In the matter of:	)	
	)	
	)	ISCR Case No. 25-00051
	)	
Applicant for Security Clearance	)	

Appearances

For Government: John B. Renehan, Esq., Department Counsel
For Applicant: Caleb Byrd, Esq.

08/27/2026

Decision

HARVEY, Mark, Administrative Judge:

Security concerns arising under Guideline I (psychological conditions) are mitigated. Eligibility for access to classified information is granted.

Statement of the Case

On May 15, 2013, and January 3, 2024, Applicant completed and signed security clearance applications (SCAs). (Government Exhibit (GE) 1; GE 2) On July 23, 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 Guideline I. (HE 1) On August 14, 2025, Applicant provided a response to the SOR and requested a hearing. (HE 2) On April 29, 2026, Department Counsel was ready to proceed.

On May 4, 2026, the case was assigned to me. On May 20, 2026, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for June 29, 2026. (HE 3) The hearing was held as scheduled.

Department Counsel offered five exhibits into evidence and requested administrative notice of excerpts pertaining 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.) 16-20; GE 1-GE 6; Applicant Exhibit (AE) A-AE E) I also took administrative notice of the requested pages of *DSM 5*. (GE 6)

On July 14, 2026, DOHA received a transcript of the hearing. Three post-hearing documents were submitted and received into evidence without objection. (AE F (mental-health evaluation), AE G (CV), AE H (closing argument)) The record closed on August 17, 2026. (HE 4)

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, he admitted the SOR allegations in ¶¶ 1.a through 1.h. (HE 3) He also provided extenuating and mitigating information. Additional findings follow.

Applicant is a 56-year-old field service representative (FSR), who provides support to aircraft. (Tr. 22; GE 1) In 2005, he received an associate in applied science degree in aviation technology. (AE D) He has been married for thirty years, and he has one daughter and one granddaughter. (Tr. 20)

Applicant joined the Army when he was 18 years old, and he honorably served for five years. (Tr. 20) While in the Army, he served a tour in the Republic of Korea. (Tr. 20) He was deployed to Southwest Asia during operations Desert Shield and Desert Storm. (Tr. 21) He served in the Army National Guard (ARNG) from 1993 to 2010, and his ARNG service included a tour in Egypt. (Tr. 21) He participated in operations Enduring Freedom and Iraqi Freedom. (Tr. 21) He transferred to the Air National Guard (ANG), and his specialty was C-130 crew chief and mechanic. (Tr. 83) He retired from the ANG as a master sergeant after completing 23 years of service in 2010. (Tr. 21, 82) His highest award was a meritorious service medal (MSM). (Tr. 83)

Applicant was deployed for two years to Afghanistan as an FSR. (Tr. 22) He has a total of five years of deployment as a Soldier and contractor. (Tr. 23) He has worked for the government for 37 years, and he has held a security clearance since 2002. (Tr. 22) There have not been any allegations of security violations. (Tr. 22) The Department of Veterans Affairs has rated him as 100 percent disabled. (Tr. 23) He denied that he made a statement to the VA that his post-traumatic stress disorder (PTSD) disability rating impacts his ability to work. (Tr. 71) However, he said "it affects my ability to deal with customers, good and bad." (Tr. 72)

Psychological Conditions

SOR ¶ 1.a alleges, and Applicant admitted, he was evaluated by a licensed psychologist on August 6, 2024. Based on a review of his background information, including mental health treatment records, his most recent SCA, clinical interview and observations, he was diagnosed with PTSD, Major Depressive Disorder, Recurrent, Moderate, with seasonal pattern, and Borderline Personality Disorder (BPD). The evaluator noted that he presents with conditions, at this time, that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information. It is noted that additionally, the risk to judgment and reliability of any future mental health problems is moderate as there is a lack of evidence that he can effectively manage his mental health symptoms despite engaging in ongoing treatment.

Dr. B interviewed Applicant over the telephone or possibly the interview was over a videotelephone. (Tr. 34, 47-48) A miscommunication over the starting time for Dr. B's interview due to different time zones may have resulted in Dr. B receiving a negative impression of Applicant. (Tr. 35) At the time of Dr. B's interview, Applicant was in his vehicle. (Tr. 35) Applicant said, "After trying to discuss the time difference, I felt like [Dr. B] got very antagonistic towards me. . . . Just the way she was asking the questions. And she was asking some very hard questions for me." (Tr. 45) Applicant told Dr. B that she was "kind of pissing him off." (Tr. 51, 75) If he had to do the interview over, he would not have been interviewed in his vehicle, and he would have been respectful to Dr. B. (Tr. 76)

On August 6, 2024, Dr. B evaluated Applicant at the behest of DCSA. (GE 5, .pdf 365-371) Dr. B's evaluation report noted in her background information section:

