DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 25-00539
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Nicholas T. Temple, Esq., Department Counsel
For Applicant: Grant Couch, Esq.

08/26/2026

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Decision

_____

HARVEY, Mark, Administrative Judge:

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

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Statement of the Case

On November 8, 2021, Applicant completed and signed a security clearance application (SCA). (Government Exhibit (GE) 1) On September 10, 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 G and I. (HE 1) On September 15, 2025, Applicant provided a response to the SOR and requested a hearing. (HE 2) On May 21, 2026, Department Counsel was ready to proceed.

On May 30, 2026, the case was assigned to me. On June 2, 2026, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for July 6, 2026. (HE 3) The hearing was held as scheduled.

Department Counsel offered seven exhibits into evidence; Applicant offered seven exhibits into evidence; there were no objections; and I admitted all proffered exhibits into evidence. (Transcript (Tr.) 12-15; GE 1-GE 7; Applicant Exhibit (AE) A-AE G; HE 4) I also took administrative notice without objection of excerpts from the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM 5*). (Tr. 14, 16) On July 20, 2026, DOHA received a transcript of the hearing. Applicant provided one post-hearing document, which was admitted into evidence without objection. (AE H) The record closed on August 14, 2026. (HE 5)

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

Findings of Fact

In Applicant's SOR response, she admitted in part and denied in part the allegations in SOR ¶¶ 1.a through 1.d; she admitted the allegations in SOR ¶¶ 2.b, 2.c, 2.d, 2.e, and 2.f; and she denied the allegation in SOR ¶ 2.a. (HE 3) She also provided extenuating and mitigating information. Additional findings follow.

Applicant is a 38-year-old technical project lead, and she has worked for her current employer for three years. (Tr. 17, 20) Her current employer has given her pay raises and promotions. (Tr. 20) In 2024, she married. (Tr. 17) She lives with her spouse and stepdaughter. (Tr. 17) Her 17-year-old son lives in a different state than Applicant. (Tr. 17) In 2023, she was awarded a bachelor's degree in science and interdisciplinary studies. (Tr. 18; AE F)

In 2006, when Applicant was 18 years old, she enlisted in the Air Force; and she served on active duty for 12 years. (Tr. 18) Her primary career field in the Air Force was financial management. (Tr. 19)

In December 2017, Applicant received nonjudicial punishment (NJP) under Article 15, Uniform Code of Military Justice, for possession of an unregistered firearm on a military installation and possession of a firearm while intoxicated. (GE 5 at 2208-2211, .pdf 2306-2309) She received a suspended reduction to staff sergeant, suspended forfeitures, and a reprimand. The reprimand stated:

> You are hereby reprimanded! As a noncommissioned officer in the United States Air Force, your primary responsibility is mission accomplishment and leading by example, which you failed to do when you unlawfully carried a firearm while you were under the influence of alcohol on [an] AFB. Your actions have brought disgrace upon yourself, your unit, and the United States Air Force. I am especially disappointed in the example you set for other members of the unit. Your misconduct falls far short of Air Force standards and reflects poorly on your judgment, professionalism, and regard for Air Force core values. Your misconduct is incompatible with military service, and I absolutely will not tolerate this behavior from any member of my command. Further, your misconduct has called into question your suitability to continue to serve as a noncommissioned officer in the United States Air Force. I expect you to heed these remarks and act accordingly in the future. Any further misconduct may result in more severe action under the Uniform Code of Military Justice. (GE 5 at 2220, .pdf 2308)

Psychological Conditions and Alcohol Consumption

SOR ¶ 1 alleges security concerns under the psychological conditions guideline. SOR ¶ 1.a alleges in January of 2008, Applicant was hospitalized after attempting to commit suicide.

Applicant's SOR response stated:

> In January 2008, [Applicant] was hospitalized following a suicide attempt. She admits this hospitalization occurred but clarifies that at the time she was only 19 years old and overwhelmed with more than she could handle.

She now recognizes that she was a stubborn young adult who did not yet understand the importance of asking for help. (HE 2)

At her hearing, Applicant said that she had very little memory of the suicide attempt. (Tr. 76-77) She did not want to think about it or remember it because it was humiliating. (Tr. 79) She believes her suicide attempt was a cry for help or attention. (Tr. 77) She did not intend to kill herself. (Tr. 77-78) Her suicidal ideation was an effort to end her suffering. (Tr. 78) Her only meaningful attempt to commit suicide was the hanging incident in 2008. (Tr. 76-79)

SOR ¶ 1.b alleges in approximately March of 2017, Applicant was referred to a military mental health clinic for a command-directed evaluation due to abnormal and problematic behaviors in the workplace.

