In the matter of:	)	
	)	
	)	ISCR Case No. 24-00013
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Andre Gregorian, Esq., Department Counsel
For Applicant: *Pro se*

08/18/2026

Decision

KATAUSKAS, Philip J., Administrative Judge:

This case involves security concerns raised under Guidelines H (Drug Involvement and Substance Misuse), I (Psychological Conditions), and E (Personal Conduct). Applicant mitigated the concerns under Guideline I, but not under Guidelines H or E. Clearance is denied.

Statement of the Case

Applicant submitted a security clearance application (SCA) on November 1, 2023. On May 21, 2024, the Defense Counterintelligence and Security Agency (DCSA) sent her a Statement of Reasons (SOR) alleging security concerns under Guidelines H, I, and E. The DCSA acted under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) promulgated in Security Executive Agent Directive 4, *National Security Adjudicative Guidelines* (December 10, 2016), which became effective on June 8, 2017.

Applicant answered the SOR (Answer) on September 30, 2024, and requested a hearing before an administrative judge. Department Counsel was ready to proceed on November 7, 2024, and the case was assigned to me on April 2, 2025. On June 3, 2025, the Defense Office of Hearings and Appeals (DOHA) notified Applicant that the hearing was scheduled to be conducted by video teleconference on July 15, 2025. On June 10, 2025, the format was changed to an in-person hearing. I convened the hearing as scheduled. Government Exhibits (GE) 1 through 8 and Applicant Exhibit (AE) A were admitted in evidence without objection. Department Counsel requested that I take administrative notice of relevant sections of the Diagnostic and Statistical Manual of Mental Conditions, Fifth Edition (DSM-5), and I granted the request. Applicant testified and presented the telephonic testimony of five witnesses.

The record closed at the completion of the hearing. DOHA received the transcript on July 25, 2025. Processing of this case was delayed during the furlough of administrative judges from October 1 to November 12, 2025, due to a lapse in federal funding.

Findings of Fact

Applicant is 39 years old. She graduated from high school in 2005. She served on active duty in a military service from 2010 to 2014, and then in the Reserve until 2020. She received an honorable discharge. She married in 2009, was divorced in 2021, and has shared custody of two children, ages 14 and 11. (Tr. 53-55; GE 1)

Applicant has been employed since July 2023 by a federal contractor as a logistics analyst. Previously she was employed from 2019 to July 2023 by a different federal contractor as a warehouse associate. Her most recent security clearance eligibility was granted in September 2017. (Tr. 56-57)

Under Guideline H, SOR ¶ 1.a alleges Applicant used marijuana from about February 2020 to about July 2022. She denied this allegation, explaining in her Answer that she "used marijuana at times," but did not know where the February 2020 date came from. Next, SOR ¶ 1.b alleges Applicant used marijuana "while holding a sensitive position, i.e., while holding a position requiring a security clearance." She admitted this allegation, explaining that she used marijuana for medical purposes while holding a clearance. Finally, SOR ¶ 1.c alleges that in July 2022 Applicant was arrested and charged with possession of marijuana, disorderly conduct, and child neglect; and that she was hospitalized for six days based on mental health concerns and was diagnosed with severe Marijuana Use Disorder and Substance-Induced Psychosis. Applicant largely admitted this allegation but denied being diagnosed with severe Marijuana Use Disorder. (Answer)

Under Guideline I, SOR ¶ 2.a cross-alleges the information from SOR ¶ 1.c, and SOR ¶ 2.b alleges that Applicant was diagnosed with recurrent or severe Major

Depressive Disorder with psychotic symptoms. Applicant denied both of these allegations.

Under Guideline E, SOR ¶ 3.a cross-alleges SOR ¶¶ 1.a, 1.b, 1.c, and 2.b as personal conduct security concerns. SOR ¶ 3.b alleges that Applicant falsified the extent of her marijuana use on her SCA; and SOR ¶¶ 3.c through 3.e allege that Applicant had petitions for protective orders filed against her. Of these allegations, Applicant admits only receiving the protective orders, with explanation.

Drug involvement and psychological conditions

On an evening in late July 2022, Applicant and her neighbor ("Ms. N," for Neighbor) had an encounter on the military base where they both lived. In a written statement to police, Ms. N said that as she was walking from her kitchen to her car to retrieve groceries, she saw Applicant and Applicant's two children on Ms. N's front porch. Ms. N was surprised and asked Applicant what she was doing on the porch. At first Applicant did not say anything. Then, when asked again, she began to flail her arms and said, "they told her to." Ms. N suspected that Applicant was under the influence and asked her to leave. Applicant eventually walked back to her house. (GE 5 at 17-18)

Three base police officers responded to Ms. N's call. They gathered information from Ms. N consistent with what she wrote in her statement, except that an officer wrote that Applicant and her children had been on Ms. N's back porch, instead of her front porch. Two officers knocked on Applicant's front door. They were informed by the police dispatcher that Applicant called 911 to report people at her door whom she believed were trying to harm her. Reassured by the 911 operator, Applicant opened the door. (GE 5 at 23-30)

Applicant appeared distraught, manic, forgetful, and paranoid. She was worried about her safety. Police confirmed there was no one outside her residence, no one else inside, and no signs of a break-in. Applicant said she felt someone was going to hurt her but could not say who or why. She could not articulate her thoughts and the officers suspected she was under the influence of a controlled or dangerous substance (CDS). Police noticed a "strong odor of marijuana . . . permeating [throughout] the residence." (GE 5 at 24) Applicant showed police a baggie containing marijuana, cigarettes, and an unlabeled pill bottle. The total amount of CDS weighed 57 grams. (GE 5 at 23-30)

Police called emergency medical services but wrote that Applicant refused to cooperate. She was placed into custody and taken to a hospital under an emergency petition for mental health screening. (GE 5 at 24, 28) The petition cited Applicant hearing noises, having conversations when no one else was present, not remembering anything beyond a few minutes, and that she hadn't slept in two days. (GE 5 at 21)

Emergency room medical records reflect comments, likely originating from the police, about Applicant's bizarre behavior. They also indicate that Applicant said that she had been having knee pain, noting, "that is how she started taking marijuana." She complained of auditory hallucinations. (GE 3 at 2) The emergency department did not conduct a urine drug screen. (GE 3 at 5)

Psychiatry notes for two days later indicate Applicant said she had been seeing shadows and hearing voices telling her to burn things. She was worried people were trying to kill her. Her speech was disorganized or nonsensical at times. She denied using any illegal drugs "other than cannabis which she first began to consume at age 33," and "reported a history of daily get [sic] use with the last time" being on the evening she was hospitalized. (GE 3 at 5) A mental status and physical exam noted a decrease in auditory hallucinations, but Applicant had difficulty elaborating on the content. (GE 3 at 5) Applicant had an active prescription for amphetamine through the U.S. Department of Veterans Affairs (VA).