> When asked about other traumatic events, [Applicant] stated, "you are pissing me off, it is kind [of] a touchy subject." He reported experiencing intrusive distressing memories and dreams of the traumatic events. He continued, "I have nightmares frequently, I can't tell you the dates, sometimes I don't remember the dream, I just wake up with trouble breathing." [Applicant] endorsed psychological distress and physiological reactions to cues that symbolize or resemble aspects of the traumatic events. He reported being triggered when driving, startled during lightning storms, and when he hears loud unexpected noises. He continued, "I will be awake for a little while" after being startled. He later reported, "it takes

me 6 to 12 hours to calm down." He avoids talking about his traumatic events outside of psychotherapy and avoids "crowds and anything that will explode." He continued, "I used to enjoy shooting but I don't go shooting much anymore. I am bothered by the noise and people around me with firearms." He reported that his memories of his traumatic events are "fragmented." He stated that since deploying to Afghanistan, "I think the world is dangerous." He denied blaming himself for the loss of his mother and for the traumatic event in Afghanistan. He continued, "I blame myself for the affair." He reported being irritable, hypervigilant, has an exaggerated startle response, difficulty concentrating, and sleep disturbances. (GE 5 at 3, .pdf 367)

As for the diagnosis of BPD, Dr. B stated:

With regards to his diagnosis of Borderline Personality Disorder, [Applicant] stated, "I don't like being alone anymore. Sometimes I think I do have a fear of abandonment and sometimes I do not." He reported having, "only one friend that was stable. Everyone else I don't feel like they get me. I have never had a lot of friends. I have a lot of acquaintances but not a lot of friends." He reported that he views himself in a "negative light." He denied engaging in self-harm or attention seeking behaviors. Per record from Dr. [W], Applicant punched a wall on 01/19/2023, resulting in a broken hand. (GE 5 at 3, .pdf 367)

Applicant agreed with Dr. B's observation that he "responded to a few questions in a defensive, condescending, and disrespectful manner." (Tr. 64; GE 5 at 5, .pdf 369) Dr. B's evaluation report noted in the concluding pages of her report:

DIAGNOSTIC IMPRESSIONS & PROGNOSIS: [Applicant] was seen for a psychological evaluation in conjunction with a security clearance investigation and to clarify his current mental health status. [He] meets diagnostic criteria for Post Traumatic Stress Disorder (F43.10), Major Depressive Disorder, Recurrent, Moderate, with seasonal pattern (F33.1), and Borderline Personality Disorder (F60.3).

[Applicant's] mental health symptoms and subsequent behaviors could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information. [He] reported that he is experiencing concentration problems which could resulted in him making careless mistakes. His symptoms of Borderline Personality Disorder could result in impulsivity, impaired judgment, instability, and unreliability. His approach to today's session and interactions with the evaluator provide some evidence for this conclusion. In addition, individuals with Borderline Personality Disorder exhibit a pervasive pattern of instability in interpersonal relationships, self image, and affects, and marked impulsivity. Per

psychotherapy records from 12/07/2023, [Applicant] shared that when he feels frustrated, it leads to anger, and it turns to rage and becomes explosive. This was evidenced by punching a wall and breaking his hand on 01/19/2023. [*See* medical note at GE 4 at 194, .pdf 362]. [He] has history of unstable relationships with family and friends.[1] In addition, due to this instability, he reported fear of abandonment by his wife and friends. His judgment was poor, at times, as evidenced by setting an appointment at a time in which he may have an inconsistent internet connection and being disrespectful to provider by stating "you are pissing me off." With regards to his trustworthiness, [he] was reluctant to answer some questions that were asked of him.[2]

CONCLUSIONS: Even though [Applicant] is engaged in psychotherapy twice monthly, prescribed Cymbalta, buspirone, trazodone, and has participated in Transcranial Magnetic Stimulation (TMS) since 06/2024, he is still presenting with significant distress and is symptomatic. For example, he reported "it takes me 6 to 12 hours to calm down" after being triggered by traumatic events. Therefore, [he] does present with conditions, at this time, that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information. Additionally, the risk to judgment and reliability of any future mental health problems is moderate as there is a lack of evidence that he can effectively manage his mental health symptoms despite engaging in ongoing treatment. (GE 5 at 6-7, .pdf 370-371)

SOR ¶ 1.b alleges, and Applicant admitted, in or about November 2023, while frustrated and/or angry, he punched a wall and severely injured his hand.

[1] At his hearing, Applicant said his family and himself had mental-health issues. (Tr. 62) He also stated:

> I didn't talk to my dad for about ten, fifteen years. I currently don't talk to my older sister or my older brother. I only talk to my twin sister. . . . Misunderstandings, anxiety about some of their ways that they approach me. I'm the younger brother. So, I get the younger brother syndrome. Even though I have been successful in my life, I will get questioned by my older brother and my older sister, who are not been that successful. . . . When my father passed away, I didn't get anything in the will, and it's because I hadn't talked to him. But there were some things that I could have gotten and was denied. It's just their attitude that they are – the ways they deal with me. And my twin sister doesn't talk to them either, for the same reasons. (Tr. 61-63)

[2] At his hearing, Applicant said he was not responsive to some of Dr. B's questions about his family because he "felt like antagonistic by this point, because of the way she responded to me about the time difference. I was not forthcoming with her. I felt like she was attacking me." (Tr. 63-64) His wife was present in the vehicle when he was responding to Dr. B's questions, which made it more difficult for him to answer her questions. (Tr. 75)

