it for self-medicating, marital stress, or anything else." (Tr. 111)

Applicant attended therapy, AA meetings, and received medication. (Tr. 45) On March 12, 2026, April 24, 2026, and May 15, 2026, he provided blood samples, and the PEth alcohol tests were negative, except one result for his March 12, 2026 test was not negative. (Tr. 46; AE E) The PEth test shows alcohol consumption, if any, in the previous 30 days. Details about the interpretation of PEth test results are not part of the record.

Applicant has a network of family and friends who support him. (Tr. 45) He has changed his lifestyle, habits, and hobbies. (Tr. 45) He frequently communicates with his AA sponsor. (Tr. 46; AE J) Recently, he has reduced his attendance at AA meetings because he has other priorities of family and work. (Tr. 50) At his hearing, he said he has not attended AA meetings for about three or four months before his hearing; however, recently he may have resumed AA attendance. (Tr. 113; AE J) His alcohol consumption goal is abstinence; however, he makes exceptions for special occasions, such as a birthday party or a New Year's Eve party. (Tr. 114-115)

Applicant admitted that he intentionally made a false statement about his involvement in AA to the DOD. (Tr. 116) He said his incorrect statements about mental-health treatments were "like I was trying to say like I had a TBI. I was trying to convince myself I had a TBI. It was a physical injury rather than a mental injury, and all I did was a disservice to the government and to myself. I tried to portray it that way." (Tr. 117) His incorrect statements about his mental health and TBI were rationalizations, which were motivated by fear and embarrassment. (Tr. 117-118)

Protection Orders

SOR ¶ 3.c alleges in about October 2022, an Extreme Risk Protection Order (ERPO) and Civilian Protection Order (CPO) was filed against Applicant by his former spouse.

Applicant's April 24, 2023 OPM summary of interview concerning the ERPO and CPO states:

> Subject's Spouse wanted to leave subject. Subject tried to talk her out of it. Subject was crying and emotional during the argument. There was no physical contact. Subject told her that he could not live without her. Based on this statement, Subject's spouse thought Subject was going to hurt himself. Subject never said that he was going to hurt himself or her. Subject's spouse called the [local] Police. Subject left the residence while she was on the phone. Subject's phone battery was dead when he left the home. Subject sat in his truck in the neighborhood waiting to give her time to leave the residence. The police saw the Subject sitting in his truck in the neighborhood. They asked Subject what had happened. Subject told them about the argument. They asked Subject if he wanted to hurt himself or others. Subject did not. Subject was asked if he owned any guns. Subject does. Subject had guns at the residence. Subject did not have any guns on his person. The police recommended Subject not go back home until his spouse left. They stayed with the Subject for 30 minutes while she was leaving the home. She went to her father's home. Subject's parents recommended that the police take Subject's guns. Subject felt that they did not need to. Subject never made any type of threats with the firearms. [The police] said it was precautionary. They secured Subject's guns. They held the guns and gave them back when the case was dismissed. Subject had them returned an estimated month before the time of interview. Subject was not arrested and was free to go. Subject went to court on 10/31/2022 and it was extended as a temporary order for three months. Subject's spouse's lawyer was using the scenario for leverage for the settlement for divorce. Subject was threatened that he would not be able to see his children for a year if he did not sign the three month temporary order. This order ended on 01/30/2023. Current status is there is no order or restrictions. The divorce proceedings are mutual. (GE 6)

In 2022, Applicant was self-medicating with alcohol. (Tr. 32) In 2020, he took three months full-time disability and three-months half-time disability to help with the symptoms. (Tr. 32) His spouse was pregnant, and she resented his disability and alcohol consumption. (Tr. 33) He and his spouse separated, and he started going to AA "maybe like four or five times a week." (Tr. 33) He stayed sober for seven months. (Tr. 33) He was subsequently divorced. (Tr. 34)

Applicant's Concluding Statement

> So I think, you know, and I hope that I've been able to demonstrate that I've given more transparency in the matter, that I've rectified any of the misconceptions, discrepancies, and the minimizations. I think having taken ownership and accountability for these issues and then seeking the

additional professional counseling treatment and programs of support, I think, demonstrates that, I'm ongoing, ready, and willing to continue to safeguard national security.

