

# TIMELY TOPICS PERSONNEL VETTING WEBINAR

*Mental Health & Your National Security Eligibility*

7 May 2024

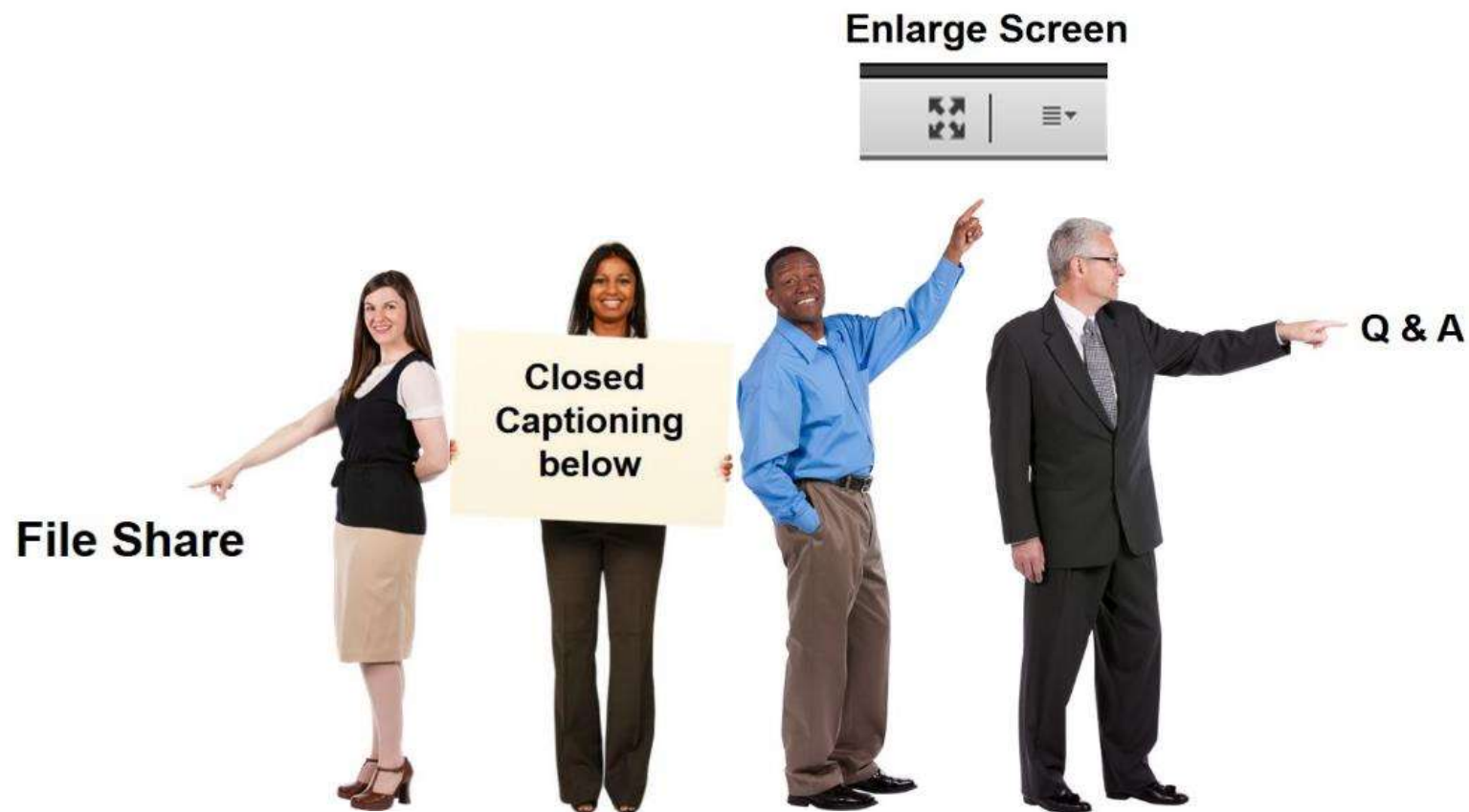
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# ATTENDEE PARTICIPATION & FEEDBACK



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## Polls, Chats, and Feedback

A man in a blue shirt and khaki pants stands on the left, pointing towards a poll interface. The poll is titled "Poll #1" and has a "View Votes" button. Below the button, the question "How many s Process" is displayed. There are five radio button options: 3, 4, 5, 6, and "No Vote". The "No Vote" option is selected. To the right of the poll, there are two chat windows. The top window is titled "Chat Q2 - Shorts" and contains the question "What shorts have you found most helpful? What shorts do you think might be beneficial to you and your security program?". It has a text input field with the placeholder "Type your answer here...". The bottom window is titled "Feedback 3" and contains the text "Type your unclassified comments here. Both positive and constructive comments are useful. Suggestions: How do you actually use what was presented on the job? What changes would improve your webinar experience?". It also has a text input field with the placeholder "Type your answer here...".



