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PERSONNEL VETTING WEBINAR SERIES:

Mental Health Care and Your Security Clearance

20 JAN 2022

DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY



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ATTENDEE PARTICIPATION & FEEDBACK



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Opening Remarks

Ms. Marianna Martineau
Assistant Director, DCSA Adjudications

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Agenda

- **Introductory remarks by Assistant Director Martineau**
- **Seeking Behavioral Health Care & Impact on Security Clearance Eligibility**
- **Stigma Reduction**
 - Question 21 Revision
 - DCSA Destigmatization Efforts
- **DCSA Adjudications Denial and Revocation Rates**
- **Suicide-related Incidents – How to Intervene & Help**
- **Reporting Requirements**
- **Questions**

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Mental Health Care and Your Security Clearance

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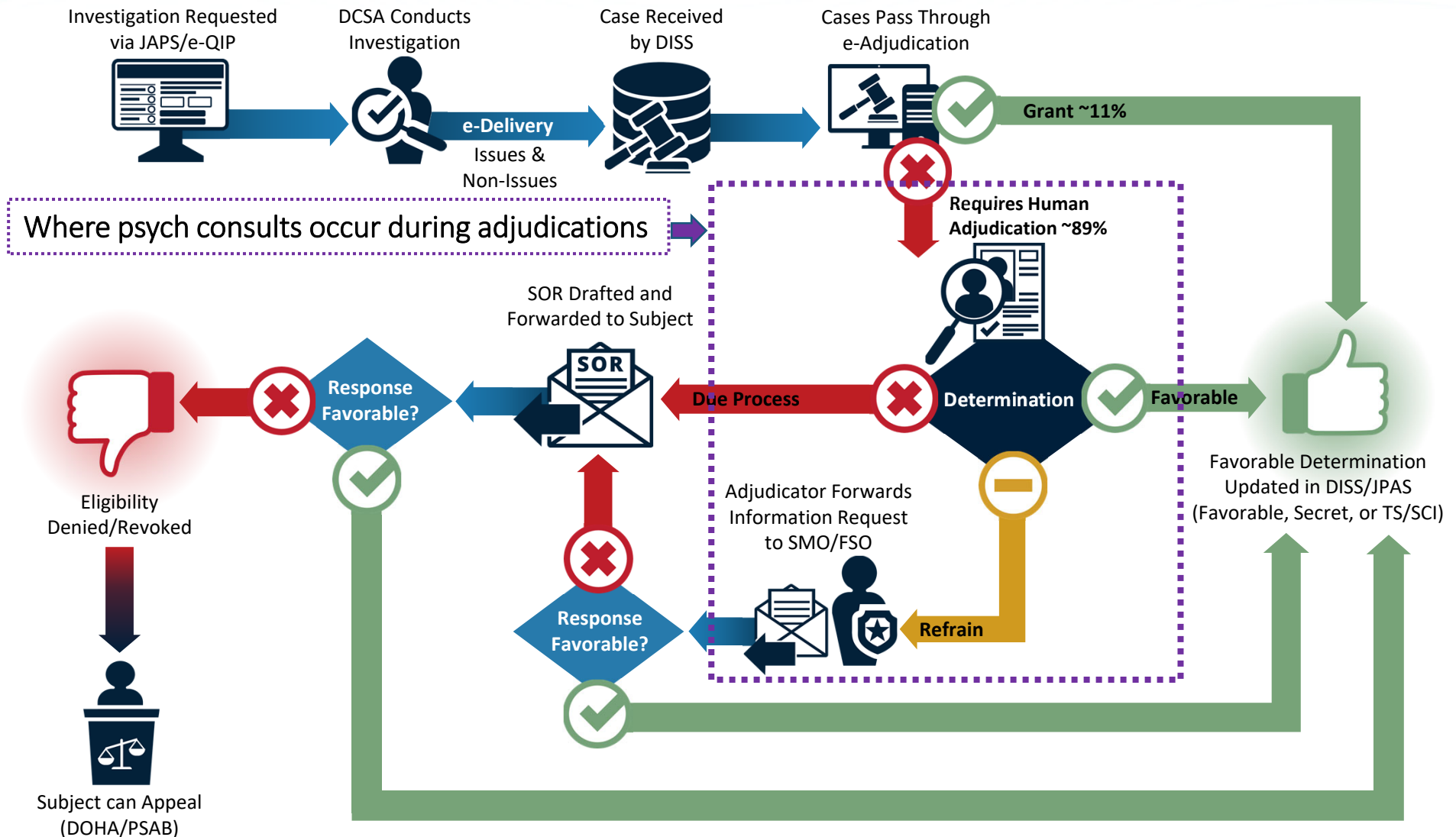