And if you look at my prior record, I think it's like 13 years, you know, other than this, I've never had an incident or a violation or any concerns with work or anything other. So this is -- I think, you know, in my perspective, most of it is mostly tied. The trauma, the damage, and the misuse was in that period. I think what I've learned now, you know, the better appreciation and understanding of the role that I play and the responsibilities I have and the criteria that it is for reporting.

After going through all, you know, reading [this] for the first time, I think, you know, following this, I definitely have better insights, and I think I'm equipped to take on any incident if it was to happen again and provide the full transparency without there being any questions of integrity.

And if, you know, right now too, like I am willing and, you know, I hope you've taken into consideration that -- if you still doubt the integrity and the passion that I have for this service, that you would consider monitoring and considering to look at like how I'm doing on the [PEth] test and just let me show you the empirical data and the proof that I am capable of supporting this mission. (Tr. 126-127)

***DSM-5* and 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. 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). (*DSM-5* at 184)

***DSM-5* and Alcohol Abuse Disorder**

The *DSM 5* criteria for diagnosis of alcohol-use disorder for mild (presence of 2-3 symptoms), moderate (presence of 4-5 symptoms), and severe (presence of 6 or more symptoms) are as follows:

A. A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance.
11. Withdrawal. (GE 4 at .pdf page 108 (listing *DSM-5* criteria))

Remission

In early remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met).

In sustained remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met). (*DSM-5* at 490-491)

Character Evidence

Four coworkers and friends and Applicant's former spouse have known him in a personal or professional capacity or both. (HE 2; AE D; AE G) His spouse said their current relationship is amicable. (HE 2) His character witnesses are aware of the SOR issues and have known Applicant for several years. They provided positive descriptions of Applicant's character. The general sense of their statements is that Applicant is intelligent, diligent, professional, trustworthy, reliable, and conscientious about security. Their statements support approval or reinstatement of his security clearance.

Policies

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, "no one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to "control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy" to have access to such information. *Id*. at 527. The President has authorized the Secretary of Defense or his designee to grant applicants eligibility for access to classified information "only upon a finding that it is clearly consistent with the national interest to do so." Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended.

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

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation about potential, rather than actual, risk of compromise of classified information. Clearance decisions must be "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." *See* Exec. Or. 10865 § 7. Thus, an adverse decision should not be construed to suggest that it is based on any express or implied determination about applicant's allegiance, loyalty, or patriotism. It is merely an indication the applicant has not met the strict guidelines the President, Secretary of Defense, and Director of National Intelligence have established for issuing a clearance.

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of establishing controverted facts alleged in the SOR. *See Egan*, 484 U.S. at 531. "Substantial evidence" is "more than a scintilla but less than a preponderance." *See v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant's security suitability. *See* ISCR Case No. 95-0611 at 2 (App. Bd. May 2, 1996).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant "has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his [or her] security clearance." ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. *See* ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). "[S]ecurity clearance determinations should err, if they must, on the side of denials." *Egan*, 484 U.S. at 531; *see* AG ¶ 2(b).

Analysis

Psychological Conditions

AG ¶ 27 articulates the security concern for psychological conditions:

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

AG ¶ 28 provides psychological conditions that could raise a security concern and may be disqualifying in this case:

> (a) behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
>
> (b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
>
> (c) voluntary or involuntary inpatient hospitalization; and
>
> (d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions.

Disqualifying Conditions. AG ¶ 28(b) applies. SOR ¶ 1.a alleges, and the record establishes, that in May of 2025, Dr. Z evaluated Applicant and concluded he met the criteria for Unspecified Depressive Disorder and that he demonstrated problematic personality traits that directly impact his judgment, stability, reliability and trustworthiness. SOR ¶ 1.b alleges Applicant received mental-health treatment. SOR ¶ 1.b does not allege a disqualifying condition, and SOR ¶ 1.b is found for Applicant. Security concerns related to AG ¶¶ 28(a), 28(c), and 28(d) are not alleged in the SOR, and are not established. Further details will be discussed in the mitigation analysis, *infra*.