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# Participants



## HOST

Elizabeth Bolin

- PV Curriculum Manager, CDSE

## GUEST PRESENTERS

Michael Priester, Ph.D.

- Chief Behavioral Scientist, AVS

Elisabeth Jean-Jacques, Psy.D.

- Senior Staff Psychologist, AVS

Jessica Belschner

- Branch Technical Lead, AVS

## PANELISTS

Phillip Atkinson, Ph.D.

- Operational Psychologist, DITMAC

Andrea Corrales

- Deputy Chief Department Counsel, DOHA

LTC Rebecca A. Blood, Ph.D.

- Installation Director of Psychological Services, Ft. Meade

# ***De-stigmatizing Mental Health Care for Cleared Professionals***

*DCSA Adjudication and Vetting Services (AVS)*

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Michael Priester, Ph.D, Psychologist, DCSA AVS  
Elisabeth Jean-Jacques, Psy.D., Psychologist, DCSA AVS  
Jessica Belschner, Technical Lead, DCSA AVS

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# Objectives



The Stigma

Required Reporting

Adjudications

The BSB

Case Examples

Questions





# Poll Question

**Poll Question #1: Have you ever been told or heard that someone else was told NOT to seek mental health treatment because it could negatively impact your or their security clearance?**

**Response Options:**

- 1) Yes**
- 2) No**



# The Stigma

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# Factors which may inadvertently contribute to MH stigma during security vetting



## The placement of Q21

- Appears on the SF86 right before the criminal conduct question – may appear to insinuate that MH issues are, by their very nature, adverse.

## The wording of the question on the medical release

- Usually answering Yes is a positive response so the way the question is worded on the medical release can be confusing. For example:

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?

☒ YES ☐ NO

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

Major Depressive Disorder & Alcohol Use disorders

What is the prognosis?

Good - depression is stable & current medications & is in remission from Alcohol Use disorder.

Dates of treatment?

3/30/22 - present.

- Some clinicians appear to answer the question in relation to the condition itself and not specifically with regards to their patient. In the case above, the clinician may have misunderstood the question. The clinician checked “yes” the condition could impact judgment, reliability, and trustworthiness, yet the depression is stable, and the subject is in remission from their alcohol use disorder.

## The length of time it takes to adjudicate these cases

- Health records are often ambiguous, incomplete, and sometimes illegible.
- Providers are often reluctant to participate.
- Evaluations can be challenging to arrange due to the specialized expertise needed to effectively complete them.



## Rumors

- Word of mouth from SMOs, FSOs, and other subjects who do not understand the truth

## Complicated policies which are meant to decrease stigma but often raise concerns

- For example: Executive Order 12968, DODI 6490.08, revisions to Q21 in 2008, 2012, 2017, SECDEF Guidance of 04 SEP 12.
- All this guidance is designed to clarify that seeking mental health treatment, in and of itself, is NOT considered disqualifying.

## Treatment avoidance

- Cleared individuals may avoid seeking treatment when needed and commands may not encourage treatment seeking for fear someone may not be able to function in a particular billet.
- But from a security perspective, seeking behavioral health treatment is a positive course of action. It often mitigates security concerns, and resources are available for cleared individuals who need behavioral health and substance use treatment.





# Poll Question

**Poll Question #2: How common is it for someone to lose or fail to gain clearance eligibility solely for a psychological condition?**

**Response Options:**

- A. 10% of the time**
- B. 5% of the time**
- C. 2% of the time**
- D. less than 1% of the time**

# Denial and Revocation Rates: Facts



## DCSA Metrics: 2012–2023

### Total Adjudicative Actions

(e.g., grant, deny, revoke, loss of jurisdiction)

7,707,459

### Cases with Guideline I concerns

142,336

1.8%

### Denials & Revocations for Psych + other issues

1,165

0.0151%

### Denials & Revocations for ONLY psych issues

178

**NOTE: NONE of these cases were denied/revoked JUST for seeking mental health care!**

**BOTTOM LINE: It is extremely rare for someone to lose a clearance for a psych issue alone.**

# Takeaways



- Losing or failing to gain clearance eligibility for psychological conditions, in and of themselves, is very rare.
- Even in combination with other factors, it is still rare to lose clearance eligibility for a psychological condition — *most of the individuals who lost/did not gain eligibility had a variety of concerns — sometimes as many as 6 guidelines were cited.*
- Showing poor candor about reporting known psychological conditions can raise much more of a security concern (i.e., may lead to a personal conduct concern).
- For some of the cases involving multiple guidelines, it is possible that untreated psychological conditions made other issues occur, or made them worse (e.g., criminal conduct, financial considerations).



