DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
[1]	)	ISCR Case No. 22-00765
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Jeffrey Kent, Esq., Department Counsel
For Applicant: *Pro se*

08/31/2023

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Decision

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RICCIARDELLO, Carol G., Administrative Judge:

Applicant mitigated the Guideline G, alcohol consumption, Guideline H, drug involvement and substance misuse, and Guideline I, psychological conditions security concerns. Eligibility for access to classified information is granted.

Statement of the Case

On July 7, 2022, the Department of Defense issued to Applicant a Statement of Reasons (SOR) detailing security concerns under Guideline G, alcohol consumption, Guideline H, drug involvement and substance misuse, Guideline I, psychological conditions, and Guideline F, financial considerations. On August 4, 2023, the Government amended the SOR. The action was taken under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) effective on June 8, 2017.

[1] Applicant changed her middle name after she remarried, and the initial is now "A."

Applicant answered the original SOR on July 23, 2022, and requested a hearing before an administrative judge. The case was assigned to me on July 3, 2023. The Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing on July 19, 2023, scheduling the hearing for August 15, 2023, via Microsoft Teams. On August 8, 2023, Applicant answered the amended SOR. Applicant waived the 15-day notice requirement, and I convened the hearing as scheduled. The Government offered exhibits (GE) 1 through 8. Applicant testified and offered Applicant Exhibits (AE) A through N. Applicant objected to portions of GE 8, the personal summary of interview, and made corrections that are noted in the exhibit. There were no other objections and, all exhibits were admitted in evidence as amended. DOHA received the hearing transcript on August 25, 2023. (Transcript (Tr.) 21-27)

Administrative matters

The Government requested I take administrative notice of articles in publications regarding mental health conditions offered in Hearing Exhibits I through V. There was no objection, and I have taken administrative notice of the documents.

Procedural Matters

The Government moved to amend the SOR by withdrawing the Guideline F allegations.

The Government moved to amend SOR ¶¶ 1.b and 2.b by deleting the word "involuntary" from both allegations.

There were no objections to the Government's motions, and they were granted.

Findings of Fact

Applicant admitted SOR ¶¶ 1.a, 1.c, 2.a, 2.c, and 3.a. She denied SOR ¶¶ 1.b and 2.b. After a thorough and careful review of the pleadings, testimony, and exhibits submitted, I make the following findings of fact.

Applicant is 42 years old. She earned some college credits but not a degree. She married in 2007 and divorced in 2010. She remarried in 2012. She has six children ranging from 20 years old to 5 years old. She has worked for a federal contractor since 2006 and has held a security clearance since then. (Tr. 33-37; GE 1)

Applicant testified that her family has a history of mental health issues. Due to the stigma associated with mental illness in the past, she was raised by her family to deny the issues if a problem existed because it was embarrassing and brought shame on the family. Applicant testified that she was in denial for years about her mental health problems. (Tr. 38-39)

Applicant testified that for many years she was misdiagnosed with post-partum depression. She believed she never was properly treated for her more serious mental health issues because of the misdiagnosis and her state of denial. (Tr. 38-39)

Applicant testified that she began consuming alcohol in about 2002. She never consumed alcohol while she was pregnant or breast feeding. In 2004, she was working as a bartender and the management encouraged the bartenders to let customers buy them drinks to increase business. She said she would often get drunk while working at the bar. After she married in 2006, she moved to a new state with her husband, and she did not consume alcohol because she was at home and did not socialize. Gradually she made friends and became more social. She testified that she never felt like she needed or craved alcohol but when she did drink, she had no control and could not stop. She found her body reacted differently when she consumed alcohol than it does for other people, in that instead of acting as a depressant, it energized her. (Tr. 45-49)

Applicant testified that after she remarried, she and her husband both drank alcohol, and it would fuel fights between them. In 2016, while talking on the phone with a friend, she consumed a 750 ml bottle of rum. Her husband was in bed and got up and confronted her. She was belligerent. She blacked out and does not recall what happened but was told she was combatant with her husband and her father who had been contacted and came to their house. (Tr. 39-41)