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

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

Discussion of Disqualifying and Mitigating Conditions

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

> Once a concern arises regarding an Applicant's security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. *See Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. *See* Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in

Egan, *supra*. "Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security." Directive, Enclosure 2, [App. A] ¶ 2(b).

Dr. Z diagnosed Applicant with Unspecified Depressive Disorder, and Alcohol Use Disorder, Moderate to Severe (in sustained remission). He noted Applicant's successful employment, absence of violent behavior, stable relationship with his future spouse, and the absence of arrests. He recommended that Applicant receive outpatient psychotherapy, establish psychiatric services, comprehensive reassessment of substance use, and psychoeducational programs. (GE 5 at 4-5) He also cited several factors or traits, which weighed against access to classified information. Dr. Z said:

> [T]he subject underreported and denied symptoms, **inconsistently acknowledged alcohol use patterns, minimized psychological vulnerabilities, exhibited a wavering communication style & limited insight,** and continues to drink despite his past of alcohol-related incidents. Further, behavioral evidence indicates the subject has a tendency to frantic efforts to avoid abandonment and **impulsivity**. Individuals with abandonment fears may exhibit unstable relationships, **poor judgment** under stress, and an excessive need for reassurance, which can compromise discretion and decision-making**. Impulsivity reflects poor behavioral control and a tendency to act without considering consequences, increasing the risk of rule violations or mishandling sensitive information**. . . . Despite current functional stability, the Subject's longstanding difficulties, minimization and vague approach during this evaluation, and insight limitations suggest that ongoing psychological support is warranted. He has demonstrated behavioral stability in key areas such as employment and parenting, but the persistence of insight limitations, underreporting, and emotional reactivity underscores the importance of continued monitoring. Given this mixed presentation, **it is my professional opinion that the subject's reliability, judgment, stability, and trustworthiness ARE compromised by his current psychological state.** (GE 5 (emphasis added))

Dr. Y's evaluation was more recent and favorable. He did not mention any issues concerning Applicant's inconsistent statements, minimization, and impulsivity. Dr. Y said:

> [Applicant] has demonstrated substantial resilience throughout his life. During the assessment, the client was cooperative and direct. He is capable of an exceptional level of occupational, academic, and social success. That said, it will be imperative for the client to comply with recommendations made by his previous evaluator (i.e., Dr. [Z]) and this evaluator, which include engagement in weekly psychotherapy and ongoing medication consultation/management. (AE F at 11)

Dr. Y's diagnostic impressions were as follows, "Major Depressive Disorder, recurrent, in full remission; Alcohol Use Disorder, moderate, in sustained remission; and Unspecified Anxiety Disorder." (GE 5; AE F at 12)

Because Dr. Z's assessment takes into consideration and discusses Applicant's minimizations and mischaracterizations of information, I conclude it is more credible and reliable than Dr. Y's assessment of psychological conditions. As for recommendations for additional care, I found Dr. Y's assessments are more specific and credible than Dr. Z's treatment recommendations.

Mitigating Conditions. Dr. Z and Dr. Y did not indicate Applicant's identified conditions are readily controllable with treatment; however, for purposes of this decision, I assume that they are readily controllable with treatment. Both doctors recommended that Applicant receive various treatments. Applicant has had a 30-minute session with his primary provider and a 30-minute session with Mr. P, an LCPC, the day before his hearing on June 1, 2026, and a 55-minute session with Mr. P on July 8, 2026. He has another 55-minute session scheduled on July 30, 2026 with Mr. P. Applicant said he intended to complete Dr. Y's recommended treatment plan; however, more time in compliance with a treatment plan is necessary to establish "ongoing and consistent compliance with the treatment plan." Applicant is not receiving the weekly psychotherapy sessions that were recommended. Applicant did not provide evidence of a "favorable prognosis." A finding of a favorable prognosis is premature in the circumstances of this case without a track record of consistent participation in a treatment plan and a supporting recommendation by his treatment provider or other qualified mental-health expert. AG ¶¶ 29(a) and 29(b) are not established.