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Security Vetting: when psych consults are needed





The Truth About Mental Health and Security Clearance Eligibility

Stigma around seeking mental health care is real

- Several studies have found that there are fears among security managers and other cleared personnel that seeking behavioral health treatment will result in a loss or denial of security clearance eligibility.

This fear persists despite policy and process changes

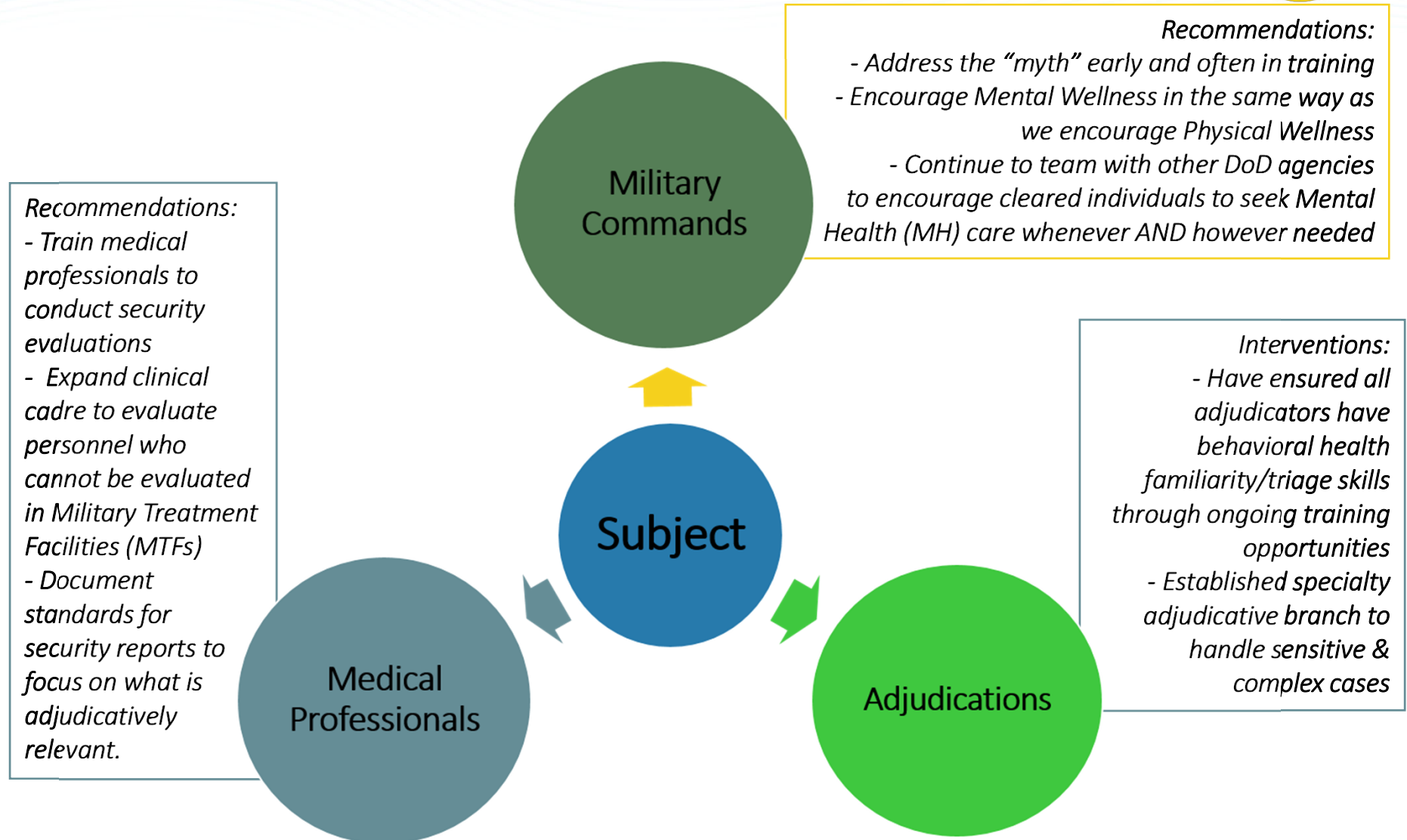
- For example: Executive Order 12968, DoDI 6490.08, revisions to Q21 in 2008, 2012, 2017, SECDEF Guidance of 04 SEP 12.
- All of this guidance is designed to clarify that seeking mental health treatment, in and of itself, is NOT considered disqualifying.

