



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



In the matter of:)
)
-----) ISCR Case No. 08-04344
SSN: -----)
)
Applicant for Security Clearance)

Appearances

For Government: Gina L. Marine, Esquire, Department Counsel
For Applicant: Paul T. Rennick, Personal Representative

September 24, 2010

Decision

MATCHINSKI, Elizabeth M., Administrative Judge:

Applicant continues to consume alcohol despite several detoxification treatments and her completion of a partial hospitalization program for diagnosed alcohol dependence in 2007. Alcohol consumption concerns are not mitigated, but personal conduct concerns were not established because Applicant did not deliberately falsify her September 2007 security clearance application. Clearance denied.

Statement of the Case

On May 11, 2009, the Defense Office of Hearings and Appeals (DOHA) issued a Statement of Reasons (SOR) to Applicant detailing the security concerns under Guideline G, Alcohol Consumption, and Guideline E, Personal Conduct, that provided the basis for its decision to deny her a security clearance. 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 adjudicative guidelines (AG) effective within the Department of Defense on September 1, 2006.

Applicant answered the SOR in writing on June 17, 2009, and requested a decision on the written record without a hearing. Around November 2009, after she had responded to the Government's File of Relevant Material, Applicant requested a hearing before an administrative judge. On December 2, 2009, the case was assigned to me to consider whether it is clearly consistent with the national interest to grant or continue a security clearance for her. On January 8, 2010, I scheduled a hearing for February 4, 2010.

The hearing was held as scheduled. Nine Government exhibits (Ex. 1-9) and 12 Applicant exhibits (Ex. A-L) were admitted without any objections. At the Government's request, I accepted the Government's FORM dated August 31, 2009, minus any attachments, as a supplement to the Government's closing argument. Applicant testified, as reflected in a transcript (Tr.) received on February 16, 2010. Based on review of the pleadings, exhibits, and testimony, eligibility for access to classified information is denied.

Findings of Fact

The SOR alleged under Guideline G, alcohol consumption, that Applicant continued to consume alcohol despite alcohol-related treatment (SOR 1.a); that she received alcohol-related treatment in 1997, 2001, 2003, January 2006, and from December 19, 2006 to January 19, 2007 (SOR 1.b to 1.h), for diagnosed alcohol dependence; and that she was charged with driving under the influence in about 1982 (SOR 1.i). Under Guideline E, personal conduct, Applicant was alleged to have falsified a September 17, 2007 security clearance application by not disclosing the full extent of her alcohol treatment (SOR 2.a and 2.b).¹ Applicant admitted the allegations under Guideline G while denying that her alcohol consumption has led to the exercise of questionable judgment on the job. She denied that she deliberately falsified her security clearance application. After considering the record evidence, I make the following findings of fact.

Applicant is a 48-year-old test engineer specialist, who has been employed by a defense contractor since September 2007. She held a secret-level security clearance in the past, granted to her in June 1987, for her previous employment of 11 years with a different defense contractor. (Ex. 1, 4, L, Tr. 65.) From June 1980 to June 1982, she pursued her associate degree in computer programming at a local community college. (Ex. 1.)

Applicant began to drink alcohol (beer, wine, or vodka) at about age 18, around 1979, when socializing with friends on the weekends. (Ex. 2.) She consumed three or four alcohol drinks when she drank (Ex. 2), to intoxication around once a month. On one

¹The SOR cites falsification of a September 17, 2007, Electronic Personnel Security Questionnaire (SOR 2.a) and a September 17, 2007 Questionnaire for National Security Positions (SOR 2.b).

occasion in about 1982, she was arrested for driving under the influence. She completed alcohol education classes, and the charge was expunged from her record. (Ex. 1, 4, C, K.)

In the fall of 1985, Applicant met her now ex-husband, and they married in July 1990. They had their first daughter within the next two years, while Applicant worked full-time and pursued her bachelor's degree in financial accounting. Their second daughter was born in the mid-1990s. (Ex. 1.) Around 1997, Applicant attended six weeks of outpatient evening alcohol classes at a local alcohol rehabilitation facility (facility X) because she was starting to drink alcohol on a daily basis. (Ex. 4, Tr. 110-11.) In July 1998, Applicant went to work for a pharmaceutical company, initially in systems quality management. (Ex. 1, D, L.)