In her SOR response, Applicant stated:

> In March 2017, [Applicant] was referred for a Command Directed Evaluation [(CDE)]. She admits this referral but clarifies that it came from her First Sergeant, whose conduct toward her has been documented in the record. She notes that the results of the evaluation are included in the documentation provided with the SOR and do not demonstrate a continuing problem. (HE 2)

At her hearing, Applicant said she was "in an abusive relationship and that bled into [her] at work character." (Tr. 40) She described her then partner as "mentally unstable." (Tr. 41) The leadership of her section changed, and Applicant had a personality conflict with the new leadership. (Tr. 41) She wanted her leadership to deliver medications to Applicant's then partner; however, her leadership was not supportive. (Tr. 42) She was disrespectful to the new leadership. (Tr. 41) She said, "my work environment was very toxic with -- between myself and the civilian leadership." (Tr. 42) The atmosphere "was a very, contentious environment. It – it's [a] very contentious environment in that workplace." (Tr. 44) In October of 2017, she received a CDE, and she was referred to a military mental health clinic. (Tr. 39, 93) She said the cause for the CDE was, "I was not managing my emotions at [work], where it bled in is I was in a very abusive and toxic relationship." (Tr. 94) The relationship occurred over about a nine-month period. (Tr. 94) Applicant was trying to help her then partner with her then partner's mental-health issues. (Tr. 95)

Applicant's October 23, 2017 medical record states she is a superior performer; however, the CDE was needed because she "is now facing disciplinary action for concerns related to integrity and duty performance." (Tr. 95; GE 5 at 993, .pdf 1091) Applicant said there were questions about her absences from work, and there was one instance in which she incorrectly said she was at an appointment. (Tr. 96) She acknowledged that she lied about her whereabouts on that one occasion. (Tr. 97) She said she was honest with the CDE evaluators. (Tr. 98) Applicant told the evaluators that

she was not and did not experience any suicidal ideations. (GE 5 at 989, .pdf 1087) Applicant said this statement was accurate at the time she made it. (Tr. 112) The result of the CDE was a favorable recommendation that she could return to her duties. (Tr. 100-101)

SOR ¶ 1.c alleges in December of 2017, Applicant was involuntarily hospitalized after getting into an altercation with her then partner while intoxicated and making suicidal gestures ending in a gunshot wound to Applicant's leg. She was diagnosed with Major Depressive Disorder and Acute Stress.

In her SOR response, Applicant stated:

> In December 2017, [Applicant] was involuntarily hospitalized after an altercation with her [then] girlfriend while intoxicated. She denies that she attempted suicide, clarifying instead that she was the victim of violence. She states that her First Sergeant falsely declared to others that she had attempted suicide. In reality, she was beaten and then shot in the leg by her [then] partner, who had been under the influence of illegal substances. (HE 2)

At her hearing, Applicant said she put her eight-year-old son to bed, and Applicant and her then partner went out drinking. (Tr. 104) Applicant was intoxicated, and her then partner was heavily intoxicated. (Tr. 46, 194-105) Applicant got out the firearm she previously received from her father, and she said she obtained the firearm for the following reason:

> To get it to stop. [Because] she wouldn't stop hitting me. And it's not like I could just go to bed with her just in the house. I mean, she was a maniac, like, at that night. It was terrifying. So my full intent was to get the violence to stop, and [the] best-case scenario, [was] to get her out of the house. And, I mean, I didn't care what -- you know, where she went, what happened. You know, granted I couldn't have -- like, you know, it's not like she could go drive, you know. So I didn't know what to do. (Tr. 109)

Applicant's then partner took Applicant's firearm out of Applicant's hand. (Tr. 106) Applicant described the altercation as follows:

> [W]e got in a very bad fight and she was beating me, slamming my head, throwing my phone at me. It was -- it was very frightening and -- but also I just -- I didn't know what was going to happen. And it resulted in me getting shot thank goodness in the leg because I do recall that she put it to my temple. And I closed my eyes, and I still didn't really think that she was actually going to shoot. Everything's you know, very stupid. But she -- at the last second dropped her arm and put it directly on my leg and shot, and it blew through my, my femur and my femoral artery. (Tr. 46-47)

A medical note from December of 2017 indicates that Applicant told a treatment provider that Applicant's use of a firearm in the incident with her then partner was a suicide gesture. (GE 5 at 931, .pdf 1029) It further indicates she was having suicidal ideations at that time. (Tr. 110) Applicant did not remember making this statement to her treatment provider. (Tr. 107-108) She said she lacked a memory of what occurred shortly after the shooting. Applicant's then partner told authorities that Applicant "was going to commit suicide, and that she had wrestled [her] for the gun, and then it went off." (Tr. 108, 119) Applicant said she disagreed with her this version of events. (Tr. 108) Her then partner subsequently told Applicant that she did intend to shoot Applicant; however, she did not intend the injury to be so serious. (Tr. 120) Her then partner had marijuana and cocaine in Applicant's bathroom, and her then partner was using marijuana and cocaine at that time. (Tr. 120)

The December 5, 2017 discharge note from Applicant's inpatient care states, "We discussed in detail her need to stop drinking." (GE 5 at 2229, .pdf 2327) Her mental health diagnosis was "Major depressive disorder, single episode, unspecified." (GE 5 at 2247, .pdf 3368)

The Air Force Central Registry Board (CRB) met on February 14, 2018, and determined Applicant met the criteria for neglect of her son the evening of the shooting incident involving her then partner. (AE B)

Applicant had two surgeries for her leg, and she had a lengthy rehabilitation period, which entailed use of prescribed oxycontin to treat her pain. (Tr. 28-29) The U.S. Attorney's office dismissed the charge against her then partner for shooting Applicant. (Tr. 114; AE C) The charge was dismissed because Applicant could not remember where the shooting occurred. (Tr. 115) Applicant received a federal victim reimbursement for expenses. (AE D)

In June of 2019, Applicant was inside a restaurant with her current spouse when a shooting in the restaurant parking lot occurred. (Tr. 126-127) A police officer shot the shooter. (Tr. 126-127) She described her reaction as follows:

> And that moment just blanked me out. It -- I -- it was like a hard reset, and it was terrifying. Like, I couldn't function, and I didn't know how to explain that. And I didn't -- I didn't know how severe anything was of myself and my mental stance and my emotional -- you know, all of that until a -- you know, after that moment. So after that moment, I was no longer able to go to the work that I was doing. I was a private investigator. I couldn't work. And so I went to the [U.S. Department of Veteran's Affairs (VA)] and just pleaded for help, not knowing what to do. And that's where the VA treatment started to help -- to start -- stepped in when I went there. That's when that started. (Tr. 29)

SOR ¶ 1.d alleges in September of 2019, Applicant was hospitalized after being pulled over for driving under the influence (DUI) of alcohol. Prior to being pulled over, she was driving around with a gun with the intent to kill herself.