Applicant was taken to CC, a hospital, and was admitted to the behavioral unit where she stayed for three days. She described the facility as horrible, and she was terrified while there. She was placed in a room with a woman who talked to herself and was told that the woman was aggressive. Applicant testified she met with a psychiatrist for five minutes. There was concern that because there were scratches on her wrists that she had made a suicide attempt. The scratches were superficial. This was also fueled by the fact that her husband could not find his medication, and it was believed she had consumed it. She denied she attempted to commit suicide. All of her toxicology tests were negative, and her husband eventually found his medication, refuting that she made a suicide attempt. (Tr. 39-41, 47; GE 3)

Applicant testified that her experience with the medical personnel raised concerns about the quality of the facility. She said she met with a nurse practitioner who vaped during her entire interview. She was prescribed Zoloft and the nurse believed because Applicant had a busy life with five children at the time that she was suffering from post-partum depression. Applicant testified that she believed she did have depression after her child was born, but it was not to the level of post-partum. She also candidly admitted that she was in denial on acknowledging she had other serious mental health issues. She met with a psychiatrist and was diagnosed with adjustment disorder, with depressed mood, and alcohol intoxication delirium, with mild use disorder. After her release from the unit, she felt good but continued to consume alcohol. She did not believe at that time that she had a problem with alcohol. She attributed her diagnoses to others who believed that she had swallowed pills, despite evidence to the contrary. Applicant continued to take Zoloft which helped her. (Tr 47-51)

Applicant became pregnant in 2017 and stopped drinking. She also discontinued taking the Zoloft upon her obstetrician's recommendation. She did not consult with any other doctors about the consequences of stopping Zoloft. Her son was born in July 2018 and Applicant nursed him until February 2019. She experienced stress due to the baby having some special medical needs, some financial issues, and she was not on any medication. When she stopped breast-feeding, she started to drink alcohol again. She also explained after the lockdown due to the pandemic the children were all home, and it was also more stressful. (Tr. 42-44, 57-60)

Applicant testified that once she starts to drink alcohol, she does not have control. She becomes belligerent and argumentative. From February 2019 to April 2020, she consumed alcohol sporadically but when she did, it was to intoxication. Her husband tried to limit her to three drinks, but she said she threw the restriction back at him because he consumed alcohol and said that he had the problem with alcohol and not her. She admitted they were both in denial regarding their problems with alcohol. (Tr. 44-46, 60-61)

In April 2020, Applicant and her family were celebrating her daughter's birthday. Applicant was consuming alcohol. She was upset at her husband for spending money for something she did not approve of. Later in the evening, she and her husband were arguing. Applicant testified she blacked out and does not remember what happened. She only knows what was told to her. She called the police and accused her husband of hitting her son, which was not true. The police came, and her husband went to his mother's house. Her mother stayed with her and the children. Applicant went to take a shower and her mother-in-law came over to the house to retrieve Applicant's husband's medication. Because Applicant had been in the bathroom for a long time and was unresponsive, her son unlocked the door. Applicant was on the floor and was blue. An ambulance was called, and she was taken to the hospital and intubated. It was determined that she had taken her husband's entire prescription of Xanax and some hydrocodone that had been prescribed to her after an operation. (Tr. 51, 61-64)

Applicant testified she woke up in the hospital a few days later unaware of what had transpired or how long she had been in the hospital. She was then transferred to the behavior wing at RL, a hospital. She met with a psychiatrist and a therapist for the three days she was there. She discussed with the psychiatrist her family history and what had happened. He explained to her that her condition was not temporary and would not go away. He explained that they needed to fix her brain, and she would be on medication for the rest of her life. He specifically said she was not suffering from post-partum depression. Instead, he diagnosed her with Major Depressive Disorder. She was put back on Zoloft, which has provided good results. She said she was sad and angry because she blamed her family for teaching her to deny mental health issues and leave them untreated. She explained that her grandmother had committed suicide and she later learned her aunt has the same diagnoses as her. (Tr. 64-68, 89-90; GE 4; AE A, B, N)