Applicant said he was painting a vehicle, and his wife came home. He explained his reaction as follows, "[S]he knows better than to interrupt me while I'm doing that, because it's one of those processes, once you start, you have to finish it. We got into an argument about that. Several things from the past came up. I got upset, I punched a wall." (Tr. 33, 54) He hit the wall with his palm, and not the knuckles of his fist. (Tr. 61) He did not break any bones in his hand. (Tr. 61) As for his mental state, he indicated, "You're talking about the day I hit the wall. Yeah, that is an example that my anger became explosive." (Tr. 55) He said a therapist advised him that he did not have an anger issue. (Tr. 56) When he is startled, he is alert, "Not user-friendly. Not approachable." (Tr. 57-58) He has learned through therapy to avoid situations where he reacts to being startled. (Tr. 59) His reaction is not to engage in physical violence; however, he might make a verbal outburst. (Tr. 59) He denied that he has ever hit his spouse. (Tr. 81)

SOR ¶ 1.c alleges, and Applicant admitted, despite receiving treatment for his various diagnoses, to include prescription medication, he had suicidal ideations as recently as approximately January-February 2024.

In his SOR response, Applicant stated:

> I have seasonal depression. It is treated and when there is a change in it or it gets worse, I contact my Doctor, Therapist, Friends and anyone else I feel can help me. While I have suicidal thoughts, I don't usually have a plan to follow through with a suicide attempt. The times I have, I have sought help through my Dr. or inpatient care such as my stay at [a hospital] in May 2022. And NEVER have I ever had a plan to harm anyone else.

At his hearing, Applicant said in about February of 2024, he was in a seasonal depression, and he had suicidal thoughts. (Tr. 32) He has not had any suicidal ideation since February of 2024. (Tr. 68)

SOR ¶ 1.d alleges, and Applicant admitted, he received treatment from [FC] since about February 2024 for his diagnoses of Major Depressive Disorder, Recurrent, Moderate; PTSD; and BPD.

Applicant received treatment from the VA, which referred him to the FC clinic. (Tr. 30-31) He was unable to work with a therapist at the FC clinic. (Tr. 31) He said, "I went through a slew of therapists with them. Either they couldn't keep their job there, or I didn't get along with them." (Tr. 31) He subsequently clarified that he could not get along with one therapist, and two therapists were transferred. (Tr. 76-77) He believed there were cultural differences and differences in therapeutic approaches. (Tr. 48-49) He resumed working with a licensed professional counselor (LPC) M. (Tr. 31)

SOR ¶ 1.e alleges, and Applicant admitted, he received treatment from LPC M from about July 2022 to about December 2023 for his diagnosis of BPD and Major Depressive Disorder, Recurrent, Moderate. After his mental-health hospitalization on July

12, 2022, Dr. H diagnosed Applicant with BPD, and PTSD, and he was referred to LPC M for treatment. (GE 4 at 27, .pdf 195) He self-reported the BPD diagnosis to his security officer. (Tr. 31) In regard to the PTSD diagnosis, a medical note for July 6, 2022, from Dr. H states:

> Video consult. Patient reports "my anxiety has increased this week and due to my PTSD I cannot be around loud noises or fireworks." Patient reports "I told my wife that she has not dealt with her issues and we are going to marriage counseling." Patient reports "I need my wife to speak her mind and tell me what she wants." Patient reports "I had increased PTSD symptoms this week due to July 4 and fireworks." . . . Patient reports since the last session he and his wife will attend marital counseling soon. Patient reports increased anxiety and PTSD symptoms. . . . Met with patient to address depressive and anxious symptoms. Patient reports increased anxiety with marital issues. Patient reports that he and his wife will attend marital counseling soon. Discussed triggers that increase his anxiety. Discussed ways to decrease his anxiety. Discussed PTSD symptoms and how loud noises affect his mental status. . . . Patient will report decreased anxiety by use of anti-anxiety techniques. Patient will report triggers that increase his PTSD symptoms. (GE 4 at 23, .pdf 191)

SOR ¶ 1.f alleges, and Applicant admitted, he was hospitalized in about May of 2022 for ongoing severe depression and suicidal ideations. In his SOR response, Applicant stated:

> [M]y time alone and being apart from my family took its toll on me/us. After being home for about a year, I was having a hard time dealing with everything that had happened and reintegrating with my family. I was down and felt like a failure to them. I had thoughts of suicide and was not sleeping well. I decided [I] needed help and checked myself in to [a hospital] where I stayed for 5 or 6 days.

SOR ¶ 1.g alleges, and Applicant admitted, he received treatment from Dr. RB from about January of 2019 to about 2021 for Depression. From 2019 to 2021, Applicant lived in a different state than his spouse, and he engaged in an extramarital affair. (Tr. 25) This caused stress in his marriage. (Tr. 25-26) At his hearing, Applicant said he had a suicidal ideation with a plan to commit suicide in 2019. (Tr. 68)

SOR ¶ 1.h alleges, and Applicant admitted, he received treatment from Dr. SW in about May of 2008 for Anxiety and Depression. In his SOR response, Applicant stated:

> This was the first time I sought help. I was dealing with my narcissistic father at the time and was having a hard time with him living at my house. I had been feeling frustrated and angry at him and talked to my Dr. about this. He recommended a small dose of Cymbalta which helped a lot. My frustrations

> subsided. My drives home [to visit family in another state] became much calmer. I was able to deploy to Afghanistan for work for a year in 2010-2011 with no issues, and again in 2012-2013. My anxiety and depression were stable during the deployments.