Applicant's Credibility

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

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

Instances of Credibility Issues

Applicant's February 5, 2024 OPM summary of interview relating to his alcohol consumption states, "Subject was never treated, diagnosed and/or obtained treatment for alcohol. Subject has never abused alcohol or been alcohol dependent." (GE 6) Applicant

denied that Dr. D told him about the diagnosis of alcohol use disorder, and there is no evidence to the contrary. However, Applicant's statement about not having alcohol treatment is not true.

Applicant's February 5, 2024 OPM summary of interview also states, "No problems have resulted from the Subject's alcohol consumption. This circumstance did not have a negative impact on the Subject's home, school, work, friendships, physical and/or emotional health, reputation, judgment, reliability, finances, or ability to obtain or hold a security clearance." (GE 6) Applicant admitted that his former spouse asked him to curb his alcohol consumption, and his alcohol consumption contributed to his separation and divorce. His denial of a negative impact on his home is not true.

In his February 5, 2024 OPM summary of interview, Applicant related the details leading up to his spouse's obtaining protective orders. *See*, *supra* at page 19. At his hearing, he revealed, "So I took my revolver out and, you know, and then I guess [his spouse] saw that and it freaked her out. She thought I was going to do something with it . . . . And then she said she was going to call the cops." (Tr. 102) He did not indicate to the OPM investigator that the genesis of her report to the police was his taking his revolver out in her presence during an argument. This omission of an important fact minimized his culpability to the OPM investigator.

Dr. Z expressed a concern about Applicant's minimization of symptoms. Dr. Z said, Applicant's "responses were marked by inconsistencies and minimization, particularly regarding his psychiatric and substance use history." (GE 5 at 4)

On November 25, 2025, Applicant completed DOHA interrogatories. (GE 6) One interrogatory asked "have you previously participated or are you currently participating in an alcohol or drug rehabilitation support group, i.e., Alcoholics Anonymous, Narcotics Anonymous," and Applicant checked, "No." (Tr. 107; GE 6) He said he knew his answer was false; however, he wanted to maintain consistency with his previous answers about alcohol counseling and treatment. (Tr. 108)

In his SOR response, Applicant said, "My alcohol use has been infrequent and socially typical. The only period of increased consumption occurred during a specific episode of acute marital stress and was temporary and resolved." This is a minimization of his level of alcohol consumption, which involved binges, blackouts, and a diagnosis of alcohol use disorder, severe. He had a substantial period of excessive alcohol consumption.

In his SOR response, Applicant said, "The allegation that I falsified material facts regarding alcohol use on the October 13, 2022 eQIP is inaccurate. The eQIP question asks whether alcohol use had negatively affected work performance, relationships, finances, or resulted in law enforcement involvement. **My alcohol use did not result in any of these outcomes.**" (Emphasis added) He conceded at his hearing that his alcohol use affected his relationship with his former spouse and that this response was not true.

He explained, "I have done minimizations of what I've done, and I think those factors are based on, you know, whether it's the embarrassment or not having accepted some of the reality of what my conditions and responsibilities were to play." (Tr. 107)

In ISCR Case No. 01-03132 at 2 (App. Bd. Aug. 8, 2002), the Appeal Board addressed the requirement for full and candid responses to security questions in the context of an investigative interview:

> Although a deliberate omission could be distinguished from a falsehood, such a deliberate omission can serve to impede the search for truth. If an applicant gives narrowly worded, technically correct answers to an investigator's questions, but deliberately fails to tell the investigator the whole truth, then the applicant is not providing full, frank and candid answers to the investigator. An interview conducted as part of a security clearance investigation is not a forum for an applicant to split hairs or parse the truth narrowly. The federal government has a compelling interest in protecting and safeguarding classified information. *Department of Navy v. Egan*, 484 U.S. 518, 527 (1988). That compelling interest includes the government's legitimate interest in being able to make sound decisions (based on complete and accurate information) about who will be granted access to classified information. An applicant who deliberately fails to give full, frank, and candid answers to the government in connection with a security clearance investigation or adjudication interferes with the integrity of the industrial security program.