Applicant's SOR response stated:

> In September 2019, [Applicant] was hospitalized after being pulled over while driving. She denies the allegation that she was charged with a DUI. She explained that she had actually been stopped for an outdated registration after taking a wide tum in her truck. At that time, she was struggling with extreme post-traumatic stress disorder (PTSD) symptoms and acknowledged that she was in a crisis state, but she emphasizes that no DUI charge was filed. (HE 2)

At her hearing, Applicant said she consumed alcohol before driving, and she made too wide of a turn. (Tr. 48-49) She told the police she did not want to live. (Tr. 49) Later in her hearing, she denied that she had suicidal ideations and attempted suicide. (Tr. 118) After the police released her, she went to the hospital because her command believed she might be suicidal. (Tr. 49, 118) Her command believed her then-partner's statement about Applicant attempting suicide. (Tr. 119) She described her mental state when she was admitted for mental health treatment as follows:

> But I was spiraling. And the only reason that night that I didn't finally end my suffering is because I felt -- I -- I could just see my son even though he wasn't with me. And at that time, I felt that it was too selfish to do that and that if I had to suffer because of what, you know, he had to go through, then that's just what I needed to do. So I was actually just -- when I -- when -- at the time -- at that time, when I wasn't ending my suffering, it was in agreement to continue to suffer in that time. And I wasn't -- sorry. I wasn't -- I was not charged, that -- that -- that case was dismissed. (Tr. 49-50)

At her hearing, Applicant said she was charged with DUI, and the charge was dismissed. (Tr. 130) She made suicidal statements to the police officer. (Tr. 131) When her suicidal ideation was at its peak, Applicant described the stressors as follows:

> And then, like, [I was] almost screaming for help, but there was nobody to help me. Like, even I couldn't even process my father's death. So it wasn't even just the incident that I was in. A few months later, my dad died and I was the only person to take care of all of his things, which was still, you know, it -- it was like even I had open items everywhere. I had a complete, you know, financial downfall in all the different locations and, like, everything was so horrible that I didn't -- I really -- like, I was in [location omitted], and there were homeless everywhere, and I was almost homeless myself. Just -- I was just taking every job that I could because I didn't even know what to do. I just knew that I -- I just didn't want to have to think. And it was -- I --

> I really didn't have like solid support, and I was stuck. And I just -- life was so hard. I was suffering so much that I couldn't even think. And then the thoughts that I was having was every negative or disparaging thing that I had heard during those -- you know, through that time. And so my suicidal ideation was much stronger then. (Tr. 87)

In 2019, after the shooting in the restaurant, Applicant did not have a place to live and her former partner, who shot Applicant in 2017, allowed Applicant to stay with her. (Tr. 117) In 2019, Applicant was diagnosed with untreated PTSD. (Tr. 86)

SOR ¶ 1.e alleges Applicant was evaluated by a licensed psychologist, Dr. H, on November 5, 2024, for a diagnostic history of PTSD, Unspecified Anxiety, Unspecified Depression, and Alcohol Use Disorder (AUD). Dr. H concluded that Applicant's diagnosis of PTSD and how it manifests (e.g., alcohol (ETOH) misuse, employment disruption, and poor judgment) could pose a significant risk to her judgment, reliability, or trustworthiness regarding classified information. Additionally, Dr. H concluded that the risk to judgment and reliability of any future mental health problems is moderately high, and Applicant's prognosis is poor. The evaluation of Dr. H is at pages 11-12, *infra*.

In her SOR response, Applicant stated:

> On November 5, 2024, [Applicant] underwent a psychological evaluation arranged by DCSA. She admits the evaluation occurred but disputes the conclusions reached by the government-appointed psychologist, which described her prognosis as poor and her risk to judgment and reliability as moderately high. [Applicant] emphasizes that none of her own long-term treating professionals have ever questioned her trustworthiness or reliability, nor have they issued such a pessimistic prognosis. She has consistently sought treatment and taken proactive steps toward her recovery and stability. (HE 2)

Alcohol Consumption

SOR ¶ 2 alleges security concerns under the psychological conditions guideline. SOR ¶ 2.a alleges despite treatment recommendations to reduce or abstain from her use of alcohol as set forth in SOR ¶¶ 2.b-2.f, Applicant consumed alcohol in excess from at least 2007 until approximately August 2024.