Applicant recognizes that her use of alcohol exacerbated her other mental health issues. She testified that her current diagnosis is Major Depressive Disorder severe

without psychotic episodes and she is also being treated for Alcohol Use Disorder. The psychiatrist at RL referred Applicant to her primary care doctor for medicine management of her Zoloft dosage. Since April 2020, Applicant's dosage has increased from 50mg to 100mg and in late 2022 it was increased again to 150mg when Applicant was experiencing stress due to her security clearance being under review. The increases were all under the care of her doctor. (Tr. 69-71, 91-92, 95-96; GE 4; AE B, N)

While at RL, Applicant also met with a psychologist and was to meet with her for a year. She did not have a good rapport with her. She participated in talk therapy and initially they met twice a week, then once a week, then bi-weekly. Applicant discontinued seeing the psychologist because she did not find it helpful, and they would often sit together and not talk. She stopped seeing the psychologist around June or July 2020. She continued to take her medicine as prescribed. She admitted that she was not happy with the care she had initially received at CC where the psychologist was affiliated because she believed they mishandled her care. She tried to meet again with the psychiatrist from RL who diagnosed her, but he had left the hospital's employment and she was unable to arrange an appointment. (Tr. 68-69, 71-74, 77, 92-94; GE 3, 4; AE A, B, N)

Before being discharged from RL, Applicant worked on a recovery plan with the psychiatrist and his nurse. Her family participated in the discussions regarding support through a virtual meeting to ensure everyone was aware of it. Almost immediately after Applicant's discharge from RL, she began participating in "In the Room." This is an online treatment program that offers Alcoholics Anonymous (AA) meetings and other activities that are always available. She learned about this group while at RL. Her recovery was happening during the pandemic, so the use of online groups was the norm. Also, it allowed her flexibility to seek a meeting when it met her schedule as there are meetings offered every two hours. The AA program required that she attend meetings for 90 consecutive days. AA offered meetings, communicating with others, reflections, and sponsors. There is also a subdivision at "In the Room" that offers a community for those with more than one diagnosis. The group is called Dual Diagnoses. Applicant feels very comfortable participating in this community because it is not just about being addicted to alcohol but also addresses other mental health diagnoses. Applicant works on the 12-steps of AA and has a sponsor. When she first started, she participated more often in the group, but the frequency has been reduced now that her mental health and alcohol issues are under control. She continues to participate in the program. She continues to be medication compliant, reads the daily reflections from the group and posts her gratitudes weekly. (Tr. 74-83, 94, 98; AE M)

Applicant testified that she has a robust support group. Her husband supports her sobriety. After Applicant's hospitalization, he was in denial about his alcohol problem, but in about June 2020, he recognized that he too is an alcoholic. They support each other. There is no alcohol in the house. Both testified that Applicant has not consumed alcohol since the April 2020 incident and hospitalization. Applicant's family and her husband's family live close by and are there to support her. She has a church community and is involved as a girl scout leader with her daughters. She recognizes triggers that may raise concerns and addresses them immediately. Her husband is also vigilant in monitoring her

moods and stresses. Although she is vigilant about taking her medication, he is mindful of ensuring she does also. (Tr. 85-86)

Due to the stress associated with the retention of her security clearance, Applicant went to see a therapist in August 2022 to help her. She participated in cognitive therapy with him. He gave her the same diagnoses as noted above. He is a licensed clinical social worker. She saw him until January 2023. (Tr. 84-85)

Applicant reported her 2016 hospitalization incident to her employer's facility security officer (FSO) but was told because it was due to post-partum depression she was not required to do so. She reported her April 2020 incident to her FSO. She admitted that when she completed her security clearance application in March 2020, she did not disclose alcohol or mental health issues because she was in denial. (Tr. 99-100; GE 2)

Applicant's coworker for the past 13 years and friend testified on her behalf. She is aware of Applicant's mental health hospitalizations and addiction to alcohol. She did not observe Applicant drink alcohol when they were at a company happy hour. She described Applicant as reliable, trustworthy, dependable, always willing to help, and a vital member of the team. (Tr. 105-109)