Applicant made false, inaccurate, incomplete statements, or misleading statements to the OPM investigator, Dr. Z, in response to a DOHA interrogatory, and SOR response. These false statements are not alleged in the SOR, and will not be considered for disqualification purposes. However, they will be considered in the mitigation and whole-person assessments. They support Dr. Z's belief that Applicant has traits of impulsivity, and these statements show poor judgment. They reinforce Dr. Z's opinion that Applicant's "reliability, judgment, stability, and trustworthiness ARE compromised by his current psychological state."

AG ¶ 29(c) is not applicable. There is no evidence that Dr. Y or Mr. P are "employed by, or acceptable to and approved by, the U.S. Government." There is no evidence that Dr. Y or Mr. P appreciates the high standards of judgment and trustworthiness a security clearance holder must meet. Dr. Y and Mr. P did not provide an opinion on whether Applicant's reliability, judgment, stability, and trustworthiness are compromised by Applicant's current psychological state. AG ¶¶ 29(d) and 29(e) do not apply because there is no evidence that his problematic mental health traits are temporary conditions, and under the circumstances detailed in Dr. Z's evaluation, these traits are "a current problem." (GE 5)

Applicant failed to meet his burden of proving that future episodes of poor judgment, including making false or misleading statements in a security context, are unlikely to recur. The record shows multiple impulsiveness and judgment errors. Applicant failed to establish that his mental health conditions are unlikely to result in a risk to classified information. Psychological conditions security concerns are not mitigated at this time.

Alcohol Consumption

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

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

> (a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
>
> (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
>
> (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
>
> (e) the failure to follow treatment advice once diagnosed; and
>
> (f) alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

Disqualifying Conditions. The SOR alleges, and the record establishes the following allegations: SOR ¶ 2.a—Applicant consumed alcohol, at times in excess and to the point of intoxication, since about his college years until about May 2025. SOR ¶ 2.b—in May of 2025, Dr. Z determined that Applicant met the criteria for Alcohol Use Disorder Moderate to Severe (in sustained remission); and SOR ¶ 2.c—from about November 2020 until about March 2022, Applicant received treatment for a condition diagnosed as Alcohol Use Disorder, Severe.

The record establishes AG ¶¶ 22(c) and 22(d); however, there have been significant variations in Applicant's alcohol consumption levels over the years. The

precise dates of his binge-alcohol consumption are not detailed in the record. Applicant said that he drank up to about 12 beers at a sitting, and he drank sufficient alcohol for blackouts. AG ¶¶ 22(a), 22(e) and 22(f) are not established because the SOR does not allege an alcohol-related incident, a failure to follow treatment advice once diagnosed, or alcohol consumption, which is not in accordance with treatment recommendations after a diagnosis of alcohol use disorder. Further details will be discussed in the mitigation analysis, *infra*.

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

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

Discussion of Disqualifying and Mitigating Conditions.

AG ¶¶ 23(c) and 23(d) do not apply because Applicant is not currently participating in an alcohol-counseling or treatment program, and he has not successfully completed an alcohol-treatment program.

AG ¶¶ 23(a) and 23(b) apply. On May 27, 2025, Dr. Z evaluated Applicant, and on May 6 and 14, 2026, Dr. Y evaluated Applicant, and both concluded Applicant's alcohol use disorder was in sustained remission. "Sustained remission" is defined in *DSM-5*, as "After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met)." (DSM-5 at 490-491)

The 11 criteria *DSM-5* that were not met in the previous 12 months are as follows:

> 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
> 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
> 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
> 4. Craving, or a strong desire or urge to use alcohol.
> 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
> 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
> 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
> 8. Recurrent alcohol use in situations in which it is physically hazardous.
> 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
> 10. Tolerance.
> 11. Withdrawal.