# Required Reporting

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# Poll Question

**Poll Question #3: True or False: If you are prescribed a psychiatric/mental health medication, you must report this to your security office as soon as possible.**

**Response Options:**

- 1) True**
- 2) False**



## Continuous Evaluation, DoD Manual 5200.02

- Information that suggests an individual's judgment, reliability, or trustworthiness is impaired due to:
  - Treatment/lack of treatment for a condition.
  - Threats of violence/physical altercations.
  - Abrupt change in appearance or behavior.
  - Signs of substance use/intoxication on the job.
  - Substance abuse after treatment.
  - Alcohol or drug-related behavior outside the workplace.
  - Suicide threats, attempts, gestures, or actions.
  - Behaviors that indicate impaired judgment, reliability, or maturity.

## SEAD 3 — Reporting Behaviors of Concern

- For all cleared individuals:
  - Alcohol abuse
  - Illegal use/misuse of drugs and/or drug activities
  - Mental health issues that impact the ability to protect classified information
- For those cleared at the Confidential level or above:
  - Alcohol and drug related treatment



# Self Reporting Based on Q21 Criteria



Possible Threshold for Reporting: Consider whether the MH care/conditions would modify the prior SF86 Q21 entry, based on the new criteria:

- Declarations of mental incompetence by a court or administrative agency
  - Court ordered MH care or evaluation (inpatient or outpatient)
  - Hospitalizations for mental health conditions (voluntary or involuntary)
  - Diagnoses of the following conditions by a health care professional:
    - Psychotic disorders such as Schizophrenia, Schizoaffective Disorder, or Delusional Disorder
    - Bipolar Mood Disorders
    - Or Personality Disorders such as Borderline Personality Disorder or Antisocial Personality Disorder
- (Please note that there is NO diagnosis that is considered automatically disqualifying.)
- Or, if a mental health or other health condition is developed that substantially affects judgment, reliability, or trustworthiness

# Adjudications

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# How We Adjudicate: SEAD-4 Whole-Person Concept