Applicant's sister-in-law testified. She was aware that in the past Applicant was diagnosed with post-partum depression. Since April 2020 she has never observed Applicant consume alcohol. She is available, as is her whole family that lives very close, to provide any support Applicant may need. She has noticed a change in Applicant's behavior since she has abstained from alcohol consumption. Applicant is calm and organized. She describes Applicant as a loving mother, daughter, and aunt. She has found new hobbies and is very involved in girl scouts with her daughters, is a homeroom parent, gardens, and is enrolled in college. (Tr. 109-115)

Applicant's husband testified and acknowledged that since both have stopped consuming alcohol, their marriage and life has improved. He described himself as a recovering alcoholic. He is aware that his wife recognizes her triggers that may impact her mental health. He believes the last alcohol episode in April 2020, where she almost died, scared her about what could have happened. She is managing her mental health through medication. She has constant family support, and they support each other. (Tr. 115-122)

Applicant provided her excellent performance evaluations and performance goals from her employer. She is committed to her sobriety and mental health. She intends to remain vigilant in taking her prescribed medication and recognizing triggers that may impact her mental health. She admits she is a recovering alcoholic. She has not consumed alcohol since April 2020 and does not intend to ever again. She understands that she will remain on medication for her mental health for the rest of her life. (AE C, D, E, F, G, H, I, J)

Policies

When evaluating an applicant's national security eligibility, the administrative judge must consider the AG. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are used 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 national security eligibility will be resolved in favor of the 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. Directive ¶ E3.1.15 states 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, and 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 that an applicant may deliberately or inadvertently fail to 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 EO 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

AG ¶ 21 expresses the security concerns for 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 may be disqualifying. I find the following to be potentially applicable:

> (a) alcohol-related incidents away from work, such as driving under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder; and
>
> (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder.

Applicant consumed alcohol from 2002 to 2020, at times in excess and to the point of intoxication. In December 2016, she was hospitalized after consuming a bottle of rum and admitted to a behavioral unit for care. She was diagnosed by a psychiatrist with adjustment disorders, with depressed mood and alcohol intoxication delirium, with mild use disorder. In April 2020, after consuming alcohol, she was involved in an incident at her home and ingested Xanax and hydrocodone in an attempt to commit suicide. She was found unconscious and was hospitalized. The evidence supports the application of the above disqualifying conditions.

The guideline also includes conditions that could mitigate security concerns arising from alcohol consumption. I have considered the following mitigating conditions under 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 judgment;
>
> (b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) the individual is participating in counseling or a treatment program, has no previous history of treatment or relapse, and is making satisfactory progress in a treatment program; and

(d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Applicant has abstained from alcohol consumption since April 2020 and is committed to never drinking alcohol again. She has been sober for more than three years with no recurrence of alcohol-related problems. She acknowledges she was in denial about her alcohol abuse and mental health issues for many years. She is on medication to address her mental health issues, which were exacerbated by her alcohol abuse and vice versa. She is compliant with her medication management. Although she discontinued seeing a psychologist for counseling, she sought other support. She participates in AA as part of "In the Room" and a subgroup Dual Diagnosis. She is aware of her triggers and seeks help when she feels stress, which she did recently. Her husband and close family members provide her support. Her alcohol abuse and mental health problems cannot be separated. Once she was properly diagnosed and provided the proper medication for her mental health, she has been able to manage and abstain from alcohol. Although there are never guarantees regarding alcohol and mental health issues, I found Applicant credible in her commitment to abstention and managing her mental health now that she is properly diagnosed. I find future issues are unlikely to recur and do not cast doubts on her current reliability, trustworthiness, and good judgment. AG ¶¶23(a), 23(b) and 23(c) apply. AG ¶ 23(d) partially applies because although she has demonstrated an established pattern of abstinence, she has not completed a treatment program along with any required aftercare.

Guideline I: Psychological Conditions

The security concern for psychological conditions is set out in AG ¶ 27:

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

The guideline notes several conditions that could raise security concerns. I have considered all of the disqualifying conditions under AG ¶ 28, and the following are potentially applicable:

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

(c) voluntary or involuntary inpatient hospitalization; and

(d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend counseling sessions.

