



**DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:)
)
) ISCR Case No. 08-03232
SSN:)
)
Applicant for Security Clearance)

Appearances

For Government: John Bayard Glendon, Esquire, Department Counsel
For Applicant: Alfred A. Lacer, Esquire

November 24, 2009

Decision

HENRY, Mary E., Administrative Judge:

Based upon a review of the case file, pleadings, exhibits, and testimony, I conclude that Applicant's eligibility for access to classified information is granted.

Applicant submitted her Security Clearance Application (SF 86) on November 12, 2007. The Defense Office of Hearings and Appeals (DOHA) issued Applicant a Statement of Reasons (SOR) detailing security concerns under Guidelines I (Psychological Conditions) and G (Alcohol Consumption) on March 5, 2009. The action was taken under Executive Order 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the revised adjudicative guidelines (AG) promulgated by the President on December 29, 2005, and effective within the Department of Defense for SORs issued after September 1, 2006.

Applicant acknowledged receipt of the SOR on March 13, 2009. She answered the SOR in writing on March 25, 2009, and requested a hearing before an administrative judge. DOHA received the request. Department Counsel was prepared to proceed on July 20, 2009, and I received the case assignment on July 22, 2009. DOHA issued a notice of hearing on September 1, 2009, and I convened the hearing as scheduled on September 28, 2009. The government offered exhibits (GE) 1 through 7, which were received and admitted into evidence without objection. Applicant and three witnesses testified on her behalf. She submitted exhibits (AE) A through C, which were received and admitted into evidence without objection. The record closed on September 28, 2009. DOHA received the transcript of the hearing (Tr.) on October 6, 2009.

Findings of Fact

In her Answer to the SOR, Applicant admitted the factual allegations in ¶¶ 1.a-1.f, and 2.a-2.c of the SOR, with explanations. She denied the factual allegation in ¶ 2.d of the SOR.¹

Applicant, who is 28 years old, works as a technical writer and editor for a Department of Defense contractor. She has held her current position for nearly three years and has worked for this contractor for nearly six years. Her senior manager and her supervisor testified on her behalf. Both describe her as the most sought after writer in their group. They reserve their most important assignments for her. She is the first choice for big assignments because she converts “engineering speak” into readable reports. They describe her as hardworking and willing to work long hours and weekends when necessary. They consider her exceptionally trustworthy, reliable, honest, and forthright. She has very good judgment and is well-respected by her co-workers. She always reports to work on time. She is a very stable person. Neither have noticed any problems with alcohol at work or outside work. She takes confidentiality very seriously and follows company procedures. She has never displayed inappropriate behavior at work or at company social functions.²

Applicant consumed her first alcoholic drink at age 14 while she was traveling out of the country. She started regular use of alcohol on weekends with friends at parties when she was 16 years old. At 16, her personal problems began to overwhelm her. She experienced thoughts about hurting herself, which concerned her. She discussed her feelings with a friend. Her friend suggested she seek professional counseling, which she

¹When SOR allegations are controverted, the government bears the burden of producing evidence sufficient to prove controverted allegations. Directive, ¶ E3.1.14. “That burden has two components. First, the government must establish by substantial evidence that the facts and events alleged in the SOR indeed took place. Second, the government must establish a nexus between the existence of the established facts and events and a legitimate security concern.” See ISCR Case No. 07-18525 at 4 (App. Bd. Feb. 18, 2009), (concurring and dissenting, in part) (citations omitted).

²GE 1; AE C; Tr. 89-125, 127-128.

did. Her initial psychiatrist diagnosed her with depression and prescribed medication. She complied with the recommended treatment and medications.³

Applicant graduated from high school in 1999. She enrolled in college and moved about 100 miles from home. In the summer of 2000, after her freshman year of college, she lived alone near her college. She became isolated and lonely, which led to negative thoughts and a suicide attempt with pills. She received medical treatment at a hospital emergency room and continued to follow treatment with her psychiatrist. She returned to school in the fall of 2000 as a sophomore.