Avoiding treatment hurts readiness and increases security risks

- From a security perspective, seeking behavioral health treatment is a positive course of action: it often mitigates security concerns.
- Resources are available for cleared individuals who need behavioral health and substance use treatment.



A 3-way Approach to Destigmatizing Mental Health





Question 21: One Important Way to Decrease Stigma

Question 21 is “the mental health question” on the SF-86 Security Questionnaire

- Q21 is often one of the first ways in which cleared individuals are asked about their mental health conditions during the security vetting process.
- Of note, Q21 precedes a question on criminal conduct, which may add an unintended context to the question.
- Unfortunately, the wording of the “old Q21” contributed to stigma, primarily by focusing on whether an applicant has sought mental health care, instead of focusing on behaviors of concern.
- Concerns regarding Q21 as a possible impediment to cleared individuals seeking mental health care resulted in at least two revisions of the question to exempt cleared individuals from reporting:
 - Treatment related to combat service (often referred to as the “PTSD” exception) (2008)
 - Treatment related to sexual assault (2012)



Further Efforts to Reduce Stigma and Dispel the Myth

Pre-2017 Q21 wording:

Section 21 - Psychological and Emotional Health

Mental health counseling in and of itself **is not a reason** to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with a health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer 'No'.

Yes: { } No: { x }

National Security Adjudicative Guidelines, Effective June 08, 2017

- Introduction, paragraph (c): “No negative inference concerning eligibility under these guidelines may be raised **solely** on the basis of mental health counseling.”



Q21: Efforts to Reduce Mental Health Stigma

Q21 now has an extensive preamble:

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

It now focuses on 5 security-relevant risk factors:

- Court actions related to mental status or court ordered treatment
- Potential harm to self/others (i.e., inpatient hospitalization criteria)
- Certain conditions which may, by their very nature, impact judgment and reliability
- Non-adherence to care (if aforementioned conditions exist)
- Self-identified concerns regarding mental health

The focus on mental health conditions and situations which are most likely to raise security concerns is called the *Relevant Risk Approach* (Shedler & Lang, 2015).



DCSA Efforts to Reduce Stigma and Dispel the Myth

Adjudicative Training

- Focuses on the adjudicator considering a “whole person” concept of behavior — not simply one incident.
- Requires team collaboration, along with supervisory/Quality Assessment (QA) review to ensure that the best, fully informed adjudicative decision has been made.

Addition of SMEs as Resources to Adjudicative Teams

- Psychologist Subject Matter Experts (SME)
- Office of General Counsel (OGC) SMEs
- Threat Assessment SMEs
- All of these SMEs provide adjudicators with education, support, and consultation on cases of potential concern.
- Department of Defense (DoD) Consolidate Adjudication Facility (CAF) psychologists also provide training and education to stakeholders regarding mental health evaluations and destigmatizing efforts.