In her SOR response, Applicant stated:

> The government alleges that [Applicant] consumed alcohol in excess from 2007 through August 2024 despite treatment recommendations. She denies this characterization, explaining that she did not consistently drink in excess. When she did, it was her only coping mechanism for extremely

> difficult life circumstances, and such behavior was normalized by many of her peers and mentors at the time. (HE 2)

At her hearing, Applicant said when she was a senior in high school, she drank alcohol to intoxication on most weekends. (Tr. 60) She went to college for one year after high school. (Tr. 60) She was too busy in college to consume alcohol. (Tr. 61) At her first Air Force duty station, she resumed alcohol consumption. (Tr. 64-65)

SOR ¶ 2.b alleges in approximately February 2007, Applicant attended outpatient alcohol treatment with Alcohol and Drug Abuse Prevention and Treatment (ADAPT). She was diagnosed with alcohol abuse. It was recommended that she abstain from alcohol. She completed the program in January 2008. Her alcohol abuse was in remission.

In her SOR response, Applicant stated:

> In February 2007, [Applicant] entered outpatient alcohol treatment through ADAPT at age 19 after [her] self-identification encouraged by leadership. She admits this treatment, acknowledges that she was diagnosed with alcohol abuse, and notes that she successfully completed the program in January 2008. Her alcohol abuse was documented as being in remission. (HE 2)

When Applicant arrived at her first Air Force duty station, she consumed alcohol with her coworkers. (Tr. 22-23) A supervisor and mentor of Applicant smelled alcohol on her at physical training, and her leaders suggested that she self-refer to ADAPT. (Tr. 24, 66-67)

A February 27, 2007 medical note indicates Applicant said that she started drinking alcohol at age 12, and she drank "to come to work everyday." (Tr. 67-68; GE 5 at .pdf 1775) Applicant denied that she drank before coming to work. (Tr. 68) She asserted the medical note exaggerated her alcohol consumption, and she suggested the note was based on "rumors." (Tr. 68) She understood that her alcohol consumption in 2007 was illegal because she was under the age of 21. (Tr. 69) She was unsure if she successfully completed ADAPT; however, she probably did. (Tr. 71) She does not remember if she consumed alcohol while enrolled in ADAPT. (Tr. 71) The ADAPT counselors probably advised her not to drink alcohol; however, she rationalized that she should be more careful when consuming alcohol. (Tr. 72-73)

SOR ¶ 2.c alleges in approximately May 2008, Applicant entered an outpatient alcohol treatment program after she resumed alcohol consumption. She was diagnosed with Alcohol Dependence. She successfully completed treatment in approximately June of 2008.

In her SOR response, Applicant stated:

> In May 2008, [Applicant] entered outpatient treatment again and was diagnosed with Alcohol Dependence. She admits attending treatment but clarifies that her entry was connected to reporting a sexual assault. Because she was still underage, this alcohol-related matter was treated as a significant disciplinary issue, despite the context. She successfully completed treatment in June 2008.

At her hearing, Applicant said she was sexually assaulted while under the influence of alcohol. (Tr. 25-26) She was under the age of 21 when she was consuming alcohol. (Tr. 26, 73) In May of 2008 after the sexual assault, Applicant attended about 28 days of inpatient ADAPT, and then she attended follow-up outpatient ADAPT. (Tr. 88-89) She disagreed with the diagnosis of alcohol dependence because she did not believe she was dependent on alcohol. (Tr. 89-90)

SOR ¶ 2.d alleges that information as set forth in SOR ¶ 1.d. Upon discharge, Applicant was advised by a duly qualified medical provider to abstain from alcohol use. Applicant acknowledged she was advised not to consume alcohol; however, she believed the advice she received was that she should temporarily stop consuming alcohol. (Tr. 91) While she was in outpatient ADAPT, she became pregnant with her son, and she stopped drinking alcohol. (Tr. 91) She continued to abstain from alcohol consumption for a while after her son was born because he needed her care. (Tr. 92)

SOR ¶ 2.e alleges from approximately June of 2019 to approximately November of 2021, Applicant attended various mental health therapies through the VA Healthcare System. She was advised by duly qualified medical professionals to reduce or abstain from alcohol use.

In her SOR response, Applicant stated:

> From June 2019 through November 2021, Applicant stated she attended therapy through the [VA] Healthcare System. She admits that some providers advised abstinence or reduction but reiterates that her primary provider told her that alcohol was preferable to medication as a coping mechanism at the time. She recognizes now that this was not sound advice and has worked toward healthier coping mechanisms. (HE 2)

At her hearing, Applicant said the injury to her leg took longer to heal than expected, and she was using oxycodone longer than anticipated. (Tr. 28) She had difficulty gradually reducing her oxycodone consumption. (Tr. 29) She was in a restaurant where there was a shooting, which triggered an adverse reaction. (Tr. 29) At that time, she was working as a private investigator, and she was unable to work. (Tr. 30) Her VA treatment was helpful. (Tr. 30)

SOR ¶ 2.f alleges in approximately August 2023, Applicant was diagnosed by a duly qualified medical professional, at an outpatient center contracted by the VA called EC, with Alcohol Use Disorder, Severe. It was recommended by a duly qualified medical professional that she reduce her alcohol use.