In October 2000, her treating psychiatrist moved away. Before she moved, her treating psychiatrist referred Applicant to another psychiatrist. Applicant met with her current treating psychiatrist on October 2, 2000. Her current treating psychiatrist diagnosed major depression and prescribed medication for Applicant. She also recommended that Applicant go to the emergency room if she felt suicidal.⁴

Applicant continued with her college education. She graduated in May 2003 with a bachelor's degree in philosophy and English. She continued with her medical treatment plan and continued to consume alcohol.⁵

In February 2004, Applicant and her boyfriend celebrated Valentine's Day. She consumed alcohol during the evening. As she drove home, the police stopped her for a traffic violation. The police officer smelled alcohol and arrested her. On the breathalyzer test, she register .07. The police charged her with driving under the influence (DUI). She attended an alcohol education program for six weeks, completing the program on April 24, 2004. She appeared in court after she completed her program. The prosecutor *nolle prossed* the charges against her. Applicant has not been charged with DUI since this time. She does not drink and drive, as she does not want to be arrested again.⁶

In April 2004, about two months after receiving her DUI, Applicant met with a psychologist for an initial interview. The psychologist indicated that Applicant was agitated, her mood appeared depressed, and diagnosed substance abuse. Applicant met with the psychologist regularly until October 2005. At this time, Applicant decided to discontinue her psychotherapy, but to continue with her medications. She continued to keep her appointments with her psychiatrist during this same period of time, and after discontinuing her counseling sessions with the psychologist.⁷

³Tr. 135-137.

⁴GE 3, p. 29; Tr. 48.

⁵GE 1; Tr. 129.

⁶GE 2, p. 2; GE 7; AE B; Tr. 156-159.

⁷GE 3; GE 5.

In April 2006, Applicant began consuming increased amounts of alcohol. For 11 days prior to May 10, 2006, she increased her alcohol consumption for comfort. On May 10, 2006, she again experienced thoughts of suicide. Instead of acting on her thoughts, she drove herself to a local hospital emergency room for treatment. In his initial assessment, the emergency room physician diagnosed major depression and alcohol abuse without articulating the basis for this second diagnosis. The hospital admitted Applicant to partial hospitalization, meaning that she attended a daily treatment program, but could return home in the evenings and on the weekends. Applicant attended four all-day programs. At the conclusion of the fourth day, the hospital record notes that her mood was stable; she did not have suicidal thoughts; she denied alcohol use; and she did not have sleep difficulties. Thus, on May 16, 2006 and after consultation with her treating psychiatrist, the hospital discharged her with a diagnosis of major depression. The records for this treatment also reference alcohol dependence for Applicant, but made no final diagnosis on whether she was an alcohol abuser or alcohol dependent.⁸

Applicant met with her previous treating psychologist on May 24, 2006 for a new initial evaluation. The treating psychologist's notes indicated that Applicant increased her alcohol use for comfort, and that she had issues with anxiety and depression. Applicant met with her treating psychologist from May 2006 until August 2007, at which time they agreed to discontinue treatment, since Applicant's condition had improved.⁹

Applicant completed graduate school in May 2008. She received a master's degree in contemporary communications. She continues to consume alcohol. She last became intoxicated in February 2008. She has decided to change her alcohol consumption and her social friends. She no longer attends happy hour; instead she runs and participates in another local organization. She drinks to celebrate events, such as birthdays, weddings, and other such occasions. She limits the amount of alcohol she consumes.¹⁰

Applicant has learned to identify those feelings where she may need extra help. With the help of her treating psychologist, Applicant learned how to put things into perspective and manage her feelings. She can manage her depression and will seek help, if necessary. From the DUI, she learned to control her drinking.¹¹

Applicant's treating psychiatrist, who is a medical doctor and Board-Certified in Psychiatry, testified as an expert witness. She began treating Applicant in October 2000. After her initial interview, she diagnosed Applicant with major depression, single episode, moderate to severe. After Applicant's arrest for DUI, the treating psychiatrist

⁸GE 4; Tr. 64-67, 141-144.

⁹GE 5.

¹⁰Tr. 156, 158-159.