Applicant's statement at his hearing was that he has been drinking responsibly since 2025. On December 31, 2025, he drank to intoxication; however, he did not drive after drinking, and drinking to intoxication without more does not meet any of the criteria in *DSM-5*.

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

> The Board has repeatedly declined to furnish "bright-line" guidance regarding the concept of recency. The extent to which security concerns have become mitigated through the passage of time is a question that must be resolved based on the evidence as a whole. . . . In light of the record before her, the [administrative judge's] determination that insufficient time has passed to conclude that [applicant] is unlikely to engage in further misconduct was not arbitrary or capricious. *Id*. at 3 (internal citation omitted).

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

Applicant has a long history of excessive alcohol consumption. However, he has been in remission since about May of 2024. He has not committed an alcohol-related offense. He has established "a clear and established pattern of modified consumption" since May of 2024. AG ¶ 23(a) applies because "so much time has passed . . . . that it is unlikely to recur." At his hearing, he acknowledged his "pattern of maladaptive alcohol use." AG ¶ 23(b) applies because he "provide[d] evidence of actions taken to overcome this problem and has demonstrated a clear and established pattern of modified consumption . . . in accordance with treatment recommendations." Essentially by reducing his alcohol consumption for more than two years to responsible levels, he has met the requirements of AG ¶¶ 23(a) and 23(b). Security concerns under Guideline G are mitigated.

Personal Conduct

AG ¶ 15 explains why personal conduct is a security concern stating:

> Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.

AG ¶ 16 provides two personal conduct conditions that could raise security concerns in this case:

> (a) deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities; and
>
> (d) credible adverse information that is not explicitly covered under any other guideline and may not be sufficient by itself for an adverse determination, but which, when combined with all available information, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information. This

includes, but is not limited to, consideration of: . . . (2) any disruptive, violent, or other inappropriate behavior.

AG ¶ 16(a) is established. SOR ¶¶ 3.a and 3.b allege, and the record establishes, that Applicant falsified material facts in his October 13, 2022 SCA in his responses to the following questions: "In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your . . . personal relationships . . . ?"; and "Have you EVER voluntarily sought counseling or treatment as a result of your use of Alcohol?" Applicant answered "No" to both questions, and thereby deliberately failed to disclose information about the adverse effect on his marriage of his excessive alcohol consumption, and his alcohol counseling in AA meetings and as part of his mental-health counseling and treatment.

AG ¶ 16(d)(2) is established. SOR ¶ 3.c alleges, and the record establishes, in about October 2022, Appellant engaged in disruptive and inappropriate behavior when he was having an emotional discussion with his then-spouse about separation and he pulled a firearm out of a pack. This shocked his then-spouse and resulted in her obtaining an Extreme Risk Protection Order and follow-up Civilian Protection Order.

Mitigating Conditions

AG ¶ 17 provides conditions that could mitigate security concerns in this case:

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

(b) the refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;

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

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

(e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress; and

(f) the information was unsubstantiated or from a source of questionable reliability.

Prompt Disclosure and November 6, 2022 SCA. After Applicant falsified his SCA on October 12, 2022, he had an opportunity to disclose the facts on the November 6, 2022 SCA, and he did so before he was confronted with the facts. This disclosure on his November 6, 2022 SCA implicates AG ¶ 17(a), which states, "the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts."