In her SOR response, Applicant stated:

> In August 2023, [Applicant] was diagnosed with Alcohol Use Disorder, Severe, by a qualified mental health professional at [EC]. She admits this diagnosis and acknowledges that she was advised to reduce alcohol use. Importantly, she emphasizes that this was the first professional she truly connected with and began genuine healing. Since August 2024, she has completely abstained from alcohol and affirms that she has no desire to drink. (HE 2)

At her hearing, Applicant said she was pleased with her EC therapy. (Tr. 30-31) However, she stated:

> [Before Applicant received treatment at EC the treatment was basically] me revisiting all of the traumatic events. And I it -- that was more of, like, that was so intensely painful that not only was it not helping me, it was spiraling me in the opposite direction. And I didn't like, you know, I'd go to one of those, and then I'd be home on my own and in, like, the darkest zone one could -- I -- it was -- it was just very difficult. . . . [The VA] as a whole was good with me. And I'd explain, you know, what the problem was, and so then they'd shift me in trying to help me. But that took finding somebody that could handle me with care. And [my EC] therapist there was -- was very, very good to me. And kind of like the first opening for me to believe in humanity again, to be honest. (Tr. 30)

From August of 2023 to August of 2024, Applicant consumed sufficient alcohol to be intoxicated "about three to four times a week." (Tr. 149) She most recently consumed alcohol on August 23, 2024. (Tr. 31) Her current period of sobriety is her longest period of sobriety. (Tr. 93) She attended some Alcoholics Anonymous (AA) meetings and codependency groups. (Tr. 32) She is interested in and pursuing gardening as a hobby. (Tr. 37-38) She landscapes and participates in her community. (Tr. 38)

Dr. H's Evaluation

On November 14, 2024, Dr. H, PhD, evaluated Applicant at the behest of the DCSA. Dr. H described her current mental health treatment as follows:

> [Applicant] is currently pending intake at the VHA's behavioral health division, but her intake is not scheduled until March 2025. She reported that she is currently seeing a spiritual healer, which she finds helpful, and she is

working to move [to a different address], as she feels she needs to remove herself from triggers and negativity. (GE 3 at 3, .pdf 80)

Dr. H said there was a discrepancy about Applicant's characterization of her discharge. Dr. H stated:

> After twelve years of service, [Applicant] was involuntarily discharged from military service for multiple disciplinary infractions. She was a TSgt (E-6) at the time of her discharge, and she verbally reported that the character of her discharge was Under Honorable Conditions (General). Her 2021 e-QIP application and her clearance investigation (i.e., 05/02/2022-09/16/2022) indicates the character of her discharge was Other Than Honorable. A copy of [Applicant's] DD-214 was not included in her DoD CAF evidence records. (GE 3 at 4, .pdf 81)[1]

Dr. H's mental health evaluation stated:

> **Legal History**: As noted previously, [Applicant] was pulled over by [law enforcement officers (LEOs)] in 2019 and suspected of DWI/DUI and open container. She told the LEOs she was having a "severe panic attack" and asked to go to the hospital and they obliged. [Applicant] reported she was formally charged with DWI/DUI and went to court, but the charges were dropped. (GE 3 at 3, .pdf 81)

Dr. H's evaluation concluded:

> **DIAGNOSTIC IMPRESSIONS & PROGNOSIS**: [Applicant] was seen for a psychological evaluation in conjunction with a security clearance investigation and to clarify her current mental health status. She has a robust history of engagement with mental healthcare, as described previously. Her diagnostic history includes Posttraumatic Stress Disorder (PTSD), Unspecified Anxiety, Unspecified Depression, and Alcohol Use Disorder (AUD). Additionally, she described that a provider in the USAF indicated [she] had Borderline Personality Disorder (BPD), but she indicates that this was later ruled out.[2] Current evaluator has not reviewed records

[1] Applicant said her characterization of service for her discharge in October of 2018 was general under other than honorable conditions. (Tr. 19, 122-123, 126) There is no such characterization of service. She believed two factors for her discharge were her nonjudicial punishment for possession of an unregistered firearm, and her failure to make a credit card payment or payments to a debt to the Air Force Exchange. (Tr. 121; GE 1 at 26, .pdf 29) I asked her to provide a copy of her DD Form 214 after her hearing; however, she did not provide it. (Tr. 122-123) At the end of previous enlistments, Applicant received honorable discharges, and she was entitled to VA benefits.

related to a BPD conceptualization. [Applicant] reportedly told her military leadership in 2017 that she and her then-girlfriend both had Bipolar Disorder, but there is no available evidence to support this claim. It is as likely that [Applicant] and/or her leadership confused Bipolar with BPD. Finally, [Applicant] vaguely reported a distal history of an ADHD diagnosis from her time at [an] AFB (i.e., circa 2008), but there is no available evidence to support this claim. Cognitive testing was not accomplished at today's evaluation.

[Applicant] has a significant mental health and substance abuse (i.e., ETOH) history, as well as a documented suicide attempt. She was involuntarily discharged from the USAF for disciplinary issues, which she attributed to being targeted subsequent to her previously "reaching out to get help from her Command." She has had post-service occupational problems, which may or may not have been within her control. [Applicant's] records (i.e., records provided by the DoD CAF) reveal a history of financial problems with collections actions, as well as an Article 15 for failure to meet her financial obligations. [Applicant] has a chronic history of problems in interpersonal relationships – to which she attributes the majority of her past adverse events, including her not having custody of her son. [Applicant's] report and evidence provided by the DoD CAF suggests [Applicant] has exceedingly poor judgment in the interpersonal domain, which also seems to manifest as poor judgment and functional impairment in other major life domains.