Applicant was hospitalized in December 2016 and diagnosed by a psychiatrist with adjustment disorders, with depressed mood and alcohol intoxication delirium. She was hospitalized again in April 2020 for an alcohol incident and drug ingestion in a suicide attempt. During this hospitalization she was diagnosed with major depressive disorder, recurrent severe, without psychotic features by a psychiatrist. She was to participate in counseling with a psychologist for a year but discontinued it because it was not helpful. The above disqualifying conditions apply.

The guideline also includes conditions that could mitigate security concerns arising from psychological conditions. The following mitigating conditions under AG ¶ 29 were considered:

(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;

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

(e) there is no indication of a current problem.

The same analysis under the Guideline G mitigation is applicable under this guideline. Additional analysis is provided. Applicant admitted she was in denial for years about her mental health issues due to being taught that these issues should not be acknowledged. In addition, her mental health condition was misdiagnosed for years attributing her problems to post-partum depression. She now has a correct diagnosis. She acknowledges she will have to manage her condition with medication for the rest of

her life. Since being correctly diagnosed in April 2020, she has been compliant with her medicine management plan as prescribed by her doctor. AG ¶ 29(a) applies.

Applicant did not follow through on counseling with a psychologist after her release from RL in 2020 because she did not feel it was helpful. However, she immediately began participating in AA through "In the Room" and participated in the subgroup for Dual Diagnoses. She continues to participate in both but not to the extent she previously did as her condition is under control and managed. She has not received a favorable prognosis from a mental health professional. AG ¶ 29(b) partially applies.

Applicant's condition is not temporary, but she now has an accurate diagnosis, and her mental health is stable and she no longer shows signs of instability. AG ¶ 20(d) partially applies. There is no indication of a current problem. AG ¶ 20(e) applies.

Guideline H: Drug Involvement and Substance Misuse

The security concern relating to the guideline for drug involvement and substance misuse is set out in AG ¶ 24:

> The illegal use of controlled substances, to include the misuse of prescription and non-prescription drugs, and the use of other substances that cause physical or mental impairment or are used in a manner inconsistent with their intended purpose can raise questions about an individual's reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person's ability or willingness to comply with laws, rules, and regulations.

AG ¶ 25 provides conditions that could raise security concerns. The following are potentially applicable:

(a) any substance misuse.

In April 2020, Applicant used her husband's Xanax and misused hydrocodone that was prescribed to her after surgery. The above disqualifying condition applies.

The guideline also includes conditions that could mitigate security concerns. The following mitigating conditions under AG ¶ 26 are potentially applicable:

> (a) the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment; and (b) the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions to overcome the problem, and has established a pattern of abstinence . . ..

The same analyses under Guidelines G and I apply under this guideline. Applicant used her husband's prescription Xanax and misused her prescription for hydrocodone after consuming alcohol. Her actions are related to mental conditions and alcohol abuse disorder. These conditions are now under control as she abstains from alcohol consumption and her mental health conditions are managed through medication. This one-time occurrence happened more than three years ago, under unique circumstances and is unlikely to recur. She acknowledged her misuse of the drugs and there has been no recurrence. AG ¶¶ 26(a) and 26(b) apply.

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

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

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.

I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I have incorporated my comments under Guidelines G, H and I, in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under those guidelines, but some warrant additional comment.

Applicant recognizes that she must remain on medication for the rest of her life. It took years for her to receive a proper diagnosis, partly because she was in denial. She is now stable and cognizant of what is required to remain so. She has a strong support system. The record evidence leaves me with no questions or doubts as to Applicant's eligibility and suitability for a security clearance. For these reasons, I conclude Applicant successfully mitigated the security concerns arising under Guideline G, alcohol consumption, Guideline I, psychological conditions, and Guideline H, drug involvement and substance misuse.

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 G:	FOR APPLICANT
Subparagraphs 1.a-1.c:	For Applicant
Paragraph 2, Guideline I:	FOR APPLICANT
Subparagraphs 2.a-2.c:	For Applicant
Paragraph 3, Guideline H:	FOR APPLICANT
Subparagraphs 3.a:	For Applicant
Paragraph 4, Guideline F:	WITHDRAWN

Conclusion

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

_____
Carol G. Ricciardello
Administrative Judge