Applicant and her ex-husband grew apart, and they divorced in June 2001. (Ex. 7.) Applicant's alcohol consumption increased to five drinks at a sitting three or four times weekly due to the stress of the divorce and having to move from the family home. (Ex. 1.) By September 2001, she was drinking at least six beers a day and one gallon of hard liquor per week. From September 27, 2001, to October 1, 2001, she underwent voluntary detoxification treatment at a hospital for medically diagnosed alcohol dependence. She had a history of treatment for depression² and was placed on an antidepressant. Aftercare recommendations included that she attend daily Alcoholics Anonymous (AA) meetings, obtain a sponsor in AA, and continue treatment with her psychologist. (Ex. 7.)

With the help of nightly AA meetings, Applicant completely abstained from alcohol, but only for eight days after her discharge. She stopped attending AA and began drinking alcohol to intoxication twice a week. (Ex. 1, 8, I.) In 2003, and in December 2005, she underwent inpatient alcohol detoxification, but she continued to drink. She experienced withdrawal symptoms ("shakes") when she tried to stop drinking. By early January 2006, she was drinking one and a half pints of vodka daily. She was stressed by being laid off from the employment she had held since 1998, and was grieving the death of her brother within the last year. With her ex-husband and their daughters expressing concern about her drinking, she voluntarily underwent alcohol detoxification treatment from January 7, 2006, to January 11, 2006. She was diagnosed by the director of the hospital's chemical dependency program with alcohol dependence and acute anxiety, not otherwise specified. Applicant planned to participate in an outpatient program at facility X, but she was starting a new job with a consulting company, and had to wait 30 days for her insurance to become effective. Applicant was encouraged to consider scheduling her aftercare sooner. At discharge, Applicant's immediate plans included "hopefully" attending seven AA meetings per week, and driving a different route home from work "in order to avoid the liquor store." For

²Medical records of Applicant's detoxification treatment in September 2001 indicate a past psychiatric history and hospitalization at facility X four years ago for six weeks. Information published by facility X indicates that its clinical and medical staffs have expertise "not only in treating chemical dependence, but also in psychiatric issues and those who are dually diagnosed." (Ex. 9.) It is unclear whether the primary focus of her 1997 treatment was on alcohol issues or mental health issues or both. Applicant informed DOHA in January 2009 that she had six weeks of outpatient classes at facility X in 1997. (Ex. 4.)

aftercare, her counselor recommended 12-step involvement, residential treatment, outpatient counseling at a minimum, and sober housing. (Ex. 8.)

By mid-December 2006, Applicant had been unable to maintain abstinence for a full week. She was drinking two pints of liquor per day and spending \$150 per month on alcohol. With the state's department of child services involved because of her drinking, and following a mental status examination at a local hospital, Applicant underwent detoxification treatment at facility X from December 19, 2006, to December 23, 2006. At discharge, she was referred to the facility's partial hospitalization program for treatment of diagnosed alcohol dependence. (Ex. 6.)

On December 25, 2006, Applicant was admitted to facility X's partial hospitalization/intensive outpatient treatment program. She was out of work on short term disability, and was authorized to remain in treatment until January 19, 2007. At a session on January 8, 2007, Applicant expressed concerns about her tendency to isolate, become depressed, and then drink, but she was allowed to spend her last week in the program as a commuter from home. She managed to remain abstinent while in treatment, and she successfully completed the program. At discharge on January 19, 2007, her mood was stable. Applicant was discharged on Campral medication and referred for management of her anti-anxiety medication and for once weekly participation in an early recovery group. (Ex. 6.) AA meetings were recommended but not mandated. Applicant attended various AA meetings in her area on a daily basis for six months, and then occasionally thereafter until August 2007. She stopped attending due to work and home demands, but she also was not comfortable with its spiritual approach (Ex. 1, 4, I, Tr. 84.), or with speaking in public. (Tr. 85.) Applicant continued with an online "Smart Recovery Program" until early 2009. (Tr. 43, 87-88.) As of February 2010, she was reading AA books, which she claims are of some benefit. (Tr. 85-86.) She was never involved in the AA step program and was unable to recite any of the AA steps when asked to do so by the Government at her hearing. (Tr. 86.)