In her clearance investigation (i.e., 05/02/2022-09/16/2022), [Applicant] reported that she "accepts full responsibility," but beyond this statement, the remaining content consistently describes how the adverse information/ events were not her fault. The pattern was echoed in her e-QIP applications and in the current clinical interview. [Applicant] appears to have an external locus of control and experiences life as happening to her vs. her being an agent of change in her own life and circumstances.

This evaluator conceptualizes [Applicant's] past diagnostic references of depressive and anxiety symptoms to the sequelae of primary PTSD. [Her] current report of ETOH use suggests an alcohol use disorder that is now in remission, but her description of spontaneous remission is inconsistent with

[2] A November 30, 2017 inpatient medical note stated:

> [P]atient does report she feels like she may have borderline personality disorder however based on the Zanarini rating scale for BPD she only had 7 and not 8 total criteria but there is still suspicion for a component of BPD in this patient. At this time she will be monitored in the inpatient psychiatric setting for further diagnostic clarification, arrangement of outpatient follow up, medication management and safety. (GE 5 at 2245, .pdf at 2343)

most clinical pictures. Thus, the "in remission" specifier is included with this caveat.

Based on background information, clinical interview and observations, and objective assessment, [Applicant's] diagnostic profile is as follows:

F43.10 Posttraumatic Stress Disorder, unspecified
F10.11 Alcohol Abuse Disorder, in remission

[Applicant's] longitudinal history of behavioral problems, interpersonal problems, alcohol misuse, and occupational/financial impairments suggest she is at high risk for reemergence of some or all of these in the future. Her lack of insight and personal accountability exacerbate this risk. Thus, the prognosis for [Applicant] is poor.

CONCLUSIONS: [Applicant's] PTSD, how it reportedly manifests (e.g., ETOH misuse, employment disruption, poor judgment), and her history of functional problems could pose a significant risk to her judgement, reliability, or trustworthiness concerning classified information. Additionally, the risk to judgment and reliability of any future mental health problems is moderately-high. (GE 3 at 6-7, .pdf 83-84)

Ms. A's Evaluation

On July 28, 2026, Ms. A, a Licensed Marriage Family Therapist (LMFT), provided a statement to Applicant. (AE M) Ms. A stated:

I am [an LMFT] trained in attachment healing, trauma as well as anxiety. I was privileged to work with [Applicant] from 01/05/2022 until 7/30/2024. She was usually seen bi-monthly.

At the time of discharge, Client had made significant progress in managing her symptoms and practicing coping skills to manage symptoms of stress and anxiety. Client was working full-time, in a stable relationship and raising a family as well as assisting with care of her elderly father-in-law. Based on this level of progress in practicing skills to manage emotions and stressors, growing functionality and support from family, I was pleased to assess at that time of discharge that she had indeed learned skills to manage the challenges of work, family and relationship[s].

My understanding is that she continued her therapy in her new location and progressed beyond where she was under my care. In my professional opinion it appears that [Applicant] is doing well and has learned to manage her symptoms to function in her work, family, and society. (AE H)

At her hearing, Applicant said her life is better now. (Tr. 51-53) She stopped taking her medications in 2023, which she believed were keeping her from making progress. (Tr. 52) She believes "[m]edication is not helpful for me if it's mind-altering." (Tr. 55, 143) She is more involved in spiritual matters. (Tr. 52) She discussed ending her medications with providers, and they did not express opposition to her choice. (Tr. 144-145) She stopped drinking, is married, and she has moved to a different location. (Tr. 53) She said her suicidal ideations were typically situational, and they were her response to stressors in her life. (Tr. 85) She has not experienced any suicidal ideations since 2022 or 2023. (Tr. 81, 83)

At the time of her hearing, Applicant was attending two talk therapy sessions per month with Dr. M, who is a VA employee. (Tr. 136) She did not provide a statement from Dr. M. She may have been receiving cognitive behavioral therapy. (Tr. 138) She provided VA records which showed she attended 12 video behavioral-health appointments as follows: March 25, 2025; March 19 and 25, 2026; April 1, 13, 26, and 27, 2026; May 13 and 28, 2026, and June 8, 11, and 22, 2026. (AE A) The VA records do not describe the content, care plan, diagnosis, or prognosis of any sessions. (AE A) She said she is no longer having intrusive thoughts. (Tr. 139) Her current therapy is different from some therapy she received in the past. She stated:

> It's not like going back into the past and reliving things. It's what are these tools to regulate my brain, my emotions, my nervous system, because that's my biggest problem, is the nervous system. And -- like, at this point. Because I've got a -- a really good handle on my brain now. It used to be, like, I kept hearing things or, you know, thinking things that didn't feel like they were my own thoughts. That doesn't happen anymore. And that is the most beautiful thing of all of it. . . . Until I could get the those thoughts under control that were not in my control, before, once I was able to get those under control, then I was, like, off flying, and it's been amazing. (Tr. 138-139)

Applicant's Conclusion

Applicant wanted to be a good example to her son and stepdaughter. (Tr. 53) In the future, she wants to help other people. (Tr. 53-54) Applicant concluded her hearing with the following statement after her direct examination:

> For most of my life, I was waiting for someone to save me. I didn't believe I could do that myself. The change that matters the most in my life isn't something that happened to me, it's something I built. I slowly laid a foundation of self, and that foundation is what holds me up now. It doesn't give out under pressure the way it once did because it isn't borrowed from somebody else. People assume putting down alcohol must have been the hardest part. Honestly, it wasn't. Once I had built the foundation, the drink lost its job. I'm not white-knuckling sobriety. I'm genuinely excited with a

clear head. That clarity is a gift that I get to keep showing up for. I live intentionally now. I take steps to evolve every single day. I pay attention to our footprint, recycling compost. I've started planting and gardening, learning to tend plants that will feed my family and protect our space naturally. I create digital art from pieces of my family's past, turning what shaped us into something that shares love and celebrates the moments that became our legacy. My wife, our daughter, and sometimes my son take every chance we can to explore someplace new. We care for our four dogs and I'm training a new puppy in the balanced home that I've been building. I use therapy as a tool, not a crutch. With my therapist, I keep identifying what actually works for me and my growth and then I apply it. I no longer see myself as a victim, and I don't sit in the past cataloging complaints. I acknowledge and accept every step that brought me here, every good choice and every hard one because I've walked through the dark tunnel myself and I sincerely have empathy for anyone still in it. That's the difference. I used to survive my life and now I architect it, calm, clear, and accountable. I'm in charge of it. Thank you. (Tr. 55-57)

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.

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; HE 4)

In the "Development and Course" section, *DSM 5* stated:

Alcohol use disorder has a variable course that is characterized by periods of remission and relapse. A decision to stop drinking, often in response to a crisis, is likely to be followed by a period of weeks or more of abstinence, which is often followed by limited periods of controlled or nonproblematic drinking. However, once alcohol intake resumes, it is highly likely that consumption will rapidly escalate and that severe problems will once again develop. Alcohol use disorder is often erroneously perceived as an intractable condition, perhaps based on the fact that individuals who present for treatment typically have a history of many years of severe alcohol-related problems. However, these most severe cases represent only a small proportion of individuals with this disorder, and the typical individual with the disorder has a much more promising prognosis. (*DSM 5* at 493; HE 4)

Character Evidence

In 2016, Applicant was awarded the Financial Management and Comptroller Annual Award for the non-commissioned officer category. (AE E) In 2023, the Director of the Air Force office where she worked wrote:

[Applicant], I would like to express my sincere gratitude for your outstanding contribution to our [office] since 2020. Your dedication and commitment have raised the bar for customer service and financial analysis excellence within the [local] community as you have built a center-level model for accounting and budget reporting while providing subject matter expertise across various financial management service functions. Closely working with the Budget Team, your continued support through the COVID-19 pandemic never faltered and strengthened our directorate's capabilities

demonstrating our financial management mission would never fail, while in or out of the office, and setting AFMC Best Practices through fiscal year end closeout operations - all through telework.

Your commitment and enthusiasm to your field of expertise was reflected in two team awards in 2021 as member to the [office] 2nd Quarter Team Award for the "[office]" and FM Directorate's 2021 Team of the Year award as a member of the "[office]" where you assisted in developing four new FM business processes to ensure standardized guidance, analysis, review and reporting was delivered through training and regular communications to the [community]. You have always been sure to deliver the highest quality products with excellent customer service. Thank you for your service to our mission and we wish you great luck in your future endeavors. (AE E)

On June 30, 2026, Applicant's spouse stated:

In 2024, [Applicant] made the free-will choice to better her own life and get sober. Having spent nearly every day with [her] since we met, and living with her, I have witnessed firsthand that [she] has remained sober on a daily basis since August of 2024.

Being with [Applicant] for the last seven years has given me a unique view into who she is. I met [her] at a time when she was finding herself, and from day one her focus has always been her family, mainly her son. As a friend and my partner in life, she has always been loyal, honest, selfless, and genuinely kind. [She] has always been employed, even when that meant working multiple jobs at once to make ends meet. I quickly saw how determined and strong she is, and how much life she had already lived at the young age of 32, when we first met.

I watched [Applicant] navigate the VA system on her own and advocate for herself when the system did not listen or failed to follow through. In the early days, [she] saw her struggle to find what and who worked for her forward progress, never staying stagnant, and always battling to improve herself when her progress or certain things did not go the way her specialists expected, from her physical progress to her mental health and PTSD therapy.

I have witnessed [Applicant] make far more forward progress than not, and most of it through her own willingness to never give up on herself. I have witnessed her mend and strengthen multiple relationships. I have been here on the good days and on the not-so-good days of [her] healing Journey, and she has reflected on and taken responsibility for her younger actions to better the adult she is today.

I am truly happy and proud to have witnessed the growth and progress [Applicant] has made since I have known her, and it is truly an honor to call [her] my wife. (AE G)

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

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;
>
> (b) alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is 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.

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

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).

Discussion of Disqualifying and Mitigating Conditions. The SOR alleges, and the record establishes, Applicant was diagnosed and treated for alcohol use disorder or alcohol dependency. She engaged in an altercation with her then partner while intoxicated, and her then partner shot her in the leg with Applicant's father's firearm. Applicant was arrested for DUI while in possession of another of her father's firearms. From August of 2023 to August of 2024, Applicant consumed sufficient alcohol to be intoxicated "about three to four times a week." (Tr. 149)

AG ¶ 23(c) does not apply because Applicant has a previous history of treatment and relapse. However, AG ¶¶ 23(a) and 23(b) apply. Dr. H's November 14, 2024, evaluation indicates Applicant's alcohol use disorder is in remission. Her alcohol use disorder is 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) However, a determination of sustained remission under the criteria in *DSM 5* does not necessarily establish mitigation under Guideline G. Applicant's statement at her hearing was that she has not consumed alcohol since August of 2024.