The psychiatric assessment noted: "This is a curious situation as we have a middle-aged person with no reported previous psychiatric history who now appears to be acutely psychotic. . . . [She] has an active prescription for amphetamines and it may be that she has been overusing these and could have a drug-induced psychosis . . . ." Applicant was prescribed medication intended to improve her coherence and connection with reality. (GE 3 at 8)

Applicant was discharged in early August 2022, after a five-day stay. Discharge notes state that during treatment, Applicant reported impaired memory about the events that led to her hospitalization, admitted "possible excessive marijuana use," and admitted inconsistent use of prescribed amphetamines. Discharge notes also state that her behavior improved, and that the "bizarre behaviors have resolved." (GE 3 at 9) Drug screen results obtained during her treatment were positive for marijuana but negative for amphetamines. (GE 8 at 11) The discharge diagnoses were Substance-induced psychosis and Marijuana Use Disorder, severe. The discharge summary was prepared by a certified registered nurse practitioner and cosigned by a medical doctor. (GE 3 at 8, 12)

Applicant began individual therapy later in August 2022. During the intake assessment, she described wanting to learn to cope with disappointment and anger. She had several problematic relationships, including with her ex-husband, and at the time had a child custody case ongoing. Regarding her past psychiatric history, notes reflect that Applicant admitted to "occassional [sic] use of marijuana in the past." In addition, apparently quoting her words, notes reflect she had a recent issue with "believing people were following her, talking about her, etc." (GE 4 at 16)

Discussing with the therapist her recent hospitalization, Applicant recalled telling the medical team that she believed that a sudden increase in Adderall caused her

paranoid thought process. She explained that she had taken herself off of her ADHD medicine (Adderall), but because she had an upcoming VA appointment, she decided to resume it to ensure it was in her system when the VA tested her. She thought this abrupt stopping and starting caused her problems. (GE 4 at 16) She was diagnosed with Major Depressive Disorder (MDD), recurrent, severe with psychotic symptoms (F33.3).[1] (GE 4 at 19)

Therapy notes from a September 2022 evaluation reflect Applicant's complaints that she was struggling with making decisions and being paranoid. She felt like she was followed and watched at all times. She said her thoughts were controlled when she took Zoloft, which had been prescribed by the VA. She also acknowledged having been diagnosed with MDD three years prior, when she was going through a divorce. (GE 4 at 2) She said that she lost custody of her children recently due to her thought processes and fights with her ex-husband. She reported having no support system and that mistrust of others and her temper had resulted in problems. Some of the September 2022 entries appear to draw on notes from the August 2022 evaluation. (GE 4 at 2-3)

One entry on the September 2022 evaluation states that Applicant was "re-educated on her [diagnosis] and plan of care that include both psychotherapy and psychotropics." (GE 4 at 5) She attended weekly therapy until about August 2023, when she changed jobs and insurance providers. Another marked reason for discharge was, "Achieved the treatment goals or rehabilitation goals"; discharge notes state that she made a "great amount of progress in counseling by learning and using healthy coping skills (CBT) during times of high stress." But the provider maintained Applicant's diagnosis of MDD, recurrent episode, with psychotic features. She was recommended to take VA-prescribed medications and to attend regular counseling "to ensure continued emotional well-being and to continue learning and practicing healthy coping skills." (GE 4 at 7-9)

In March 2024, Applicant resumed treatment from the same provider. She told the provider that she had been unable to find another provider she felt comfortable with. About the prior treatment she had received, the notes state that "[s]he found it extremely beneficial to address various life-long emotional struggles and problems with various relationships in her life." (GE 4 at 11) She was diagnosed with Generalized Anxiety Disorder (F41.1). The rationale for the diagnosis included uncontrollable worry and nervousness, inability to concentrate, and indecisiveness. (GE 4 at 14)

Applicant's Answer. In her Answer, Applicant admitted to using marijuana "at times" and that she used it for medical purposes while holding a clearance. She denied that she began using it in February 2020. She said that her neighbor falsified statements

[1] The rationale for the diagnosis stated: "[Applicant] reports the following symptoms: Persistent feelings of sadness and irritability; Feeling of hopelessness and helplessness; feelings of worthlessness; loss of interest in pleasurable activities; sleep disruption; General lack of energy; difficulty making decisions; delusions of believing people are 'after her or following her or talking about her'; Total mistrust of most people." (GE 4 at 19)

about the July 2022 incident, and the police, taking her neighbor's side, concluded that she was a threat. She added that later, in court, everything was dismissed due to her neighbor's multiple stories. She denied being diagnosed with severe Marijuana Use Disorder. Further, she said that Major Depression Disorder was not her diagnosis, with her therapy provider listing it based on what the hospital told them. The hospital, in turn, just assumed she was mentally unstable. (Answer)

Testimony about marijuana use. At the hearing, Applicant testified that she only used marijuana one time; that instance was in July 2022, the evening that her neighbor called police to her home. (Tr. 57-58, 95) She said she used it on that occasion to deal with pain from her migraine. (Tr. 62-63)

Applicant testified that she smoked marijuana about two or three hours before police arrived. She said her children were not in her care at the time. (Tr. 77) She explained that about one week prior she had been given about two ounces of marijuana by a friend, not identified, who told her to try it for her migraine and joint pain. (Tr. 78, 95) She said she did not ask her friend for the marijuana; he just gave it to her and was going to come back and get it. (Tr. 78-79) Informed by Department Counsel that it was "a massive amount of marijuana," she agreed, saying that she had never seen that much before. (Tr. 79) She said she was trying not to use it unless she absolutely had to. (Tr. 95)

Applicant denied the accuracy of medical and therapy entries that recorded her statements about past marijuana use. She denied telling medical providers that she began using marijuana at age 33 (the age she turned in February 2020). (Tr. 65, 71) Department Counsel asked whether the doctor who made that entry had got it wrong. "Yes," she said. (Tr. 71) She denied saying that she used marijuana on a daily basis. (Tr. 65-66) Asked whether the doctor had written down something that she did not say, she agreed, and gave as another example that there was no federal warrant for her arrest despite the records stating, "Reportedly there is a federal warrant for her." (Tr. 66; GE 3 at 7) When questioned about her diagnosis of Marijuana Use Disorder (severe), she cited the absence of evidence showing how much marijuana had been in her system. Without that, she said, calling it "severe" was an "incorrect assumption." (Tr. 140-141) About therapy records that reported her as saying that she had experimented with marijuana, she admitted that she "told her I had done it," but denied that statement meant she had used on prior occasions. Explaining the records that indicate experimentation, Applicant simply stated, "That's how she wrote it." (Tr. 156)

Applicant admitted knowing that use of marijuana could jeopardize her security clearance and her job, and that her use of marijuana was a bad decision. (Tr. 57, 61, 94, 106-108, 111) Regarding her employment during July 2022, she was a warehouse associate. (Tr. 56) She did not recall being drug tested (Tr. 111-112), or if she had signed a non-disclosure agreement, or if she had physical access to classified information.