¹¹Tr. 139-140, 146-147, 156-157.

diagnosed alcohol abuse, referencing the diagnosis code used in the DSM-IV.¹² The treating psychiatrist also diagnosed social anxiety. Applicant's depression symptoms are well-controlled with medication and Applicant is doing extremely well functionally, as shown by her full-time employment and successful completion of her college education. Applicant keeps her appointments and has never come to an appointment intoxicated. In her professional opinion, Applicant's alcohol use is under control. The treating psychiatrist opined that Applicant has no defect in judgment, reliability, or stability related to alcohol abuse, anxiety, and depression. Applicant complies with her medication treatment plan. Applicant's treating psychiatrist stated that over the last nine years of treatment, Applicant has grown from a 19-year-old teenager to a 28-year-old woman. The treating psychiatrist opined that Applicant shows no indication of irresponsible, aggressive or antisocial behavior, or emotionally unstable behavior. Applicant is not and never has been psychotic.¹³

Applicant's treating psychiatrist indicated that in 2006, Applicant actively misused alcohol. She also stated that Applicant's decision to go to the emergency room in May 2006 showed good judgment. The treating psychiatrist was not concerned when Applicant declined to proceed through the second alcohol education program recommended in May 2006 because such programs are more psycho-educational, and not therapy. Over the last nine years, Applicant has become more invested in treatment and their relationship has improved, a sign of growth and maturity. Applicant follows her treatment plan and her advice. Applicant is candid with the treating psychiatrist during

¹² The well-respected psychiatric reference, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR). Washington, DC, American Psychiatric Association, 2000, has defined "alcohol abuse" to be a psychiatric condition that meets the following diagnostic criteria:

A maladaptive pattern of alcohol abuse leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

- (1) Recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; or neglect of children or household).
- (2) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine).
- (3) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).
- (4) Continued alcohol use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about consequences of intoxication or physical fights).

These symptoms must never have met the criteria for alcohol dependence.

¹³AE A; Tr. 24-86.

visits.¹⁴ Applicant has not reported problems at work, so the treating psychiatrist does not believe there are any work problems related to Applicant's depression. Overall, Applicant is doing very well and her medical problems are under control.¹⁵

The medical records from Applicant's hospital admission and the records of the emergency room physician reflect several diagnosis at the time of admission and during Applicant's partial hospitalization. The emergency room physician diagnosed major depression and alcohol abuse in his admission assessment. When Applicant was discharged from the partial hospitalization program, he diagnosed major depression only. These records also contain a diagnosis of alcohol dependence¹⁶ and alcohol abuse. Neither diagnosis is explained using the criteria in the DSM-IV, nor are these diagnoses included as part of the discharge diagnosis.¹⁷

¹⁴The treating psychiatrist does not conduct therapy sessions; rather a psychologist does. Such sessions are complimentary to the work of the treating psychiatrist.

¹⁵Tr. 24-86.

¹⁶ The DSM-IV-TR has defined "alcohol dependence" to be a psychiatric condition that meets the following diagnostic criteria:

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

(1) Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the alcohol to achieve intoxication or desired effect; or (b) markedly diminished effect with continued use of the same amount of the alcohol.

(2) Withdrawal, as manifested by either of the following: (a) the characteristic withdrawal syndrome for the alcohol; or (b) the same (or a closely related) alcohol is taken to relieve or avoid withdrawal symptoms.

(3) The alcohol is often taken in larger amounts or over a longer period than was intended.

(4) There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.

(5) A great deal of time is spent in activities necessary to obtain the alcohol (e.g., visiting multiple doctors or driving long distances), use the alcohol or recover from its effects.

(6) Important social, occupational, or recreational activities are given up or reduced because of alcohol use.

(7) The alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

¹⁷GE 4.

Policies

When evaluating an applicant's suitability for a security clearance, the administrative judge must consider the revised adjudicative guidelines (AG). In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are considered in evaluating an applicant's eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for access to classified information will be resolved in favor of national security." In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Likewise, I have avoided drawing inferences grounded on mere speculation or conjecture.

Under Directive ¶ E3.1.14, the government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, an applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel. . . ." An applicant has the ultimate burden of persuasion as to obtaining a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk an applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

Section 7 of Executive Order 10865 provides that decisions shall be "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

Analysis

Guideline I, Psychological Conditions

AG ¶ 27 expresses the security concern pertaining to 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. No negative inference concerning the standards in this Guideline may be raised solely on the basis of seeking mental health counseling.