DCSA's online portal regarding de- stigmatization



The major emphasis of the Mental Health De-Stigmatization Campaign is to ensure that cleared individuals have factual data at hand which counters the myth that an individual is likely to lose or fail to gain clearance eligibility after seeking mental health care or experiencing mental health symptoms.

Our denial and revocation statistics show this is not the case.



Access these resources: https://www.dcsa.mil/Portals/91/Documents/pv/DODCAF/resources/DCSA-OnePager_MentalHealth_SecurityClearances.pdf

Future Directions

Expand existing evaluation network to include fourth estate and MILDEP civilians as evaluation candidates

Continue research/messaging to emphasize the salutary aspects of seeking care, when needed; partner with stakeholders to present data to key personnel. Goal: decrease stigma of seeking behavioral health care.

Conduct training of Mental Health Professionals to competently and efficiently provide these evaluations nationwide



Denial and Revocation Rates: Facts

DoD CAF Metrics: 2012–2020

Total Adjudicative Actions

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

5,391,717

Cases with Psychologically-related Issues

(i.e., Guideline I)

96,850

1.8%

Denials & Revocations for ONLY psych issues

62

0.00115%

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 standing alone



Deep Dive into Guideline I

- Most cases involving denials or revocations are **multi-guideline** cases.
- From October 2012 to October 2020, 713 individuals were denied or revoked a clearance for two or more reasons, one of which was psychological conditions (Guideline I).

Common Guidelines which co-occurred with Guideline I include

- Personal Conduct *(some of these cases involved concealing known psychological conditions)*
- Financial Considerations
- Alcohol Consumption
- Criminal Conduct

Total denials & revocations of multiple guideline cases including psych conditions constituted only 0.013% of total adjudicative actions



Take Aways

- 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).

Suicide Prevention

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Suicide: A Major Public Health Concern On The Rise

Suicide has been and remains a serious concern for the DoD & the nation:

Annual Suicide Rates per 100,000: Service Members by Military Population vs. Civilians

From: DoD Annual Suicide Report (CY 2020) & CDC National Center for Health Statistics (NCHS Data Brief No. 398, FEB 2021)

Population	CY 2018	CY 2019	CY 2020
Active Duty	24.9	26.3	28.7
Reserve	22.9	18.2	21.7
National Guard	30.8	20.5	27.0
US Civilians (M/F)	22.8/6.2	22.4/6	N/A

Suicide Facts – *From: CDC Leading Causes of Death (2019)*

Suicide Facts: *From CDC leading Causes of Death (2019)*

- 4.8% of adults age 18+ had “serious thoughts about suicide” in 2019 (highest rates: ages 18-25: 11.8%)
- 0.6% of adults age 18+ attempted suicide in 2019 (highest rates: ages 18-25: 1.8%)
- Suicide was 10th leading cause of death overall (2nd leading cause ages 10-34; 4th, ages 35-44; 5th ages 45-54)
- 2019 Rates highest in West & Mountain states (highest: WY 29.3 per 100K; highest in East: ME 19.4 & WV 18.5)
- 944,693 “Years of Potential Life Lost” before age 66 for suicide in 2019 (**8.1% of deaths – all sexes/races**)

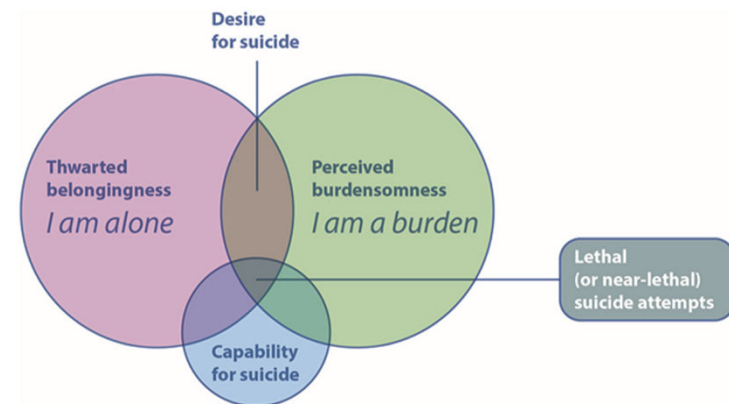


Suicidal Ideation: Cognitive Factors

Suicidal Ideation has been associated with certain ways of thinking

- *Hopelessness*
- *Perceived burdensomeness*
- *Reduced interpersonal problem-solving ability*