(Tr. 114-115) When asked by Department Counsel if she "understood that [she] worked in a sensitive position," she responded that she did. (Tr. 116)

Testimony about psychological conditions. Regarding the July 2022 incident, Applicant denied the behavior, such as flailing her arms, that had been reported by her neighbor. Applicant described her interaction with Ms. N as follows:

> She was outside already, and I wanted to get something out of my car. And I was very scared. And she was putting grass seed on her lawn. And I went up to her and I said, Excuse me. And she was like, you need to get away from me. Do I need to call the cops? And I was like, Never mind, my bad. And I just walked away, went into my house. But what I was going to ask her was if she saw anything, like my ex-husband's car, like, anything – anybody that she didn't recognize in the neighborhood. That's what I was going to ask her. But if she wouldn't have reacted the way she did and she would have just not fabricated an entire story and made me out to be this nut case, then – [cut off] (Tr. 124)

Applicant denied walking around outside and testified that she thought her ex-husband was going to kill her. (Tr. 124) She stated that Ms. N's statement to the police was mostly lies and fabrication, and that for three years she had been trying to figure out Ms. N's motive for lying. (Tr. 127, 129)

Applicant testified that the police officers' observations of her, and comments to the effect that she seemed to be under the influence, were "embellished" to make the situation look worse that it was. She said that the only reason she was acting paranoid and manic was because she was scared. (Tr. 129-132) She explained how the officers might have misinterpreted her behavior: "I wasn't hearing and having conversations with nobody. Like, have you ever . . . just talked under your breath? That's what I was [cut off]." (Tr. 131)

Applicant testified that, at the hospital, she was scared and didn't know who she could trust. That explained why her speech seemed disorganized or nonsensical and why she feared that staff were talking about her. (Tr. 136) To the medical record statements about her seeing shadows and hearing voices telling her to burn things, she testified that she "saw people . . . walk by [her] room, like, real people," and that "something was telling me. . . . to burn sage. It wasn't even anything personal." (Tr. 136-137) She indicated that hospital staff took what she said and twisted it out of context. As to hearing voices, she testified, "I wasn't saying I was literally hearing voices. Like, that's not what I was meaning." (Tr. 136) She again explained her concern about her ex-husband, saying she thought he was "setting me up to get me killed because he didn't want to pay child support." (Tr. 137)

Referring to her therapy records, Applicant acknowledged that she categorized what happened to her as a "mental breakdown." (Tr. 145) She was prescribed Zoloft, which helped her "not be so sad." She stopped taking Zoloft in about 2024, due to side effects. (Tr. 147)

Applicant confirmed that she attended weekly therapy from August 2022 to September 2023 and said that she resumed twice-per-month therapy from March 2024 to about March 2025. (Tr. 188-190, 196) Asked why she resumed in March 2024, she offered that that she just liked having someone to talk to and also that she felt more comfortable with her therapist than the person at the VA. (Tr. 188, 190) Department Counsel noted that Applicant received interrogatories at about that time, and asked if that had anything to do with the resumption. Applicant responded, "Probably. I don't know." (Tr. 188)

Department Counsel asked Applicant to explain the notes from her therapy records indicating that, in about 2019, she was diagnosed with Major Depressive Disorder while going through a divorce. (GE 4 at 2; Tr. 151-152) She testified that her then husband told her parents that she was saying bad things about them and acting inappropriately for a mother. This dynamic changed her relationship with her parents and made divorce-related matters more contentious. (Tr. 150-155) But she denied ever having been diagnosed with MDD and explained the notes by saying there may have been a mix-up between patients. (Tr. 200-201)

Department Counsel reviewed with Applicant information from her therapy records regarding the 2022 and 2023 diagnosis of MDD and asked if she had discussed the diagnosis with her provider. (Tr. 186; GE 4 at 5, 19) Applicant responded that she had not discussed it and was not aware of the diagnosis until she reviewed the medical report as part of this proceeding. (Tr. 186)

Department Counsel also noted Applicant's March 2024 diagnosis of Generalized Anxiety Disorder and asked if she still had the associated symptoms. She denied experiencing the symptoms. Regarding uncontrollable worry and nervousness, she said, "I just try not to do it," and described how she will take deep breaths or call a friend to stay calm. (Tr. 191-192) She does not believe she needs ongoing mental health treatment. (Tr. 193)

DSM-5 information. The DSM-5 contains information about Cannabis Use Disorder, Substance-Induced Psychotic Disorder, and MDD. In this decision, "cannabis" will be used interchangeably with "marijuana."

Cannabis Use Disorder. Diagnostic criteria involve the following symptoms within a 12-month period, which indicate a problematic pattern of cannabis use leading to clinically significant impairment or distress. The presence of 2-3 symptoms is associated with a mild disorder; 4-5 symptoms for moderate; and 6 or more symptoms for severe.

1. Cannabis 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 cannabis use.
3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
4. Craving, or a strong desire or urge to use cannabis.
5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
8. Recurrent cannabis use in situations in which it is physically hazardous.
9. Cannabis 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 cannabis.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
    b. Markedly diminished effect with continued use of the same amount of cannabis.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for cannabis . . . .
    b. Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms. (HE I at 509-510)

Under “Diagnostic Features,” The DSM-5 states:

Individuals with cannabis use disorder may use cannabis throughout the day over a period of months or years and thus may spend many hours a day under the influence. Others may use less frequently, but their use causes recurrent problems related to family, school, work, or other important activities . . . . (HE I at 511)

Under “Associated Features Supporting Diagnosis,” the DSM-5 states:

Individuals who regularly use cannabis often report that it is being used to cope with mood, sleep, pain, or other physiological or psychological problems, and those diagnosed with cannabis use disorder frequently do have concurrent other mental disorders. . . . An important marker of a substance use disorder diagnosis, particularly in milder cases, is continued use despite a clear risk of negative consequences to other valued activities

or relationships (e.g., school, work, sport activity, partner or parent relationship.) (HE I at 512)

Substance-Induced Psychotic Disorder. For this disorder, the DSM-5 states that key diagnostic criteria include: (1) the presence of delusions or hallucinations, or both; (2) the symptoms developed during or soon after substance intoxication or withdrawal; and (3) the involved substance is capable of producing the symptoms. (HE I at 110). Cannabis is listed among the substances that can produce a psychotic disorder. (HE I at 111)