AG ¶ 28 describes conditions that could raise a security concern and may be disqualifying:

- (a) behavior that casts doubt on an individual's judgment, reliability, or trustworthiness that is not covered under any other guideline, including but not limited to emotionally unstable, irresponsible, dysfunctional, violent, paranoid, or bizarre behavior;
- (b) an opinion by a duly qualified mental health professional that the individual has a condition not covered under any other guideline that may impair judgment, reliability, or trustworthiness; and,
- (c) the individual has failed to follow treatment advice related to a diagnosed emotional, mental, or personality condition, e.g., failure to take prescribed medication.

Applicant experienced serious emotional problems at age 16. She sought professional help from a psychiatrist. The psychiatrist diagnosed Applicant with major depression, which is not a psychotic condition. Applicant continues to suffer from major depression and social anxiety. The government has established a security concern under AG ¶ 28(b). Because she attempted suicide nine years ago, the government also established a security concern under AG ¶ 28(a).

AG ¶ 29 provides conditions that could mitigate security concerns:

- (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; and

(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.

At age 16, Applicant sought treatment for emotional problems, which were diagnosed as depression. Psychiatrists later diagnosed her with social anxiety. In the last 12 years, she has continually been under the care of a psychiatrist and licensed professional for her depression and social anxiety. Over this same period of time, she has regularly taken the medication prescribed for her condition. Her current treating psychiatrist, a Board-Certified psychiatrist, confirms Applicant's compliance with her prescribed medications. She also describes Applicant's depression as well-controlled with medication and opines that Applicant is doing extremely well functionally. Applicant voluntarily continues with her treatment plan developed by her treating psychiatrist. She participated in psychotherapy in the past, which led to a better understanding of her past suicide attempt. Treatment with her psychologist is available if she needs it in the future. Applicant's treating psychiatrist indicated that over the nine years that she has treated Applicant, she has complied with their treatment plan and that her relationship with Applicant has improved because as she matures, Applicant is more invested in treatment. Overall, her treating psychiatrist concluded that Applicant has no defect in judgment, reliability, or stability related to her depression or social anxiety. In addition, her treating psychiatrist also stated that Applicant shows no indication of irresponsible, aggressive or antisocial behavior, or emotionally unstable behavior. Applicant works and completed both a bachelor's degree and master's degree while under the care of the treating psychiatrist. Applicant's work history and work performance reflect her stability and high level of functioning. Applicant has mitigated the government's security concerns about her depression and social anxiety under AG ¶ 29(a) and 29(b).

Guideline G, Alcohol Consumption

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

AG ¶ 22 describes conditions that could raise a security concern and the following conditions may be disqualifying in this case:

(a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent;

(c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent;

(d) diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence; and

(f) relapse after diagnosis of alcohol abuse or dependence and completion of an alcohol rehabilitation program.

Applicant began consuming alcohol on a regular basis at age 16. She continued to consume alcohol on a regular basis for a number of years, leading to her arrest for DUI in 2004. After her arrest, she continued to consume alcohol, sometimes to intoxication. Her treating psychiatrist diagnosed her as an alcohol abuser after her arrest. In 2006, she consumed alcohol for 11 days prior to her self-admission to a local hospital emergency room. The emergency room physician initially assessed her with alcohol abuse, then later opined that she was alcohol dependent. Because Applicant's treating psychiatrist has worked with her for more than nine years, is familiar with her treatment and medical history, is Board-Certified in psychiatry, and is a specialist in emotional problems as connected to alcohol issues, I find her opinion that Applicant is an alcohol abuser more credible than the emergency room physician's assessment of alcohol dependence after one visit. His conflicting diagnoses of alcohol abuse and alcohol dependence, which are not clearly explained, are given little weight.¹⁸ The record contains insufficient evidence to indicate that Applicant relapsed after completion of an alcohol rehabilitation program because the medical records do not state that she must stop drinking, only that she reduce her consumption. The government has established its case under AG ¶¶ 22(a), 22(c), and 22(d).