Applicant said he complies with medication recommendations. (Tr. 36) He attends therapy twice a month as recommended by his therapist. (Tr. 36) He described his efforts to improve his mental health as follows:

> I read a lot. If you looked at my Apple books, iBooks, you would see all sorts of books about this stuff. I follow people online. I try to do what I can to better myself. Some of that has been therapy called TMS (Transcranial Magnetic Stimulation), which is supposed to suppress some of the depression and suppress some of the anxiety. Kind of remap your brain a little bit. I've done a DNA methylation test, and I'll take methylated vitamins. If you don't know what those are, methylated vitamins are in a form of vitamin that your body can absorb. You don't have to turn it into another form that your body can absorb. If your body is unable to process, say, Vitamin B, you can take all the Vitamin B you want to, your body's not going to absorb it. Since I've done that, taken those vitamins, I've seen a vast improvement. I started exercising again. I did legs this morning. I have a better relationship with my friends, [and] I have a better relationship with my work colleagues. I try not to self-isolate anymore. I've done all these things to take steps forward to improve my mental health. . . . Now that I'm home, I have a better routine. I have a better relationship with my wife, work has been better, I'm not traveling as much as I was. I still travel, but not as much as I was. . . . In 2023, [Applicant's spouse] made a conscious decision that she hasn't left me and I haven't left her, due to the affair. We're not getting divorced. We made improvements to the house -- long-term improvements -- I built that garage I mentioned earlier. She has a newer car. Things like that. (Tr. 37-39)

Applicant's marriage has improved. He and his spouse went to couple's therapy. (Tr. 39) Their communications have improved. (Tr. 39) They went on a seven-day cruise and traveled to the Grand Canyon and Las Vegas. (Tr. 39) He gives her candy and flowers, and they have date night. (Tr. 39)

Applicant's employment is now more stable. (Tr. 40) He said that less changes in his schedule result in him being less upset. (Tr. 40) He has been able to reduce the frequency of his therapy sessions from twice a week to once every two weeks. (Tr. 40) He stated:

> Therapy has given me the ability to talk about things, kind of a mirror for me to look at and go, did I respond to that correctly? Did I overreact? It's given me tools to deal with things. For instance, of course, my anxiety is up

> because of this hearing today. One of the tools was a breathing exercise; breathing techniques. I did those probably for about five or ten minutes before getting on here at 11:50. If things happen that do upset me when I'm out, or any time, [and] it's given me the tools to deal with that, to calm myself down. The ability to recognize symptoms of those. I have an oncoming -- this is making me upset -- to talk myself down, to ground myself. (Tr. 41-42)

Applicant explained why he believed his security clearance should not be revoked as follows:

> I have a good support system through my wife, through my friends, my family. I have placed all these safeguards in place. I practice these techniques to ground me, to keep me from having a, lack of a better word, of spiraling down. I just don't have those episodes anymore. I still get depressed a little bit. I still have anxiety. But there nothing that's keeping me from doing my normal day-to-day activities. (Tr. 43-44)

Applicant is currently receiving therapy from LPC M, who is a mental health service provider (MHSP). (Tr. 83-84; AE A) He enjoys therapy with her. (Tr. 77) He believes she has improved his tools for managing anger and frustration. (Tr. 77) Applicant and his spouse have worked on establishing boundaries to reduce disagreements in their marriage. (Tr. 78-79) Applicant consciously pauses before responding to provocations. (Tr. 80) Applicant agreed with the diagnosis of BPD; however, he has not reviewed the information in *DSM 5* defining BPD. (Tr. 84-85)

On July 29, 2026, Dr. L, Psy.D., evaluated Applicant's mental health at his request. Dr. L stated:

> In Dr. [B's] Psychological Evaluation of 8/6/24, she stated that [Applicant] "has been previously diagnosed with Borderline Personality Disorder" (p. 1). [Applicant] reportedly informed Dr. [B] "I was told that I may have Borderline Personality Disorder" (p. 1). Dr. [B] stated in her report that "his symptoms of Borderline Personality Disorder could result in impulsivity, impaired judgment, instability, and unreliability". Yet, there is no mention of what his symptoms are and there is no evidence that [Applicant] has exhibited impulsivity, impaired judgment, instability, or unreliability over his lifetime. [Applicant] is currently 56 years old. If [he] truly had a personality disorder, that is, *an enduring pattern of thinking, feeling and behaving that is relatively stable over time and that is exhibited in a wide range of social, occupational, and personal contexts, there would be ample evidence of such, and yet there is none*. (AE F at 6 (emphasis in original))

Dr. L provided a thorough discussion of BPD as follows:

Having reviewed the medical records of both [Applicant's] inpatient as well as outpatient mental health treatment, it is notable that [he] was not diagnosed with Borderline Personality Disorder until immediately after he revealed that he had smacked a wall with his hand. It was only at this point that Ms. [M], who only has master's level counselor training, recorded this event as evidence of Borderline Personality Disorder with absolutely no additional support for such a diagnosis.