In ISCR Case No. 22-02601 at 5-6 (App. Bd. Feb. 22, 2024) (reversing denial of security clearance), the Appeal Board discussed application of AG ¶ 17(a). The Appeal Board said:

> The words "prompt" and "good faith" are not defined in the Guidelines, and the Board has declined to establish a bright line definition of either term as they relate to Guideline E. We have, however, interpreted "prompt" to mean acting within a reasonable time. . . . Turning to the second element of the mitigating condition, the concept of "good faith" requires a showing that a person acts in a way that reflects reasonableness, prudence, honesty, and adherence to duty or obligation. Just as with the term "prompt," what constitutes a "good faith" effort will depend on the particular facts of the case.
>
> Applicants have a duty to provide full, frank, and truthful answers to relevant and material questions during a security clearance investigation. Directive ¶ 6.2. It is preferable that applicants self-report any omission, falsification, or concealment of requested information through the appropriate channel sooner versus later. We are aware of no DoD rule, however, that imposes an obligation or duty on an applicant to self-disclose an SCA omission at a particular time or through a particular channel outside of the investigation and adjudication processes. Absent evidence that an applicant had such a formal duty, his or her correction of the omission at the initial security clearance interview, done prior to being confronted with the information, should be afforded significant weight in mitigation. . . . Applicant's decision to wait what was ultimately seven weeks to report the omission during her interview was not in conflict with any known duty to self-report, was reasonable considering the circumstances, and amounts to a prompt, good-faith correction that should have been afforded mitigation under AG ¶ 17(a). *Id*. (citation modified).

AG ¶ 17(a) applies to SOR ¶¶ 3.a and 3.b. Security concerns related to the falsification of his October 12, 2022 SCA are mitigated.

In October of 2022, Applicant's then spouse announced that she wanted to separate from him, and he pulled out a firearm and tried to convince her not to separate from him. He did not threaten her with the firearm. His reaction showed poor judgment. She called the police; however, he was not arrested. A court approved two protection orders against Applicant. Applicant and his spouse are now divorced. Their relationship is amicable as shown by her letter of support. This instance of impulsivity and poor judgment occurred more than three years ago, occurred on one occasion, and under unusual circumstances.

Dr. Z indicated that incidents of impulsivity and poor judgment are likely to recur and continue to cast doubt on the Applicant's reliability, trustworthiness, and good judgment. However, incidents such as the one involving his former spouse are not likely to recur, and this specific incident does not cast doubt on Applicant's reliability, trustworthiness, and good judgment. AG ¶ 17(c) is established for the incident in SOR ¶ 3.c. This determination does not imply that it is unlikely that Applicant will make future impulsive decisions, which demonstrate poor judgment, as discussed in the psychological conditions section, *supra*. Personal conduct security concerns are mitigated under Guideline E.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all the circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

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

Under AG ¶ 2(c), "[t]he ultimate determination" of whether to grant a security clearance "must be an overall commonsense judgment based upon careful consideration of the guidelines" and the whole-person concept. My comments under Guidelines I, G, and E are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under those guidelines but some warrant additional comment.

Applicant is a 35-year-old employee of a large civilian accounting firm, which has employed him for the last 12 or 13 years. He provides and analyzes highly technical, sophisticated, and sensitive data to support the DOD. He has a bachelor's degree with a major in computer science and minor in mathematics and Spanish. He has a master's degree in cyber security. He received several technical certifications. He has received annual security refresher training.

Four coworkers and friends and his former spouse have known him in a personal or professional capacity or both. They are aware of the SOR issues and have known Applicant for several years. They provided positive descriptions of Applicant's character. The general sense of their statements is that Applicant is intelligent, diligent, professional, trustworthy, reliable, and conscientious about security. Their statements support approval or reinstatement of his security clearance.

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

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

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

This decision should not be construed as a determination that Applicant cannot or will not attain the state of reform necessary for award of a security clearance in the future. With a track record of continued compliance with treatment recommendations and a more favorable recommendation from his mental-health treatment provider, and the absence of additional episodes of poor judgment, he may well be able to demonstrate persuasive evidence of his security clearance 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
Subparagraph 1.a:	Against Applicant
Subparagraph 1.b:	For Applicant
Paragraph 2, Guideline G:	FOR APPLICANT
Subparagraphs 2.a through 2.c:	For Applicant
Paragraph 3, Guideline E:	FOR APPLICANT
Subparagraphs 3.a through 3.c:	For Applicant

Conclusion

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

Mark Harvey
Administrative Judge