AG ¶ 23 provides conditions that could mitigate security concerns and the following may be applicable in this case:

(b) the individual acknowledges his or her alcoholism or issues of alcohol abuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence (if alcohol dependent) or responsible use (if an alcohol abuser); and

(d) the individual has successfully completed inpatient or outpatient counseling or rehabilitation along with any required aftercare, has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations, such as participation in meetings of Alcoholics Anonymous or a similar organization and has received a favorable prognosis by a duly qualified

¹⁸See *Hensley v. Astrue*, 573 F.3d 263 (6th Cir. 2009); *Jericol Mining, Inc. v. Napier*, 301 F.3d 703 (6th Cir. 2002).

medical professional or a licensed clinical social worker who is a staff member of a recognized alcohol treatment program.

Applicant acknowledges that she continues to drink on a limited basis. She has never admitted to being an alcoholic and her treating psychiatrist has not described her as an alcoholic. After receiving her first and only DUI in 2004, Applicant decided not to drink and drive, and does not. She participated in the alcohol education program required by the court. By May 2006, Applicant's depression and emotional issues were becoming a problem. She began drinking more often and consumed alcohol for 11 days before driving to the emergency room for help. After her release from the hospital program, she returned to her psychologist for more therapy, which she did for more than a year. She also sought treatment from her treating psychiatrist, and continues to receive treatment. Her treating psychiatrist indicated that Applicant's alcohol consumption is under control. Applicant now limits her alcohol consumption to special occasions. Her alcohol consumption does not interfere with her work nor does it impact her finances. In light of her treating psychiatrist's professional opinion, Applicant has mitigate the government's security concerns about her alcohol consumption under AG ¶¶ 23(b) and 23(d) because her use of alcohol is limited and responsible.

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 an applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(a):

- (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), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole person concept. The decision to grant or deny a security clearance requires a careful weighing of all relevant factors, both favorable and unfavorable. In so doing, an administrative judge must review all the evidence of record, not a single item in isolation, to determine if a security concern is established and then whether it is mitigated. A determination of an applicant's eligibility for a security clearance should not be made as punishment for specific past conduct, but on a reasonable and careful evaluation of all the evidence of record to decide if a nexus exists between established facts and a legitimate security concern.

The evidence in support of granting a security clearance to applicant under the whole person concept is more substantial than the evidence in support of a denial. In reaching this conclusion, I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. Applicant began drinking regularly at age 16 and continues to drink. She drank to intoxication on occasions until 18 months ago. Her excessive drinking resulted in a DUI charge in 2004, but no conviction. She also started suffering from depression at age 16.

When Applicant first started to experience thoughts about harming herself, she discussed her concerns about these thoughts with a friend. She followed her friend's suggestion to seek professional help. For more than 12 years, Applicant has received medical treatment and participated in psychological counseling as needed. She takes the medication prescribed to her. During this same period of time, she graduated from high school. She completed her bachelor's degree in the usual four years and completed her master's degree while working full-time. Applicant is highly respected at her office. She is a sought-after technical writer because of her exceptionally good communication skills. Her work performance is excellent. She reports to work on time and works extra when necessary. Her employer considers her a very trustworthy, honest, and reliable employee.

Applicant continues to drink, but in moderation. She does not want another DUI arrest, so she does not drink and drive. While it took her awhile to accept that she must modify her alcohol consumption, she has realized that she must reduce her alcohol consumption and did so. She has new friends and new activities unrelated to drinking. She is maturing. She understands how to drink alcohol in a responsible manner and to manage her depression. Despite her past problems, Applicant has shown that she is trustworthy and honest.

Overall, the record evidence leaves me without questions or doubts as to Applicant's eligibility and suitability for a security clearance. For all these reasons, I conclude Applicant mitigated the security concerns arising from her psychological conditions and her alcohol consumption.

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
Subparagraph 1.a:	For Applicant
Subparagraph 1.b:	For Applicant
Subparagraph 1.c:	For Applicant
Subparagraph 1.d:	For Applicant
Subparagraph 1.e:	For Applicant
Subparagraph 1.f:	For Applicant

Paragraph 2, Guideline G:

FOR APPLICANT

Subparagraph 2.a:

For Applicant

Subparagraph 2.b:

For Applicant

Subparagraph 2.c:

For Applicant

Subparagraph 2.d:

For Applicant

Conclusion

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

MARY E. HENRY
Administrative Judge