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). I find that Applicant credibly described her abstinence from August of 2024 to present.

DSM 5 states:

> Alcohol use disorder has a variable course that is characterized by periods of remission and relapse. A decision to stop drinking, often in response to a crisis, is likely to be followed by a period of weeks or more of abstinence, which is often followed by limited periods of controlled or nonproblematic drinking. However, once alcohol intake resumes, it is highly likely that consumption will rapidly escalate and that severe problems will once again develop. Alcohol use disorder is often erroneously perceived as an intractable condition, perhaps based on the fact that individuals who present for treatment typically have a history of many years of severe alcohol-related problems. **However, these most severe cases represent only a small proportion of individuals with this disorder, and the typical individual with the disorder has a much more promising prognosis.** (DSM 5 at 493; HE 4 (emphasis added))

Applicant ended her alcohol consumption in August of 2024. Based on Dr. H's assessment, and her ability to remain sober for two years, she established that future incidents of alcohol intoxication and alcohol-related offenses are unlikely to recur, and do not cast doubt on her current reliability, trustworthiness, and judgment. She has established a sufficient pattern of abstinence, and security concerns under Guideline G are mitigated.

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(a), 28(b), and 28(c) apply. AG ¶ 28(d) does not apply. 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

Dr. H diagnosed Applicant with PTSD, unspecified, and Alcohol Abuse Disorder, in remission. Dr. H's evaluation stated:

[Applicant's] longitudinal history of behavioral problems, interpersonal problems, alcohol misuse, and occupational/financial impairments suggest she is at high risk for reemergence of some of all of these in the future. Her

lack of insight and personal accountability exacerbate this risk. **Thus, the prognosis for [Applicant] is poor.**

CONCLUSIONS: [Applicant's] PTSD, how it reportedly manifests (e.g., ETOH misuse, employment disruption, poor judgment), and her history of functional problems could **pose a significant risk to her judgement, reliability, or trustworthiness concerning classified information. Additionally, the risk to judgment and reliability of any future mental health problems is moderately-high.** (GE 3 at 6-7, .pdf 83-84 (emphasis added))

Dr. H's evaluation is based on Applicant's medical record, an interview, and security documentation. Applicant obtained her father's firearm, and Applicant's then partner shot her in the leg with it. Applicant and her then partner were intoxicated. Applicant's son was neglected. Applicant received involuntary mental-health treatment. Applicant was arrested for DUI, and she had a firearm in her vehicle. She was involuntarily discharged from the Air Force. From August of 2023 to August of 2024, Applicant consumed sufficient alcohol to be intoxicated "about three to four times a week." (Tr. 149)

On July 28, 2026, Ms. A provided a statement to Applicant. (AE M) Ms. A stated:

I am [an LMFT] trained in attachment healing, trauma as well as anxiety. I was privileged to work with [Applicant] from 01/05/2022 until 7/30/2024. She was usually seen bi-monthly.

At the time of discharge, Client had made significant progress in managing her symptoms and practicing coping skills to manage symptoms of stress and anxiety. Client was working full-time, in a stable relationship and raising a family as well as assisting with care of her elderly father-in-law. Based on this level of progress in practicing skills to manage emotions and stressors, growing functionality and support from family, I was pleased to assess at that time of discharge that she had indeed learned skills to manage the challenges of work, family and relationship[s].

My understanding is that she continued her therapy in her new location and progressed beyond where she was under my care. In my professional opinion it appears that [Applicant] is doing well and has learned to manage her symptoms to function in her work, family, and society. (AE H)

Ms. A's opinion is given limited weight. Ms. A does not indicate what documentation she considered for the basis of her opinion. It does not provide a diagnosis or prognosis. Mitigation is premature in the circumstances of this case without a track record of consistent participation in a treatment plan and a supporting recommendation by her treatment provider or other qualified mental-health expert with a positive prognosis.

AG ¶ 29(c) is not established. There is no evidence that Ms. A appreciates the high standards of judgment and trustworthiness a security clearance holder must meet. There is no evidence that Applicant's condition "is under control or in remission, and has a low probability of recurrence or exacerbation."

AG ¶¶ 29(d) and 29(e) do not apply because there is no evidence that Applicant's mental health condition is temporary, and under the circumstances detailed in Dr. H's evaluation, this condition is "a current problem."

Applicant failed to meet her burden of proving that future impulsive decisions and episodes of poor judgment are unlikely to recur. The record shows multiple impulsive decisions and judgment errors. Applicant failed to establish that her mental health conditions are unlikely to result in a risk to classified information. Psychological conditions security concerns are not mitigated at this time.

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 and G 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 38-year-old technical project lead, and she has worked for her current employer for three years. In 2023, she was awarded a bachelor's degree in science and interdisciplinary studies. She served on active duty in the Air Force from 2006 to 2018. Her primary career field in the Air Force was financial management. At times, her Air Force performance and work for her current employer have been outstanding. However, she was involuntarily discharged from the Air Force for disciplinary issues. In recent years, her home life, environment, and mental health have shown significant improvement.

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

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 security concerns; however, she 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 a credible mental-health treatment provider, and the absence of additional episodes of poor judgment, she may well be able to demonstrate persuasive evidence of her 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
Subparagraphs 1.a through 1.e:	Against Applicant
Paragraph 2, Guideline G:	FOR APPLICANT
Subparagraphs 2.a through 2.f:	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