Under "Diagnostic Features," the DSM-5 states:

> A substance/medication-induced psychotic disorder is distinguished from a primary psychotic disorder by considering the onset, course, and other factors. For drugs of abuse, there must be evidence from the history, physical examination, or laboratory findings of substance use, intoxication, or withdrawal. Substance/medication-induced psychotic disorders arise during or soon after exposure to a medication or after substance intoxication or withdrawal but can persist for weeks . . . . Another consideration is the presence of features that are atypical of a primary psychotic disorder (e.g., atypical onset or course). For example, the appearance of delusions de novo in a person older than 35 years without a known history of a primary psychotic disorder should suggest the possibility of a substance/ medication-induced psychotic disorder. (HE I at 113)

Under "Development and Course," the DSM-5 states:

> Cannabis-induced psychotic disorder may develop shortly after high-dose cannabis use and usually involves persecutory delusions, marked anxiety, emotional lability, and depersonalization. The disorder usually remits within a day but in some cases may persist for a few days.

Under "Functional Consequences of Substance/Medication-Induced Psychotic Disorder," the DSM-5 states:

> Substance/medication-induced psychotic disorder is typically severely disabling and consequently is observed most frequently in emergency rooms, as individuals are often brought to an acute-care setting when it occurs. However, the disability is typically self-limited and resolves upon removal of the offending agent. (HE I at 114)

Under "Differential Diagnosis," the DSM-5 states:

> Primary psychotic disorder. A substance/medication-inducted psychotic disorder is distinguished from a primary psychotic disorder . . . by the fact

that a substance is judged to be etiologically related to the symptoms. (HE I at 115)

Major Depressive Disorder. Diagnostic criteria under the DSM-5 include five or more of the following symptoms, with at least one symptom being either (1) depressed mood, or (2) loss of interest or pleasure:

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report . . . or observation made by others . . . .
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day . . . .
3. Significant weight loss when not dieting or weight gain . . . .
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day . . . .
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt . . . nearly every day . . . .
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day . . . .
9. Recurrent thoughts of death . . . .

In addition, the symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, and the episode cannot be attributable to the physiological effects of a substance or another medical condition. Further, the occurrence of the major depressive episode, under the above criteria, cannot be better explained by schizophrenia or other psychotic disorders, and there cannot have been any manic or hypomanic episodes other than those that are substance-induced or attributable to another medical condition. (HE at 160-161)

"F33.3" is the DSM-5 code for Major Depressive Disorder in the presence of recurrent episodes and with psychotic features. (HE I at 162) Under "Development and Course," the DSM-5 provides:

> The course of major depressive disorder is quite variable, such that some individuals rarely, if ever, experience remission (a period of 2 or more months with no symptoms, or only one or two symptoms to no more than a mild degree), while others experience many years with few or no symptoms between discrete episodes. . . . Features associated with lower recovery rates, other than current episode duration, include psychotic features, prominent anxiety, personality disorders, and symptom severity. . . . The risk of recurrence becomes progressively lower over time as the duration of remission increases. The risk is higher in individuals whose preceding episode was severe, in younger individuals, and in individuals who have already experienced multiple episodes. The persistence of even mild

> depressive symptoms during remission is a powerful predictor of recurrence. [paragraph break] Many bipolar illnesses begin with one or more depressive episodes, and a substantial proportion of individuals who initially appear to have major depressive disorder will prove, in time, to instead have a bipolar disorder. This is more likely in individuals with onset of illness in adolescence, those with psychotic features, and those with a family history of bipolar illness. . . . Major depressive disorder, particularly with psychotic features, may also transition into schizophrenia, a change that is much more frequent than the reverse. (HE I at 165)

Under "Functional Consequences of Major Depressive Disorder," the DSM-5 provides:

> Impairment can be very mild, such that many of those who interact with the affected individual are unaware of depressive symptoms. Impairment may, however, range to complete incapacity such that the depressed individual is unable to attend to basic self-care needs or is mute or catatonic. (HE I at 167)

Personal Conduct

In addition to the above evidence, additional facts pertain to several SOR allegations under Guideline E. These include Applicant's response to questions about drug use on her 2023 SCA, and information on three requests for protective orders that were filed against Applicant.

In section 23 of her SCA, Applicant was asked whether she illegally used any drugs or controlled substances within the past seven years. She answered, "Yes," and specified her use of marijuana. The subsequent questions asked for the estimated month and year of her first use and her most recent use. For both entries, Applicant noted July 2022. Finally, asked to provide the nature of use, frequency, and number of times used, she did not provide that information and instead wrote: "I have degenerative joint disease and a few other issues with my joints. I was in a lot of pain." (GE 1 at 30)

SOR ¶ 3.b alleged that Applicant deliberately falsified section 23, asserting that, in truth, she "used marijuana as set forth in subparagraph 1.a." of the SOR (which alleges use from about February 2020 through about July 2022). In her Answer, Applicant denied a deliberate falsification, writing, "I did not deliberately. I was prescribed Adderall at the time and I was given too high of a dose and it messed with my memory." (Answer)

At the hearing, Applicant distanced herself from her Answer, particularly the explanation about Adderall. She testified that she didn't remember what she was thinking when she wrote that into her Answer. She variously stated that this part of her Answer did not make sense, that she may have meant to delete the phrase or include it elsewhere,

that she may have been answering two different questions at the same time, and that she did not understand the question. (Tr. 164-168)

Applicant was the defendant in three state court actions related to protective orders. The first case was filed in 2020 and was denied six days after being filed. (GE 8) Applicant explained that one of her children was not listening to her, so she kept picking him up to put him in the corner. One of her fingernails was already broken, and the child incurred a scratch or mark when her nail broke as she picked him up. She appeared in court and the order was denied based on the evidence provided. (Tr. 172-173)

The second case was filed in May 2022; it was dismissed the same day that it was filed. (GE 8) Applicant explained that, without her knowledge, her son took her old phone to her ex-husband. After receiving a number of messages from her ex-husband, she told him she was driving to his residence to retrieve the phone. Arriving, she knocked on the door but he did not answer. She then knocked on a window and it broke, which she said was an accident. She said her ex-husband portrayed being scared and thinking a robber was at his house. She showed the Judge the text messages, and the Judge asked her ex-husband why he didn't just give her the phone. (Tr. 173-176)

The third case was filed in early August 2022 and was dismissed later that month after the petitioner failed to appear. (GE 8) Applicant testified that her ex-husband was trying to get a protective order following her July 2022 incident. Her ex-husband claimed that there were drugs and guns in her house and that her children feared for their lives. A temporary order was put into place, preventing her contact with her children for several weeks. The hearing was postponed several times until the petition was dismissed. (Tr. 176-179)

Other evidence

At the time of the July 2022 incident, Applicant's workplace was located on the same military base on which she resided. She worked for a military service's Program Executive Office under a specified contract. (GE 5 at 27, GE 6) Her neighbor, Ms. N, had retired from military service, was a current government employee, and held a security clearance. (GE 5 at 19)

Applicant submitted a letter from a medical doctor who is a provider with the VA. Applicant has been under the doctor's care since April 2024, receiving treatment for chronic migraine. (AE A) Applicant testified that she has seen the doctor a couple of times since April 2024. She has also seen a neurologist and received a prescription to address her migraine problem.