In May 2007, Applicant was terminated from her employment with the consulting company due to poor performance not related to alcohol consumption on her part. (Ex. 1, 4.) When she applied for her current position with the defense contractor, she completed by hand a Questionnaire for National Security Positions (QNSP) on July 23, 2007. In response to question 21, concerning whether she had consulted with a mental health professional about a mental health related condition, Applicant indicated that she was treated at facility X from December 2006 to January 2007.³ She answered "Yes" to question 25 concerning any alcohol-related treatment in the last seven years, and added, "Reported in 21." (Ex. 1, A.) She thought it was sufficient to disclose only her most recent, most comprehensive treatment. (Tr. 33-34.)

³Two copies of the QNSP page containing question 21 were available for review (Ex. 1, A), with text missing from the left margin on both exhibits due to sloppy copying. On Exhibit 1 the date of initial treatment appears as "2/2006," while on Exhibit A the date appears as "1/2006." Consistency with the electronic version of her security questionnaire and with facility X's medical records leads me to conclude that she indicated "12/2006" as the date of her admission to facility X.

Around September 17, 2007, Applicant was required to review an electronic version of the security clearance application completed from her July 2007 QNSP. (Tr. 68-70.) She made no changes to her answer to question 21, or to question 25.⁴ (Ex. 1, B, Tr. 71.) Applicant did not think to add her detoxification treatments because she thought that the records of her prior treatments would be incorporated in the records of her more comprehensive treatment at facility X, given she had authorized facility X to access those records. (Tr. 75.)

Applicant was interviewed about her alcohol consumption and alcohol-related treatment by an authorized investigator for the Government on December 21, 2007. She denied that her use of alcohol had caused any adverse incidents because her 1982 drunk driving incident occurred so long ago and had been expunged from her record. (Ex. 2, I, Tr. 39.) Applicant discussed her treatment at facility X, but did not disclose her previous detoxification treatments. She has no present recall of the investigator asking about treatment previous to her rehabilitation at facility X. (Tr. 38, 41) She also denied that there had been any negative impact on her family because of her drinking. Applicant indicated that while she had no present intent to drink, she could not rule out drinking alcohol "in minimal amount" at a special occasion. (Ex. 2.)

Advised by clinicians at facility X to abstain completely from alcohol (Tr. 107.), Applicant consumed three to four glasses of wine with her sister at her sister's home in August 2007 in reaction to her mother's terminal illness. As of her subject interview with the investigator on December 21, 2007, she had consumed two or three glasses of wine or beer on three other occasions while socializing with friends. She denied any intent to drink alcohol in the future, but could not rule out the possibility of drinking on special occasions. (Ex. 2, I.)

Applicant consumed six or seven drinks of vodka to intoxication⁵ in November 2008, when she had to euthanize her dog. (Tr. 79-80.) As of January 2009, Applicant was drinking alcohol on a weekly basis, in quantities that depended on the occasion, usually two to four beers or glasses of wine. She was not drinking before work and had not reported to work under the influence of alcohol. (Ex. 4.) Nor was she frequenting drinking establishments. (Ex. 5.) Applicant underwent a physical examination on January 7, 2009, which showed her liver was "top normal to minimally enlarged." (Ex. 5.)

Applicant considers herself to have relapsed on three occasions after her treatment at facility X, those being when her mother died, when she had to euthanize

⁴DOHA alleged falsification of a September 17, 2007 e-QIP (SOR 2.a) and September 17, 2007 QNSP. Both parties acknowledge that the allegations concerned the electronic version of the security clearance application (e-QIP) and not the handwritten QNSP, which Applicant completed in July 2007.