Notably, during his psychiatric hospitalization from May 6, 2022 to May 12, 2022, *none* of the six treating psychiatrists in charge of [Applicant's] care diagnosed him with Borderline Personality Disorder.

My review of the medical records from [FC] reveals that *none* of the providers (names of four providers omitted) he saw over a 2 ½ year period independently diagnosed [him] with Borderline Personality Disorder. Indeed, every progress note indicates that [Applicant] reported having been diagnosed with Borderline Personality Disorder by a prior therapist.

To his credit, because [Applicant] was told by a mental health counselor (Ms. [M]) in late 2023 that he had Borderline Personality Disorder, he reported it in the paperwork for his most recent security clearance process. However, there is no clinical diagnosis of Borderline Personality Disorder nor does [he] meet the criteria for a diagnosis of any personality disorder.

Individuals with Borderline Personality Disorder don't just not like being alone; they have an intolerance to being alone due to intense abandonment fears and must have people around them. The efforts to avoid abandonment often include impulsive actions such as self-mutilating behavior and suicidal gestures or acts.

Borderline Personality Disorder involves a range of symptoms that affect emotions, interpersonal relationships, self-image/identity, and behavior. Common experiences include intense and rapidly shifting affect, chronic feelings of emptiness, difficulty controlling anger, unstable relationships that alternate between idealization and devaluation, a persistent and intense fear of abandonment, and an unclear or shifting sense of identity. Many individuals engage in impulsive behaviors such as reckless spending, substance use, or unsafe sexual behavior. Transient paranoia or dissociative symptoms (feeling detached from oneself or reality) may emerge during periods of stress.

Put simply, it is evident that on one occasion in 2023, during a remote telehealth psychotherapy session, a master's level therapist erroneously

interpreted one event [Applicant] hitting a wall with his hand, as evidence of a “BPD episode” and subsequently diagnosed him with Borderline Personality Disorder. She then informed him that she believed he had this personality disorder. In 34 years of clinical practice, I am not aware of any event or incident being referred to as a “BPD episode”.

Subsequently, [Applicant] told various providers that he had been told he might have Borderline Personality Disorder, and many of the numerous providers documented it in their progress notes. Notably, and most importantly, when observed for almost a week on an inpatient psychiatric unit by 5 different psychiatrists and a social worker, no diagnosis of Borderline Personality Disorder was ever rendered.

Testing for Borderline Personality Disorder

Consequently, I employed psychological screening measures in my evaluation including the McLean Screening Instrument for BPD (MSI-BPD) is a 10-item self-report screening measure for Borderline Personality Disorder. Each of the 10 items is rated on a dichotomous scale with 1 corresponding to “present” and 0 corresponding to “absent”. The total score ranges from 0 to 10. Each endorsed item on the MSI-BPD corresponds to a specific DSM-5-TR criterion.

A score of 7 or greater is above the traditional cut-off for BPD screening. A score of 5 or 6 suggests that BPD cannot be ruled out and further evaluation is recommended. Scores of 4 or less indicate that symptom levels are not consistent with BPD. [Applicant’s] total score of 4 falls below the screening threshold. [Applicant] endorsed 4 out of 10 items, which falls at approximately 45th percentile compared to a non-clinical sample. This response pattern is not consistent with Borderline personality presentations and suggests the examinee does not currently endorse symptoms characteristic of Borderline Personality Disorder.

The Borderline Symptom List (BSL-23) is a 23-item self-report measure of a variety of difficulties and problems people experience. The Borderline Symptom List (BSL-23) is a well-established self-report measure of borderline personality disorder (BPD) symptom severity derived from DSM diagnostic criteria, the Diagnostic Interview for Borderlines, and clinical expertise. The scale assesses core BPD diagnostic criteria including affective instability, recurrent suicidal behavior, self-mutilating behavior, and transient dissociative symptoms. In addition, items capture borderline-typical empirical findings regarding self-criticism, problems with trust, emotional vulnerability, and proneness to shame, self-disgust, loneliness, and helplessness. The examinee is asked to rate the extent to which they experienced these symptoms/problems within the past week on a scale from “not at all” to “a little”, “rather”, “much” to “very strong”. It is scored by

calculating the Total Score (0–92) from the 23 items and the total mean score (0–4), where higher scores reflect greater symptom severity. Scores are evaluated based on the past week, utilizing a 5-point Likert scale (0 for "not at all" to 4 for "very strong").

[Applicant's] Total Score was 2 with a mean score of 1.0. He endorsed "experiencing stressful inner tension" and "criticism had a devastating effect on me" and rated them both as feeling it "a little". There were no elevated responses.