Applicant had planned to call seven witnesses but opted to call only five of them. Four witnesses were current or former work colleagues, civilian or military, who have known her between 3 and 13 years. Taken together, these witnesses described her as

trustworthy, responsible, and as having a good work ethic. One of these witnesses, for whom Applicant currently works as a subcontractor's employee, testified that their Government customer praised Applicant's performance and sent certificates of appreciation. He added that Applicant's position on the contract requires a security clearance, and that if she lost her clearance she would be terminated from the contract (Tr. 20). None of these four witnesses were familiar with the details underlying Applicant's security clearance matter. (Tr. 19-51)

Applicant's fifth witness has been her friend since middle school and remains in close contact. The witness testified that she has seen how Applicant's ex-husband manipulates her and is very vindictive. At times, the witness has spoken with Applicant and encouraged her stop being paranoid, to stop giving her ex-husband power that he doesn't have. During a phone conversation while Applicant was hospitalized, she told this witness that she had, in the witness's testimony, "a complete mental breakdown." (Tr. 45) The witness could understand why Applicant was panicked and stressed out. (Tr. 40-46)

Specific Findings of Fact

The recitation of facts above includes details from documentary evidence as well as from Applicant's testimony, some of which is contradictory. Before proceeding, it is appropriate to make specific findings of fact regarding some of the conflicting evidence. Other conflicts in the evidence will be addressed in the Analysis section.

Extent of Applicant's marijuana use. At the hearing, Applicant admitted using marijuana on one occasion only, in July 2022. But in her Answer, she wrote that she "used marijuana at times." In addition, her medical and therapy records show more extensive use. Statements from her records include: that she "started taking marijuana" due to knee pain; that she "first began to consume" marijuana at age 33 (she turned 33 in February 2020); that she "reported a history of daily . . . use," with the last time being the date of the July 2022 incident; that she "[a]dmits to possible excessive marijuana use"; that she reported "experimenting with [m]arijuana"; and that she "admits to occassional [sic] use of marijuana in the past." I find that Applicant's Answer and these statements constitute substantial evidence supporting that Applicant used marijuana over the time period alleged in SOR ¶ 1.a, and Applicant's denials are insufficient to rebut that evidence.

Applicant's behavior in July 2022. At the hearing, Applicant denied engaging in bizarre or paranoid behavior as reported by her neighbor, such as flailing her arms and saying, "they told her to." She claimed Ms. N fabricated her story to the police, and that the police embellished what happened. She pointed out that Ms. N said that she had been on Ms. N's front porch, but the police report reflected the location as Ms. N's back porch. I do not find that difference to be persuasive as to showing fabrication or embellishment. Ms. N was a government employee who held a security clearance. Police officers are government officials, presumed to carry out their duties in good faith. The record does not even hint at any incentive for Ms. N or the police to fabricate or embellish what they

observed. I find that Applicant engaged in paranoid and bizarre behaviors on the night in question.

Cause of Applicant's psychosis. At the hearing, Applicant testified that any odd behavior on the evening in question, which she described as a mental breakdown, was caused by inconsistent Adderall use. She also shared this information with her therapy providers. However, mental health providers at the hospital attributed her behavior to marijuana-induced psychosis. The latter explanation is consistent with the hospital laboratory results, which were positive for marijuana but negative for amphetamines. The latter explanation also comports with the DSM-5's description of substance-induced psychosis. I find that Applicant's mental condition was induced by use of marijuana, not Adderall.

MDD diagnosis. At the hearing, Applicant disclaimed ever receiving an MDD diagnosis, saying there may have been a mix-up when that information was placed into her records. However, the MDD notation first appears in her therapy records, during an appointment that took place about three weeks after she was released from the hospital. The records reflect that Applicant told therapy providers that she had been diagnosed with MDD three years prior. In making the MDD diagnosis, the therapy provider may have taken the July 2022 hospitalization into account but also conducted a thorough examination before assigning the diagnosis to Applicant and discussing it with her. The examination notes comport with the DSM-5. I find that Applicant was diagnosed with MDD.

Marijuana Use Disorder diagnosis. Applicant denied that she was diagnosed with severe Marijuana Use Disorder. But the diagnosis is listed on the discharge summary from her hospitalization. The medical providers had Applicant's statements about her marijuana use, information from the police about the amount of marijuana she possessed, and her positive drug screen. Although the providers did not specify which criteria from the DSM-5 they relied upon, a review of the criteria in light of Applicant's circumstances prompts no surprise that Marijuana Use Disorder was diagnosed in some form, whether severe, moderate, or mild.[2] While I can weigh the evidence related to a diagnosed disorder, I have no authority to make or change a medical diagnosis. *See* ISCR Case No. 14-01490 at 3 (App. Bd. Apr. 15, 2016).

Policies

"[N]o one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to "control access to information bearing on national security and to determine whether an

[2] For example, Applicant's providers may have found the following criteria relevant: cannabis taken in larger amounts or over a longer period than intended; craving or strong desire to use cannabis; recurrent cannabis use resulting in failure to fulfill major role obligations; continued cannabis use despite persistent or recurrent social or interpersonal problems; and tolerance.

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 § 2.

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

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

Clearance decisions must be made "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." Exec. Or. 10865 § 7. Thus, a decision to deny a security clearance is merely an indication the applicant has not met the strict guidelines the President and the Secretary of Defense 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* at 531. Substantial evidence is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion in light of all the contrary evidence in the same record." See ISCR Case No. 17-04166 at 3 (App. Bd. Mar. 21, 2019). It is "less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent [a Judge's] finding from being supported by substantial evidence." *Consolo v. Federal Maritime Comm'n,* 383 U.S. 607, 620 (1966). "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. ISCR Case No. 15-01253 at 3 (App. Bd. Apr. 20, 2016).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the

facts. Directive ¶ E3.1.15. An applicant has the burden of proving a mitigating condition, and the burden of disproving it never shifts to the Government. *See* ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005).