Figure from: VanOrden, Witte, Cukrowicz, Braithwaite, Selby, Joiner (2010)
The Interpersonal Theory of Suicide



While some of these ways of thinking can be chronic, often the period of time someone spends deciding to act on their suicidal thoughts can be very brief.

- In a 2009 study, nearly half of those who were admitted to a hospital after a suicide attempt reported **the time elapsed between thinking of suicide and acting on that thought was 10 minutes or less** (*Deisenhammer, et al 2009*)
- Individuals who are suicidal **often evidence rigid thinking and are ambivalent about dying** (*WHO, Preventing Suicide: A Resource for Primary Health Care Workers*)
- This may explain why **means restrictions** (e.g., brief hospitalizations, gun locks, and other “suicide barriers” at common suicide sites) **can prevent suicides**.

Suicide is a permanent solution to a temporary problem!

Defense Suicide Prevention Office: Top Suicide Risks & How to Help



- Excerpted from Risks & Warning Signs: How to Help (2019)

TOP RISK FACTORS FOR SUICIDES

65%

Access to Lethal Means

More than 65% of military suicide deaths involve the use of a firearm



Relationship Challenges

Approximately 40% of active duty Service members experienced a failed or failing relationship 90 days prior to suicide death



Fall from Glory

Approximately 30% of active duty Service members experienced administrative or legal problems in the 90 days prior to suicide death



Perceived Stigma

Hesitancy to access mental health or other support services due to perceived stigma associated with help-seeking

HOW TO HELP SOMEONE IN SUICIDAL CRISIS

- ✓ Be direct. Talk openly and matter-of-factly about suicide.
- ✓ Be willing to listen. Allow expression of feelings. Accept the feelings.
- ✓ Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture about the value of life.
- ✓ Get involved. Become available. Show interest and support.
- ✓ Offer hope that alternatives are available, but do not offer general reassurance such as "It will get better," or "It could be worse."
- ✓ Get help from persons or agencies specializing in crisis intervention and suicide prevention.
- ⊗ Don't dare him/her to do it.
- ⊗ Don't act shocked. This will put distance between the two of you.
- ⊗ Don't be sworn to secrecy. Seek help.

Call the Veterans/Military Crisis Line at 1-800-273-8255 (press 1).

From: www.dsppo.mil/download/

What Am I Required to Report as a Cleared Individual?

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Self-Reporting Based on Q21 Criteria

Possible Threshold for Reporting — Consider whether your mental health care/conditions would modify your prior SF-86 Q21 entry based on the new criteria:

- Declarations of mental incompetence by a court or administrative agency
- Court ordered mental health 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
 - Personality disorders such as borderline personality disorder or antisocial personality disorder.(please note that there is NO diagnosis that is considered automatically disqualifying)
- If you develop a mental health or other health condition that you feel substantially affects your judgment, reliability, or trustworthiness.



If a Psychological Condition is Reported or Discovered

If there is an affirmative response to Q21, or an incident report is submitted which is pertinent to mental health or substance abuse issues, what may happen next?

In order to adjudicate the case fully, the team may request a new or reopened investigation. This may include:

- A targeted subject interview
 - A request for a medical opinion from the individual's treating healthcare provider (i.e., on a SF-86 Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act)
-
- A request to obtain a focused interview with the healthcare provider, or a summary of the medical records or
 - Request supporting medical documentation, i.e. hard copies of relevant records/evaluation reports or
 - Request participation in a security-focused medical evaluation pursuant to DoDM 5200.02

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Questions?

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