Dr. L made the following diagnosis and opined as follows:

Based upon the records reviewed, my personal interview of [Applicant], and the results of psychological testing, I considered multiple diagnoses, and it is my clinical diagnostic impression within a reasonable degree of scientific certainty that [Applicant's] history and presentation currently meet the *DSM-5-TR* diagnostic criteria for a diagnosis of:

Major Depressive Disorder, Recurrent, Mild with anxious distress and seasonal pattern (F33.0)

Based on my evaluation, I do not believe that [Applicant] has Post-Traumatic Stress Disorder. I also do not believe that there is any support for a diagnosis of Borderline Personality Disorder. I can opine, to a high degree of clinical certainty, that [his] previous symptoms of depression and anxiety are under control and well managed, and he is emotionally stable with his current prescription medication regimen, lifestyle, and ongoing outpatient psychotherapy. There is no reason to believe that [Applicant] will experience any decompensation in his mental health in the future, and his prognosis is good. In addition, [his] prior voluntary psychiatric hospitalization in 2022 was the result of a temporary condition in which he sought assistance and received it, and those issues have resolved. (AE F at 2, 8-9 (emphasis in original))

DSM 5 provides the "**Diagnostic Criteria**" for a diagnosis of BPD as follows:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)

2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms. (GE 6, *DSM 5* at 663)

The "**Diagnostic Features**" in *DSM 5* states:

The essential feature of borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. . . . Individuals with borderline personality disorder display impulsivity in at least two areas that are potentially self-damaging (Criterion 4). They may gamble, spend money irresponsibly, binge eat, abuse substances, engage in unsafe sex, or drive recklessly. Individuals with this disorder display recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior (Criterion 5). . . . Recurrent suicidality is often the reason that these individuals present for help. These self-destructive acts are usually precipitated by threats of separation or rejection or by expectations that the individual assumes increased responsibility. . . .

Individuals with borderline personality disorder may display affective instability that is due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) (Criterion 6). The basic dysphoric mood of those with borderline personality disorder is often disrupted by periods of anger, panic, or despair and is rarely relieved by periods of well-being or satisfaction. These episodes may reflect the individual's extreme reactivity to interpersonal stresses. Individuals with borderline personality disorder may be troubled by chronic feelings of emptiness (Criterion 7). Easily bored, they may constantly seek something to do. Individuals with this disorder frequently express inappropriate, intense anger or have difficulty controlling

their anger (Criterion 8). They may display extreme sarcasm, enduring bitterness, or verbal outbursts. The anger is often elicited when a caregiver or lover is seen as neglectful, withholding, uncaring, or abandoning. Such expressions of anger are often followed by shame and guilt and contribute to the feeling they have of being evil. During periods of extreme stress, transient paranoid ideation or dissociative symptoms (e.g., depersonalization) may occur (Criterion 9), but these are generally of insufficient severity or duration to warrant an additional diagnosis. These episodes occur most frequently in response to a real or imagined abandonment. Symptoms tend to be transient, lasting minutes or hours. The real or perceived return of the caregiver's nurturance may result in a remission of symptoms. (GE 6, *DSM 5* at 663-664)

The "**Development and Course**" in *DSM 5* states:

There is considerable variability in the course of borderline personality disorder. The most common pattern is one of chronic instability in early adulthood, with episodes of serious affective and impulsive dyscontrol and high levels of use of health and mental health resources. The impairment from the disorder and the risk of suicide are greatest in the young-adult years and gradually wane with advancing age. Although the tendency toward intense emotions, impulsivity, and intensity in relationships is often lifelong, individuals who engage in therapeutic intervention often show improvement beginning sometime during the first year. During their 30s and 40s, the majority of individuals with this disorder attain greater stability in their relationships and vocational functioning. **Follow-up studies of individuals identified through outpatient mental health clinics indicate that after about 10 years, as many as half of the individuals no longer have a pattern of behavior that meets full criteria for borderline personality disorder.** (GE 6, *DSM 5* at 665 (emphasis added))

The criteria for PTSD in *DSM 5* is exceptionally complex. (GE 6) Some of the symptoms Applicant described to Dr. B are consistent with PTSD. Dr. H diagnosed Applicant with PTSD, and Applicant said he had PTSD.

Character Evidence

Applicant has excellent performance evaluations. (AE B) His character witnesses 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. A coworker and friend stated:

[Applicant] is an exceptionally skilled professional and a person of outstanding character. Throughout the time I have known him, he has consistently demonstrated honesty, trustworthiness, and reliability, qualities that form the foundation of both his personal and professional relationships. I first met [him] in 2011 while deployed in Afghanistan, where we both supported an Army unit based in Texas. At that time, [he] served as [a] Technical Representative, and I was responsible for Quality Control of the civilian contractors on the airfield.

[Applicant's] work ethic is exemplary. He approaches every task with dedication, attention to detail, and a commitment to excellence that ensures the highest standards are met. His proactive attitude and willingness to take initiative stand out, often going beyond what is expected to ensure that challenges are met with effective and timely solutions. [Applicant's] integrity is reflected in the trust others place in him, knowing he will deliver accurate information and dependable guidance under any circumstances.