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

Analysis

Guideline H, Drug Involvement and Substance Misuse

The security concern for this guideline is set out in AG ¶ 24:

> The illegal use of controlled substances, to include the misuse of prescription and non-prescription drugs, and the use of other substances that cause physical or mental impairment or are used in a manner inconsistent with their intended purpose can raise questions about an individual's reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person's ability or willingness to comply with laws, rules, and regulations. *Controlled substance* means any "controlled substance" as defined in 21 U.S.C. 802. *Substance misuse* is the generic term adopted in this guideline to describe any of the behaviors listed above.

Applicant's admissions and the evidence presented at the hearing raise the following disqualifying conditions under this guideline:

> AG ¶ 25(a): any substance misuse (see above definition);
>
> AG ¶ 25(b): testing positive for an illegal drug;
>
> AG ¶ 25(c): illegal possession of a controlled substance, including cultivation, processing, manufacture, purchase, sale, or distribution; or possession of drug paraphernalia;
>
> AG ¶ 25(d): diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of substance use disorder; and
>
> AG ¶ 25 (f): any illegal drug use while granted access to classified information or holding a sensitive position.

AG ¶¶ 25(a), 25(c), and 25(d) apply based on my specific findings of fact. AG ¶ 25(b) does not apply, as Applicant's positive drug test while hospitalized was not alleged in the SOR.

AG ¶ 25(f) requires further discussion. SOR ¶ 1.b alleged that Applicant "used marijuana while holding a sensitive position, i.e., while holding a position requiring a security clearance." Applicant admitted this allegation, adding, "I have used marijuana for medical use while holding a clearance." Department Counsel and I questioned Applicant about the nature of her work, because "holding a clearance" is not the same as serving in a sensitive position. She did not recall receiving a non-disclosure agreement or having access to classified information. But she worked as a warehouse associate on a military base, under a contract related to a military service's Program Executive Office, and responded in the affirmative when asked if she was in a sensitive position. A "sensitive position" is defined broadly as:

> any position within or in support of an agency in which the occupant could bring about, by virtue of the nature of that position, a material adverse effect on the national security regardless of whether the occupant has access to classified information, and regardless of whether the occupant is an employee, military service member, or contractor. SEAD 4 ¶ D.8.

Consistent with her admission, and there being no evidence to the contrary, I conclude that Applicant was in a sensitive position when she used marijuana in July 2022.

Conditions that could mitigate the security concerns under this guideline are:

> AG ¶ 26(a): the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
>
> AG ¶ 26(b): the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:
>
> > (1) disassociation from drug-using associates and contacts;
> >
> > (2) changing or avoiding the environment where drugs were used; and
> >
> > (3) providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that

any future involvement or misuse is grounds for revocation of national security eligibility; and

AG ¶ 26(d): satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Applicant's last use of marijuana was more than four years ago, but her use was far more extensive than she claims. It lasted an estimated two and a half years and included at least one instance of heavy use leading to substance-induced psychosis. The DOHA Appeal Board has declined to establish a bright-line rule for recency of drug use. "The extent to which prior drug use has become mitigated through the passage of time is a question that must be resolved based on the evidence as a whole." ISCR Case No. 24-00571 (App. Bd. Mar. 6, 2025). An administrative judge must evaluate the evidence and reach a reasonable conclusion as to the recency of drug-related conduct for purposes of mitigation. *Id.*

AG ¶ 26(a) is not established. Applicant's drug use while holding a sensitive position is not yet mitigated based on time, frequency, or unique circumstances, and continues to cast doubt on her reliability, trustworthiness, and good judgment. AG ¶ 26(b) is not established, because Applicant has not acknowledged the full extent of her drug involvement and did not submit a statement of intent with the information required by AG ¶ 26(b)(3). AG ¶ 26(d) is not established, as Applicant has not completed a prescribed drug treatment program.

Guideline I, Psychological Conditions

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

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

Applicant's admissions and the evidence presented at the hearing raise the following potentially disqualifying conditions under this guideline:

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

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

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

Discussion of the disqualifying conditions will be included with discussion of the mitigating conditions, below. The following mitigating conditions are potentially applicable:

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

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

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

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

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

Discussion of disqualifying and mitigating conditions

During the July 2022 incident, Applicant exhibited paranoid and bizarre behaviors that cast doubt on her judgment, stability, reliability or trustworthiness and may indicate an emotional, mental, or personality condition. Her behavior is potentially disqualifying under AG ¶ 28(a) unless it is "covered under any other guideline." In the SOR, Applicant's behavior is first alleged under Guideline H, and such "coverage" could eliminate consideration under Guideline I (AG ¶ 28(a)).

The DOHA Appeal Board has held that to be "covered" by another Guideline, "the security concerns arising from the behavior at issue must be *fully addressed* by that Guideline." USAF-M Case No. 23-00056-R at 5 (App. Bd. Aug. 31, 2023).[3] (Emphasis added) The Appeal Board observed that some conduct is "multifaceted . . . such as when an individual consumes alcohol and also exhibits '. . . paranoid . . . or bizarre behaviors.'" *Id*. at 5. In that case, the Appeal Board noted that the person had psychological concerns that predated his alcohol concerns, and he had demonstrated behavior listed in AG ¶ 28(a) even without alcohol use. *Id*. at 4.

Applicant's situation, although not identical, is somewhat similar, in that her therapy records show that she may have exhibited paranoid behaviors both related and unrelated to marijuana use. Accordingly, I conclude that AG ¶ 28(a) applies and must be considered as a disqualifying condition (SOR ¶ 2.a). In addition, AG ¶ 28(c) applies based on Applicant's hospitalization (SOR ¶ 2.a).

Consideration of AG ¶ 28(b) begins with noting that while hospitalized in August 2022, Applicant was diagnosed with Marijuana Use Disorder and Substance-Induced Psychosis (SOR ¶ 2.a). Later, while receiving individual therapy, she was diagnosed in September 2022 and August 2023[4] with Major Depressive Disorder, recurrent episode, with psychotic features (SOR ¶ 2.b).

In USAF-M Case No. 23-00056-R (App. Bd. Jan. 4, 2024), the DOHA Appeal Board reviewed the post-remand decision of the hearing-level administrative judge in the same case cited earlier in this section. The Appeal Board held that only the seven psychological diagnoses listed in Section 21 of the Standard Form 86 (SCA) raise security concerns per se.[5] Beyond these, other diagnoses or conditions may present security concerns if there is a particularized showing as to how the condition affects judgment, stability, reliability, or trustworthiness (JSRT). As none of Applicant's conditions are among those listed in the SCA, the central issue here is whether such a particularized showing has been made.

The DOHA Appeal Board's post-remand decision included two Appeal Board administrative judges in the majority and one who wrote a minority opinion. Both the majority decision and the minority opinion strongly imply, if not explicitly require, that the particularized showing must come from a mental health professional. The majority

[3] This approach excludes under AG ¶ 28(a) allegations that are fully addressed elsewhere in the Guidelines and prevents unnecessary duplication. USAF-M Case No. 23-00056-R at 4 n.1 (App. Bd. Aug. 31, 2023).