⁵Applicant testified she was intoxicated but "to a limited extent." She was not so drunk that she was unable to stand or could not converse. (Tr. 81.)

her dog, and when she was laid off from the pharmaceutical company.⁶ (Tr. 43-44, 92, 105.) In the year preceding her February 2010 hearing on her clearance eligibility, she drank on average three times per week. In mid-January 2010, she consumed three mixed drinks consisting of vodka and orange juice. (Tr. 83-84.) Her current boyfriend drinks alcohol, and she has consumed alcohol with him. (Tr. 79.) She consumed three or four beers after work on January 26, 2010, four beers with her boyfriend at home on January 29, 2010, and three glasses of wine with him on January 31, 2010. (Tr. 77-79, 83.) She keeps alcohol at her residence on occasion. She purchased the beer she drank on January 29, 2010, from a local liquor store. (Tr. 99.)

Applicant denies drinking to intoxication, i.e., to the point of being unable to stand or having slurred speech. (Tr. 45, 81.) Applicant does not believe that she has a current problem with alcohol (“I believe that I am a functioning, competent mother, employee—that I’ve had no issues at work. I’ve had no issues with driving. I’ve had no issues with family. I currently moderate my consumption.”). (Tr. 89-90.) Applicant believes that she has her drinking under control and that she is not going to have another relapse. (Tr. 93.) While her coworkers are unaware of her alcohol problem (Tr. 91.), Applicant’s boyfriend and some friends do not let her consume more than “a couple” of alcohol drinks “because they realize the issue that it can potentially become.” (Tr. 93.)

Character References

Applicant has not allowed her alcohol problem to negatively affect her job performance, including while she held a security clearance for a previous employer. (Ex. E.) She has met or exceeded her employer’s requirements since the start of her employment within a defense contractor’s engineering configuration management group. (Ex. F, G, H.) Her work output for her first year on the job was in the acceptable range and of satisfactory quality to require minimal rework. Applicant also showed that she was able to function effectively in a high pressure and performance-oriented environment. (Ex. E, G.) By late February 2010, she had recommended several very good process improvements and was considered to be a valuable asset to the team by her immediate supervisor. (Ex. E, H.) Her overall work performance for the March 2009 through February 2010 rating period exceeded her job requirements. (Ex. H.)

Policies

The U.S. Supreme Court has recognized the substantial discretion the Executive Branch has in regulating access to information pertaining to national security, emphasizing that “no one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). When evaluating an applicant’s suitability for a

⁶Applicant described a relapse as follows:

When you start drinking too—where you’re not controlling it. Where you’re not limiting your consumption to two or three and you’re to the point where [you] feel [you are] getting intoxicated too often. Not intoxicated to the point of stumbling down, but to the point where you’re having three drinks five times a day or something. (Tr. 92-93.)

security clearance, the administrative judge must consider the adjudicative guidelines (AG). In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are required to be 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. Under Directive ¶ E3.1.14, the government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel. . . ." The applicant has the ultimate burden of persuasion to obtain 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 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. 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 G, Alcohol Consumption

The security concern for alcohol consumption is set out in AG ¶ 21: "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 untrustworthiness." Applicant has had one alcohol-related incident, a drunk driving offense from 1982, that would implicate AG ¶ 22(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.” Despite her long history of struggles with alcohol, there has been no impact on her work performance, so AG ¶ 22(b), “alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent,” is inapplicable.

However, the responsibility for protecting classified information is not limited to duty hours. She coped with marital problems in 1997 by drinking alcohol on a daily basis. While in the process of her divorce in 2001, she drank at least six beers a day and a half gallon of vodka per week. By 2005, she was experiencing withdrawal symptoms when she tried to stop drinking. As of January 2006, she was drinking 1.5 pints of vodka per day. After undergoing another detoxification treatment program, she was unable to abstain completely from alcohol for a full week. By December 2006, she was consuming two pints of liquor per day. AG ¶ 22(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,” applies.

Furthermore, she has been diagnosed as alcohol dependent by staff physicians and licensed substance abuse clinicians. AG ¶ 22(d), “diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence,” and AG ¶ 22(d), “evaluation of alcohol abuse or alcohol dependence by a licensed clinical social worker who is a staff member of a recognized alcohol treatment program,” are implicated.