In addition to his professional expertise, [Applicant] demonstrates a strong sense of service to others. Whether supporting colleagues in complex technical issues or offering assistance outside of formal work settings, he consistently prioritizes the needs of others. His generosity in sharing knowledge and resources fosters a collaborative and supportive environment, benefiting not only his immediate team but the broader community involved in our operations.

[Applicant's] dedication to helping others extends beyond the workplace. He exemplifies the values of service, often investing his time and energy to assist those around him without hesitation. This willingness to support and uplift others speaks to his character as not only a consummate professional but also as an outstanding human being and a loyal friend. (AE E, .pdf 32-33)

Another coworker and friend stated:

I have known [Applicant] since the early 1990s. Over the years, he has been one of my soldiers, a peer, a reliable field service representative, and a close personal friend. During the time [he] served under me, he consistently demonstrated exceptional reliability, professionalism, and dedication to his duties. His work ethic was outstanding, and I could always depend on him to complete assigned tasks thoroughly and correctly. If a task could not be completed as instructed, [he] consistently communicated the issue promptly, professionally, and honestly so that adjustments could be made in a timely manner. His integrity, accountability, and sound judgment were evident in every aspect of his work.

> After our military service together, we worked together again around 2010 as contractors supporting [redacted] operations for the U.S. Government. [He] once again proved himself to be dependable, trustworthy, and highly professional. His judgment and sense of responsibility consistently exceeded expectations. In his role as a [company] aircraft representative, [he] could always be counted on to provide honest, accurate, and timely support to both customers and coworkers.
>
> When limitations or restrictions prevented certain support from being provided, [Applicant] was always upfront and transparent in communicating those [issues]. He handled difficult situations with professionalism, honesty, and good judgment. I have always known him to be someone who can be trusted to do the right thing, even in challenging circumstances.
>
> On a personal level, my friendship with [Applicant] also dates back to the 1990s. Throughout that time, he has always been exceptionally reliable and willing to help others whenever possible. We have worked together on cars, home projects, yard work, and many other activities over the years. In every situation, [he] has consistently demonstrated sound judgment, strong moral character, and a willingness to seek the best and most responsible solution to problems.
>
> Based on my personal and professional experience with [Applicant] over the past three decades, I consider him to be a trustworthy, reliable, and honorable individual with excellent judgment and integrity. I fully support and recommend him for a security clearance. (AE E, .pdf 36-37)

A highly decorated retired Army CW5, who is a friend and former coworker of Applicant's said:

> [Applicant's] commitment to his profession is absolute. He possesses an unwavering work ethic and takes immense pride in his technical expertise. In fact, he is, without question, the most capable Subject Matter Expert (SME) I have encountered throughout my military and civilian career. For [him], meticulous attention to detail is not just an expectation; it is his standard operating procedure. Beyond his unmatched professional capabilities, at the end of the day, [he] is the kind of person who will consistently go out of his way to support others. Whether confronted with a complex technical issue on the flight line or a personal challenge off-duty, he is always the first to offer his assistance. His genuine, selfless desire to help those around him speaks volumes about his fundamental character and integrity. (AE E, pdf. 40-41)

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 people 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 be 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.

AG ¶¶ 28(a) and 28(c) apply. The overall evidence does not establish the diagnosis of BPD, and AG ¶ 28(b) is refuted with respect to that diagnosis. The diagnosis of depression and PTSD do not "impair [Applicant's] judgment, stability, reliability, or trustworthiness" under the facts of this case. AG ¶ 28(d) is not established because there is no evidence that Applicant failed to comply with treatment recommendations. 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.

Disqualifying Conditions. SOR ¶ 1.b alleges, and Applicant admitted, in or about November 2023, while frustrated and/or angry, he punched a wall and injured his hand. Applicant was angry and frustrated with his spouse, and he impulsively struck the wall with the palm of his hand. Applicant made some other impulsive decisions, such as engaging in an extramarital affair when he was separated from his spouse. AG ¶ 28(a) is established. SOR ¶ 1.f alleges, and Applicant admitted, he was hospitalized in about May of 2022 for six days for ongoing severe depression and suicidal ideations, which establishes AG ¶ 28(c).

Mitigating Conditions. This case involves conflicting expert opinions from Dr. B and Dr. L about Applicant's mental-health diagnosis, prognosis, and Applicant's suitability for access to classified information. In ISCR Case No. 19-00151 at 8 (App. Bd. Dec. 10, 2019) the Appeal Board denied a government appeal and addressed the administrative judge's weighing of the conflicting expert psychological opinions of Drs. Y, K, and B as follows:

> A Judge is required to weigh conflicting evidence and to resolve such conflicts based upon a careful evaluation of factors such as the comparative reliability, plausibility, and ultimate truthfulness of conflicting pieces of evidence. *See, e.g.*, ISCR Case No.05-06723 at 4 (App. Bd. Nov. 4, 2007). A Judge is neither compelled to accept a DoD-required psychologist's diagnosis of an applicant nor bound by any expert's testimony or report. Rather, the Judge has to consider the record evidence as a whole in deciding what weight to give conflicting expert opinions. *See, e.g.*, ISCR Case No. 98-0265 at 4 (App. Bd. Mar. 17, 1999) and ISCR Case No. 99-0288 at 3 (App. Bd. Sep. 18, 2000). In this case, the Judge's conclusion that the magnitude and recency of Dr. Y's contacts with Applicant in combination with other corroborating evidence merited more weight than the uncorroborated opinions of Dr. K and Dr. B is sustainable.