[4] The SOR erroneously cites the MDD diagnoses as being given in August 2022 and September 2022. (GE 4 at 7-10)

[5] These are: Psychotic Disorder, Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Bipolar Mood Disorder, Borderline Personality Disorder, and Antisocial Personality Disorder. USAF-M Case No. 23-00056-R at 7 (App. Bd. Jan. 4, 2024).

decision discusses "further elaboration from a psychologist" as sufficient to connect a diagnosed condition to the associated adverse effects on JSRT. USAF-M Case No. 23-00056-R at 7 (App. Bd. Jan. 4, 2024). The majority decision appears to reject an approach of attorneys or administrative judges simply relying on the DSM-5's Differential Diagnosis section to unilaterally conclude that a non-SCA-listed diagnosis is serious enough to adversely impact JSRT. *Id*. For its part, the minority opinion calls for "a qualified mental health professional" to opine on the connection between an applicant's state of psychological health and JSRT. *Id*. at 12.[6]

As the present case does not include an independent psychological assessment, I will look for the connection, the particularized showing, in the medical and therapy records admitted into evidence. In addition, while not relying on the DSM-5's Differential Diagnosis section, I will consider DSM-5 contents that illuminate or give context to statements from mental health professionals related to the three diagnoses alleged in the SOR.

Whether Marijuana Use Disorder and Substance-Induced Psychosis adversely affected Applicant's JSRT. These two diagnoses were given to Applicant prior to discharge from her five-day hospitalization. The discharge notes were based on psychiatric services and were authored by a certified registered nurse practitioner and cosigned by a medical doctor. The medical doctor had conducted Applicant's history and physical three days before the discharge, so he was familiar with her situation.

The notes for the physical indicate: Applicant stated she had been seeing shadows and hearing voices telling her to burn things; she was worried people were trying to kill her; her speech had been disorganized and nonsensical; her thought process was disjointed and illogical; her insight and judgment were "limited"; she was prescribed medication to help her be more coherent and in touch with reality. The discharge notes add that paranoid statements were ongoing but had improved; the bizarre behaviors were resolved; her prescription to address psychosis was continued for 30 days; her thought process was logical and linear; her insight was "fair"; and her judgment was "good."

The functional consequences of Marijuana Use Disorder are part of the DSM-5 diagnostic criteria, and many areas of functioning may be compromised. "Cognitive function, particularly higher executive function, appears to be compromised in cannabis users, and this relationship appears to be dose dependent (both acutely and chronically)." (HE I at 514) Substance-Induced Psychotic Disorder "is typically severely disabling . . . ." But "the disability is typically self-limited and resolves upon removal of the offending agent." (HE I at 114) Considered together, the notes and DSM-5 constitute a particularized showing that qualified mental health professionals considered these two diagnoses to adversely affect Applicant's JSRT. AG ¶ 28(b) applies to SOR ¶ 2.a.

[6] In USAF-M 23-00056-R (App. Bd. Jan. 4, 2024), the minority opinion called for a clearer distinction between use of the terms "condition" and "diagnosis" in the majority decision. The details of that disagreement are not important to the present case.

Whether MDD, recurrent, with psychotic features, adversely affected Applicant's JSRT. Applicant's September 2022 psychological evaluation, associated with the beginning of her individual therapy, was conducted by a certified registered nurse practitioner – psychiatric mental health. Applicant reported that she struggled with making decisions and was being paranoid. She also revealed being diagnosed with MDD three years prior when she was going through a divorce. She admitted to mistrust of others and a temper, both of which she wanted to work on in therapy. The mental status exam marked her thought content as "other," noting "paranoia." Her impulse control was "fair"; and her judgment and insight were "good." (GE 4 at 2-5) Her treatment plan included both psychotherapy and psychotropics.

Applicant was discharged from the therapy provider about one year later, in August 2023, after weekly therapy sessions. Her discharge was conducted by a licensed clinical social worker. Along with the change in insurance that drove the discharge, another marked reason for discharge was, "Achieved the treatment goals or rehabilitation goals," with a comment that Applicant made a "great amount of progress in counseling by learning and using healthy coping skills (CBT) during times of high stress." (GE 4 at 7) The notes state that Applicant had also learned how to manage feelings of anger in a healthier manner. She was recommended to take medications as prescribed by the VA and to attend regular counseling "to ensure continued emotional well-being and to continue learning and practicing healthy coping skills." (GE 4 at 9)

In March 2024, when Applicant again sought therapy from the provider, she said she wanted to learn healthy coping skills to manage her anxiety. She had found her prior therapy extremely beneficial. Although her mood was noted as anxious and irritable, her thought process was logical, she had no hallucinations, and her insight and judgment were "good." She was not diagnosed with MDD, but only with Generalized Anxiety Disorder. (GE 4 at 11-14)

Regarding MDD, the DSM-5 states that many of the functional consequences are based on individual symptoms. "Impairment can be very mild, such that many of those who interact with the affected individual are unaware of depressive symptoms. Impairment may, however, range to complete incapacity such that the depressed individual is unable to attend to basic self-care needs or is mute or catatonic." (HE I at 167)

Considering the above information, I cannot conclude that a qualified mental health professional opined that Applicant's MDD adversely affected her JSRT. This is so despite the "with psychotic features" aspect of her diagnosis, and regardless of the DSM-5's comment that a substantial proportion of individuals who initially appear to have MDD will later prove to have a bipolar disorder or schizophrenia, and that this is more likely for individuals whose MDD is diagnosed with psychotic features. (HE I at 165) In reaching this conclusion, I am aware that the providers whose notes I relied upon were not focused on the security aspects of Applicant's condition. They may not have had any specialized

training or reason to account for Applicant's security clearance or job duties. But that is not a reason to change my conclusion. Instead, it should inform the Government's decision when to obtain an independent psychological evaluation, consistent with AG ¶ 27's statement that a mental health professional employed or approved by the U.S. Government should be consulted when evaluating information under Guideline I. AG ¶ 28(b) does not apply to the MDD diagnosis, and SOR ¶ 2.b is found for Applicant.

The mitigating conditions will be analyzed beginning with Applicant's diagnoses of Marijuana Use Disorder and Substance-Induced Psychosis (SOR ¶ 2.a). These conditions are not readily controlled with treatment, Applicant did not enter a treatment program, and there is no recent opinion by a qualified mental health professional that these conditions are under control or in remission. AG ¶¶ 29(a), 29(b), and 29(c) are not established.