AG ¶ 22(f), “relapse after diagnosis of alcohol abuse or dependence and completion of an alcohol rehabilitation program,” is applicable because of her relapse after January 19, 2007. Treatments previous to the partial inpatient hospitalization program at facility X consisted primarily of alcohol education or detoxification protocols. But after receiving comprehensive cognitive behavioral therapy and relapse prevention counseling at facility X, Applicant admittedly drank to intoxication for several days, up to two weeks time, around August 2007 and in November 2008. Moreover, Applicant’s ongoing consumption of three or four beers or glasses of wine three times a week, and of three mixed drinks on occasion, raises serious concerns about her reform, given she has been advised to abstain by treating clinicians at facility X.

Although Applicant was limiting her drinking to off-duty hours as of February 2010, her abusive relationship with alcohol is too recent and recurrent to favorably consider mitigating condition AG ¶ 23(a), “so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual’s current reliability, trustworthiness, or good judgment.” AG ¶ 23(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),” is implicated in part. Excepting court-mandated alcohol education for her drunk driving offense, Applicant sought treatment on her own when she felt she was losing control over her drinking in the past. But this does not satisfy the abstinence

component of AG ¶ 23(b) triggered because of her diagnosed alcohol dependency. And, while she responded “yes” to whether she is an alcoholic (“I guess based on the records of what they go by and what they consider alcohol dependent—yes.” Tr. 89), her current consumption pattern of up to four glasses of wine or beer on a regular basis raises doubts about whether she accepts the diagnosis and is committed to her sobriety.

AG ¶ 23(c), “the individual is a current employee who is participating in a counseling or treatment program, has no history of previous treatment and relapse, and is making satisfactory progress,” is designed to encourage employees to seek treatment without fear of denial or loss of their clearance eligibility. At the same time, the Department of Defense justifiably requires current employees to make the progress necessary to avoid a relapse and need for further treatment. Alcohol education and detoxification are not the equivalent of alcohol treatment if they do not address the underlying issues and triggers that may lead to a relapse. While the evidence warrants treating her latest admission to facility X as her first intensive alcohol treatment program, Applicant cannot satisfy AG ¶ 23(c). She is not currently in treatment and doubts persist about her recovery in light of her post-treatment relapses.

Applicant’s latest treatment at facility X fulfills the rehabilitation component of AG ¶ 23(d), “the individual has successfully completed inpatient or outpatient counseling or rehabilitation along with any required aftercare. . . .” Applicant met her initial treatment goals. At discharge, she was referred to self-help groups, and I accept her testimony that she attended AA and remained abstinent until August 2007. For those seven or eight months, Applicant 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,” which is also required under AG ¶ 23(d). But her drinking since August 2007 is contrary to clinical advice, and she presented no recent assessment from a qualified medical professional or substance abuse clinician that could dispel the security concerns raised by her present consumption. A physical examination showing her liver to be “top normal to minimally enlarged” is not a substitute for “a favorable prognosis by a duly qualified medical professional or a licensed clinical social worker who is a staff member of a recognized treatment program.”

Guideline E, Personal Conduct

The security concern about personal conduct 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 information. Of special interest is any failure to provide truthful and candid answers during the security clearance process or any other failure to cooperate with the security clearance process.

Applicant does not dispute that she failed to disclose her detoxification treatments on her initial QNSP completed in July 2007, or on the e-QIP version she

reviewed in September 2007. However, she denies willful concealment in that she acted on belief that information about her detoxification treatments in 2001, 2003, and January 2006 by other providers could be accessed through facility X because she had authorized release of her clinical records to facility X. I accept her explanation as credible. It is unlikely that Applicant would have listed her recent, more comprehensive treatment at facility X if she wanted to conceal her alcohol problem from the Government. Although Applicant had an obligation to list each inpatient detoxification treatment separately on both the QNSP and e-QIP, AG ¶ 16(a), “deliberate omission, concealment, or falsification of relevant facts form any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine security clearance eligibility or trustworthiness, or award fiduciary responsibilities,” does not apply because she lacked the intent to deceive or conceal.