On August 6, 2024, Dr. B diagnosed Applicant with PTSD, Major Depressive Disorder, Recurrent, Moderate, with seasonal pattern, and BPD. Dr. B opined that he presents with conditions, at this time, that could pose a significant risk to his judgment, reliability or trustworthiness concerning classified information. His BPD symptoms could result in impulsivity, impaired judgment, instability, and unreliability. Individuals with BPD exhibit a pervasive pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.

Dr. B placed significant weight on Applicant's statement during her interview, which occurred while Applicant and his spouse were in their vehicle. *See* n.2, *supra*. He was guarded in his responses to her questions. Part of the interview was about Applicant's adultery and other impulsive decisions. The primary rationale for Dr. B's decision was the diagnosis of BPD, which according to *DSM 5*, heavily weighs heavily against grant of a security clearance because the essential feature of BPD is a pervasive pattern of instability, unreliability, and impulsivity. These symptoms can result in poor judgment and poor decisions. Dr. B did not have the benefit of Applicant's character evidence or the psychometric testing Dr. L used to evaluate BPD. She and other mental-health providers relied on Applicant's repeated admission that he had BPD; however, Applicant was unaware of the criteria for BPD in *DSM 5*.

Dr. L's evaluations and prognosis of Applicant receive the most weight. They are more recent than Dr. B's evaluation and involved psychometric testing to determine whether the BPD diagnosis is correct. *DSM-5* states, "Follow-up studies of individuals identified through outpatient mental health clinics indicate that after about 10 years, as many as half of the individuals no longer have a pattern of behavior that meets full criteria for borderline personality disorder." (GE 6, *DSM 5* at 665 (emphasis added)) While Applicant met several criteria for BPD in the past, at the time of Dr. L's evaluation, those criteria were no longer present. BPD is not established as a current diagnosis.

Dr. L diagnosed Applicant with Major Depressive Disorder, Recurrent, Mild with anxious distress and seasonal pattern. Dr. B provided the same diagnosis except the

Major Depressive Disorder was Moderate, and there was an additional diagnosis of PTSD. I find that Dr. L's diagnosis was more current, and his Major Depressive Disorder is Mild. However, I agree with Dr. B that Applicant continues to have PTSD. He reported to Dr. B that he is irritable, hypervigilant, has an exaggerated startle response, difficulty concentrating, and sleep disturbances. He takes hours to relax after being startled. The symptoms Applicant described to Dr. B and other treatment providers are consistent with PTSD. Dr. H diagnosed Applicant with PTSD, and Applicant said he had PTSD. He suffered a traumatic event in Afghanistan. Moreover, the VA may have diagnosed him with PTSD, and the VA rated him as 100 percent disabled.

AG ¶ 29(c) is not applicable. There is no evidence that Dr. L is "employed by, or acceptable to and approved by, the U.S. Government." AG ¶¶ 29(d) and 29(e) do not apply because there is no evidence that his mental health symptoms or diagnosis are temporary conditions, and under the circumstances detailed in Dr. B's and L's evaluations, these diagnoses are "a current problem."

Applicant's depression and PTSD are readily controllable with treatment, and Applicant has demonstrated ongoing and consistent compliance with the treatment plan for several years. He has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and he is currently receiving counseling or treatment with a favorable prognosis by Dr. L, who is a duly qualified mental health professional.

Applicant established mitigation under AG ¶¶ 29(a) and 29(b). Only two episodes of poor judgment are cited in the record, his extramarital affair and striking the wall with his hand. Those episodes are not recent. Future episodes of poor judgment are unlikely to recur. His mental health conditions are unlikely to result in a risk to classified information. Psychological conditions security concerns are mitigated.

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 Guideline I are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under that guideline but some warrant additional comment.

Applicant is a 56-year-old FSR, who provides support to aircraft. In 2005, he received an associate in applied science degree in aviation technology. He has been married for thirty years, and he has one daughter and one granddaughter.

Applicant joined the Army when he was 18 years old, and he honorably served for five years. After leaving the Army, he joined the ANG. While in the service of the Army and Air Force, he served tours in the Republic of Korea, Iraq, Afghanistan, and Egypt. He retired from the ANG as a master sergeant after completing 23 years of service in 2010. His highest military award was an MSM. Applicant provided a strong case in mitigation with his performance evaluations and 14 character statements discussing his service and family life for decades in peace and war.

Applicant has worked for the government for 37 years, and he has held a security clearance since 2002. There have not been any allegations of security violations. The VA has rated him as 100 percent disabled.

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

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:	FOR APPLICANT
Subparagraphs 1.a through 1.h:	For Applicant

Conclusion

Considering all of the circumstances presented by the record in this case, it is clearly consistent with the interests of national security to grant Applicant eligibility for access to classified information. Eligibility for access to classified information is granted.

_____
Mark Harvey
Administrative Judge