However, AG ¶¶ 29(d) and (e) are established. The DSM-5 states that a marijuana-induced psychotic disorder "usually remits within a day but in some cases may persist for a few days." (HE I at 114) Although substance-induced psychotic disorders can be severely disabling, "the disability is typically self-limited and resolves upon removal of the offending agent." (*Id*.) The evidence is consistent with these statements. Applicant's last use of marijuana was in July 2022. There have been no recurrences of marijuana use or marijuana-induced psychosis. Her marijuana-induced psychosis in July 2022 was temporary, the situation has been resolved, and she no longer shows indications of emotional instability related to substance use (AG ¶¶ 29(d) and 29(e)). As to her previous diagnosis of Marijuana Use Disorder, there is no indication of a current problem (AG ¶¶ 29(e)). In addition, because Applicant's hospitalization was driven by her high level of marijuana use and associated marijuana-induced psychosis, any security concerns stemming from her hospitalization are also mitigated (SOR ¶ 2.a).

Recall that under SOR ¶ 2.a and through AG ¶ 28(a), there are also Guideline I security concerns related to the July 2022 incident, which included bizarre behaviors, hallucinations, disorganized speech, and paranoia. Although the incident was also alleged under Guideline H, which was found against Applicant, that analysis did not fully cover the potential security concerns because the record reflects Applicant may have experienced some paranoia apart from marijuana use. (*Supra* at 20)

Applicant's hospital discharge summary in early August 2022 stated that her bizarre behavior had resolved and that her paranoid statements had improved. She denied having current paranoia. Later in August 2022, during her therapy intake, she recounted the paranoid thoughts she had experienced, including people following her or talking about her. Whether or not she was relating current paranoia, "paranoid" was marked as one of the blocks describing her thought content.

The September 2022 psychiatric evaluation notes, under the heading "Chief Complaint," state that Applicant had been struggling with paranoia, feeling that she was

followed and watched all the time. The extent to which these thoughts were past or present is unclear. But one year later, the August 2023 discharge notes do not mention or imply paranoia. Her problems were noted as boundary setting, stress from co-parenting, and managing anger in a healthier manner. The March 2024 notes, made upon Applicant resuming therapy, do not mention paranoia and marked "normal" for her thought content, leaving the "paranoid" block unmarked. Testimony at the hearing did not reveal additional occurrence of paranoia.

Based on this, mitigating conditions AG ¶¶ 29(a), 29(b), and 29(c) are not established. There is no evidence about whether paranoid behavior is a "condition" that is readily controlled or amenable to treatment, and this case does not involve a mental health professional approved by the U.S. Government. But AG ¶¶ 29(d) and 29(e) are established. Applicant's paranoia was temporary and was most prominently connected to her marijuana use. Although some paranoia may have been present in the weeks following her cessation of marijuana, therapy notes from August 2023 and March 2024 indicate the situation had been resolved and there were no signs of emotional instability related to paranoia.

Guideline E, Personal Conduct

The security concern under this guideline is set out in AG ¶ 15: "Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. . . ."

Applicant's admissions and the evidence presented at the hearing raise the following potentially disqualifying conditions under this guideline:

> AG ¶ 16(a): deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;
>
> AG ¶ 16(c): credible adverse information in several adjudicative issue areas that is not sufficient for an adverse determination under any other single guideline, but which, when considered as a whole, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information; and
>
> AG ¶ 16(d): credible adverse information that is not explicitly covered under any other guideline and may not be sufficient by itself for an adverse

determination, but which, when combined with all available information, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information. This includes, but is not limited to, consideration of: . . . (2) any disruptive, violent, or other inappropriate behavior; and

AG ¶ 16(a) applies. Applicant's SCA entry indicating one-time use is contradicted by her Answer's statement that she used marijuana "at times," and by numerous references to more extensive marijuana use in her medical and therapy records. Applicant's insistence at the hearing that she used marijuana only once is not credible. Her SCA falsification was deliberate and intended to minimize the impact of her actions on her security clearance eligibility (SOR ¶ 3.b).

AG ¶ 16(b) does not apply. By its wording, this disqualifying condition only applies when adverse information in several adjudicative areas is *not sufficient* for an adverse determination under any other single guideline. Guideline H resulted in an adverse determination, making further analysis under AG ¶ 16(b) inappropriate (SOR ¶ 3.a).

AG ¶ 16(d) applies. Applicant admitted that three petitions for protection were filed against her in 2020 (one petition) and 2022 (two petitions) (SOR ¶¶ 3.c-3.e).

The following mitigating conditions are potentially applicable:

AG ¶ 17(a): the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;

AG ¶ 17(c): the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment; and

AG ¶ 17(d): the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur.

AG ¶ 17(a) is not established. Applicant has not attempted to correct the false statement from her SCA (SOR ¶ 3.b).

AG ¶¶ 17(c) and (d) are established for SOR ¶¶ 3.c-3.e. Other than temporary orders, the three petitions for protection were denied by the justice system. The circumstances show the incidents to be minor, and the incidents happened four and six years ago. In addition, Applicant has acknowledged her behavior and obtained counseling to improve her ability to handle stressful situations related to her ex-husband and child custody matters.

Whole-Person Analysis

Under AG ¶ 2(c), the 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. An administrative judge must evaluate an applicant's security eligibility by considering the totality of the applicant's conduct and all the relevant circumstances. An administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

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

I have incorporated my comments under Guidelines H, I, and E in my whole-person analysis and applied the adjudicative factors in AG ¶ 2(d).

I considered the testimony of Applicant's witnesses, many of whom testified to her reliability and work ethic. I also considered her challenging family situation, which was explained by her testimony and that of her friend. And I considered the therapy she engaged in and the apparent progress she has made.

Nevertheless, Applicant engaged in serious misconduct, particularly in using marijuana while in a sensitive position and falsifying the extent of her use on her SCA. She has continued to insist that her use of marijuana was a one-time occurrence, which, in light of the evidence, undermines her credibility and claims of rehabilitation.

After weighing the disqualifying and mitigating conditions and evaluating all the evidence in the context of the whole person, I conclude Applicant has mitigated the security concerns raised by psychological conditions, but she has not mitigated the concerns raised by drug involvement or personal conduct.

Formal Findings

I make the following formal findings on the allegations in the SOR:

Paragraph 1, Guideline H:	AGAINST APPLICANT
Subparagraphs 1.a-1.c:	Against Applicant
Paragraph 2, Guideline I:	FOR APPLICANT
Subparagraphs 2.a-2.b:	For Applicant
Paragraph 3, Guideline E:	AGAINST APPLICANT
Subparagraph 3.a:	For Applicant
Subparagraph 3.b:	Against Applicant
Subparagraphs 3.c-3.e:	For Applicant

Conclusion

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

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Philip J. Katauskas
Administrative Judge