As accurately pointed out by the Government, Applicant could have been more forthcoming about her alcohol problem and her treatment when interviewed by a Government investigator in December 2007.⁷ Applicant told the investigator that she drank to intoxication on average twice a week from 2001 to December 2006, when she entered facility X. Clinical records show episodes of daily drinking in heavy quantities by Applicant in 2001, January 2006, and again in December 2006. Applicant told the investigator that she had not attended treatment programs other than the December 2006 to January 2007 program at facility X. While she had several inpatient detoxification treatments, they were not regarded by her, nor were they shown to be, alcohol rehabilitation programs. Applicant does not dispute that she denied any arrests when she had been arrested for drunk driving 25 years ago, but it was because the charge had been expunged. Applicant also denied any family problems because of her drinking, which, in contrast, is difficult to accept, given that the state’s department of child services became involved around December 2006 because of her drinking. Yet, It does not compel me to conclude that she falsified her security clearance application. Concerns about her lack of candor on the QNSP or e-QIP are not substantiated (see AG ¶ 17(f), “the information was unsubstantiated or from a source of questionable reliability”).

Whole-Person Concept

Under the whole person concept, the administrative judge must evaluate an applicant’s eligibility for a security clearance by considering the totality of the conduct

⁷In ISCR Case No. 03-20327 at 4 (App. Bd. Oct. 26, 2006) the Appeal Board listed five circumstances in which conduct not alleged in an SOR may be considered:

- (a) to assess an applicant’s credibility; (b) to evaluate an applicant’s evidence of extenuation, mitigation, or changed circumstances; (c) to consider whether an applicant has demonstrated successful rehabilitation; (d) to decide whether a particular provision of the Adjudicative Guidelines is applicable; or (e) to provide evidence for whole person analysis under Directive Section 6.3.

(citing ISCR Case No. 02-07218 at 3 (App. Bd. Mar. 15, 2004)); ISCR Case No. 00-0633 at 3 (App. Bd. Oct. 24, 2003)).

and all the circumstances in light of the nine adjudicative process factors listed at AG ¶ 2(a).⁸

Applicant bears a substantial burden of mitigation, especially where she does not fully satisfy any of the Guideline G mitigating conditions. She has not allowed her abusive use of alcohol to interfere with her work performance. But security is a 24-hour-per-day responsibility, and Applicant's present drinking habits pose an unacceptable risk to her sobriety. Even if I accept that she has consumed alcohol to intoxication only following the deaths of her mother and her pet, she consumes three or four drinks three times a week. This drinking would not be problematic but for her history of abuse to the point of medically diagnosed dependency and well-documented struggles to achieve sobriety. Her current support network, which consists of friends (including a boyfriend) who also drink alcohol, is not likely to provide her the guidance and support necessary to achieve the abstinence recommended by the clinicians at facility X, or to avoid drinking to intoxication if faced with a stressful event. I recognize that AA is not for everyone, but one has to question whether just reading AA pamphlets is enough. She has yet to admit that she is powerless over alcohol.

Applicant's character references attest to her being a good mother, and a reliable and productive employee. These recommendations weigh in her favor in assessing whether her alcohol problem presents an unacceptable security risk. She has shown good judgment in seeking detoxification and then alcohol rehabilitation treatment when she felt she had lost control over her drinking. At the same time, any doubts must be resolved in favor of national security. Her evidence in reform is insufficient to overcome the Guideline G concerns.

Formal Findings

Formal findings 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 G:	AGAINST APPLICANT
Subparagraph 1.a:	Against Applicant
Subparagraph 1.b:	Against Applicant ⁹
Subparagraph 1.c:	Against Applicant

⁸AG ¶ 2(a) requires consideration of the following nine factors:

(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.

⁹Treatment is viewed favorably, but adverse findings are warranted because of the abusive drinking that led her to seek the treatment.

Subparagraph 1.d:	Against Applicant
Subparagraph 1.e:	Against Applicant
Subparagraph 1.f:	Against Applicant
Subparagraph 1.g:	Against Applicant
Subparagraph 1.h:	Against Applicant
Subparagraph 1.i:	Against Applicant

Paragraph 2, Guideline E:	FOR APPLICANT
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Subparagraph 2.a:	For Applicant
Subparagraph 2.b:	For Applicant

Conclusion

In light of all of the circumstances presented in this case, it is not clearly consistent with the national interest to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is denied.

ELIZABETH M. MATCHINSKI
Administrative Judge