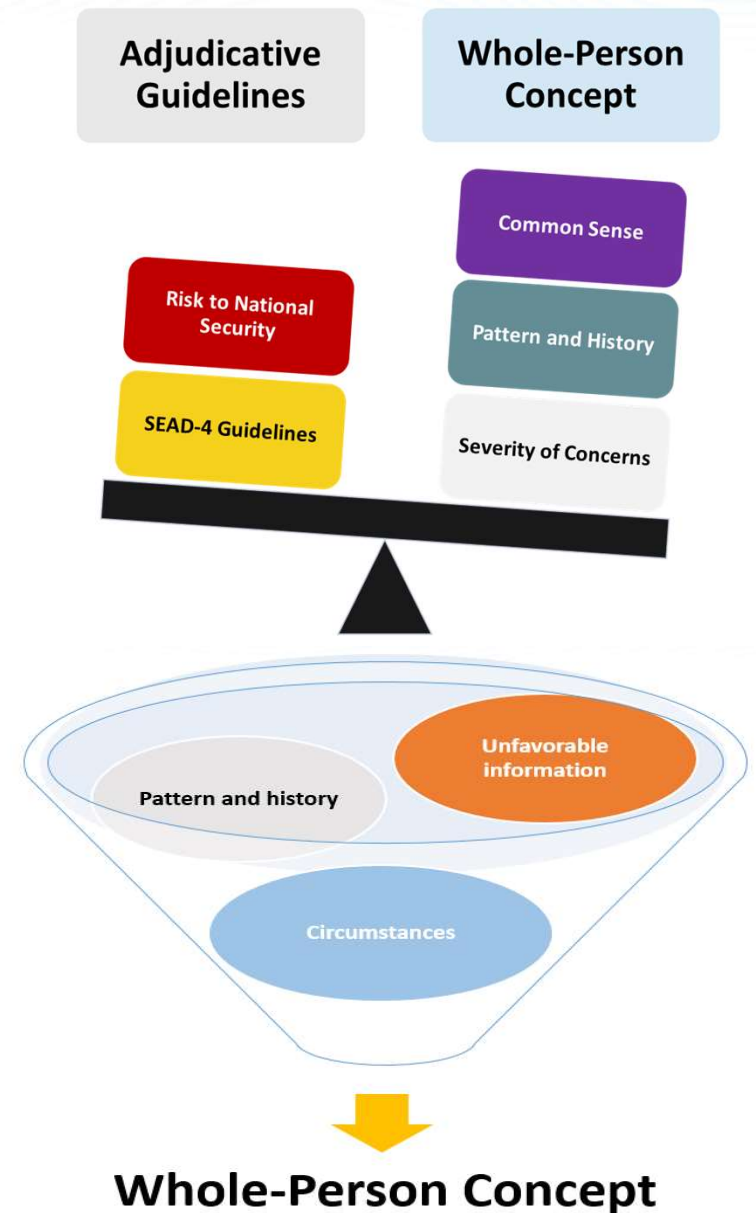


## *Nine factors to consider using the Whole-Person Concept:*

1. Nature, extent, and seriousness
2. Circumstances
3. Frequency and recency
4. Age and maturity
5. Voluntary/involuntary participation
6. Rehabilitation or behavioral change
7. Motivation
8. The potential for pressure, coercion, exploitation, or duress
9. Likelihood of continuation or recurrence

## *Additional considerations...*

- Voluntary report?
- Truthful?
- Seeking assistance?
- Following advice?
- Resolving security concern?
- Positive behavior change?







# Poll Question

**Poll Question #4: Are you aware that there is a specialty branch within Adjudications called the Behavioral Science Branch (BSB), that focuses solely on the adjudication of cases involving behavioral health concerns?**

**Response Options:**

- 1) Yes**
- 2) No**

# DCSA Adjudications: Behavioral Science Branch



## **BSB Membership**

Psychologists (2, soon to be 3)

Team Chief (1)

Technical Lead (1)

10 Adjudicators

## **Areas of Specialty**

Oversight of National Industrial Security Program (NISP) + some 4<sup>th</sup> Estate civilian evaluations

Consultation on derogatory issues pertinent to psychological concerns, substance use, alcohol consumption, and sexual behavior

Consultation on imminent risk issues & interface with InT programs

Resolution of conflicting medical testimony or complex medical records

Due process actions relevant to psychological concerns

# Case Examples

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# Example 1



## Psychological Conditions Guideline – *unfavorable finding*

- Reserve subject was issued a Serious Incident Report. Subject appeared at their Battalion Office dressed in civilian clothes with a military issued assault pack, telling the personnel in the building not to open it because it could blow up.
- When police responded to the BO, the subject told the police they were just joking – no actual weapon was found in the pack. But subject stated they deserved an award for not blowing anyone up, given the harassment they felt they received from their command.
- Police also discovered that subject had made threats at their church and their civilian workplace. The subject also told individuals they wanted to build a cabin in the same location where the Unabomber's cabin was located.

## Command response:

- Subject was barred from post and restricted from carrying their assigned weapon. BOLO issued.

## Adjudication response:

- Subject was asked to undergo a mental health evaluation, but never complied with the request.

**Outcome:** Subject was issued a Statement of Reasons for Guideline I. He was referred to the Insider Threat hub for risk mitigation purposes.

# Example 2



## **Psychological Conditions Guideline – *favorable finding***

- 22-year-old member was found intoxicated in barracks after a breakup with their partner. Member expressed desire to kill themselves if they could not be with that partner.
- Subject was escorted to local hospital for an emergency assessment.
- Once sober, subject said they were no longer suicidal; however, during the evaluation, they admitted to a recurrent depressed mood, even before this incident. They also admitted to binge drinking on occasion to cope with stress.
- Accordingly, member was asked to undergo a mental health evaluation for security purposes.
- Evaluation disclosed member was diagnosed with Major Depressive Disorder, recurrent, but was not deemed to have an Alcohol Use Disorder.
- Subject had entered behavioral health treatment and was now drinking responsibly per their treating clinician. Command had no concerns about the member's work performance since the emergency room visit.
- Evaluator gave member a favorable prognosis and noted no apparent limitations to subject's reliability, judgment, stability, or trustworthiness at this time.

**Outcome: Member did not lose clearance eligibility.**

# Poll Questions

**Poll Question #5: Section 21 (psychological conditions) of the SF86 requires you to report what kind of behavioral health care?**

**Response options:**

- A. No behavioral health care is required to be reported.**
- B. Only inpatient hospitalizations for behavioral health reasons must be reported.**
- C. Only court ordered behavioral health care must be reported.**
- D. Both inpatient hospitalizations and court ordered behavioral health care must be reported.**

**(The answer is D.)**



# Questions?

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