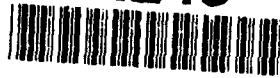


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**REVISION OF ADJUDICATIVE GUIDELINES
FOR ALCOHOL ABUSE, DRUG ABUSE, AND
MENTAL/EMOTIONAL DISORDERS**

Michael J. Bosshardt

Personnel Decisions Research Institutes, Inc.

Kent S. Crawford

Defense Personnel Security Research
and Education Center

January 1992

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**DEFENSE
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RESEARCH AND EDUCATION CENTER**

99 Pacific Street, Building 455-E
Monterey, California 93940-2481

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Revision of Adjudicative Guidelines for
Alcohol Abuse, Drug Abuse, and
Mental/Emotional Disorders

Prepared by

Michael J. Bosshardt
Personnel Decisions Research Institutes, Inc.

Kent S. Crawford
Defense Personnel Security Research
and Education Center

Released by
Roger P. Denk
Director

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Defense Personnel Security Research and Education Center
Monterey, California 93940-2481



Preface

Adjudicative guidelines provide the standards that must be applied to determine a person's eligibility for access to classified information or assignment to sensitive duties. The Office of the Deputy Under Secretary of Defense (Security Policy) (DUSD(SP)) tasked PERSEREC to review and make recommendations for changing the adjudicative guidelines for alcohol abuse, drug abuse, and mental/emotional disorders. More specifically, PERSEREC was asked to solicit potential revisions to these guidelines via systematic review by subject matter experts in order to develop guidelines based on current scientific research and medical practice.

This report documents work that PERSEREC and the Personnel Decisions Research Institutes, Inc. undertook to accomplish the above tasking. The final recommended revisions were forwarded for review in February 1991. The revisions were accepted and subsequently included in the final draft version of the new 5200.2-R.

PERSEREC would like to acknowledge numerous persons who assisted us in this project. The Deputy Assistant Secretary (Professional Affairs), Office of the Assistant Secretary of Defense (Health Affairs), co-sponsored this project. In particular, Peter Brock, Director, Alcoholism and Mental Health Programs, at Health Affairs provided invaluable assistance in identifying subject matter experts. Additional thanks go to the numerous subject matter experts who reviewed the guidelines and attended the workshops in Washington, DC. These individuals are listed in Appendix G of this report.

At the adjudicative facilities, appreciation goes to Margaret Baden, Maria DeMarco, and Frederica Ahrens. They spent considerable time reviewing and improving the recommended changes from the workshop attendees. Leo Schachter, Director, Directorate for Industrial Security Clearance Review, deserves special mention for initiating the idea for the project as well as for providing ongoing review of suggested revisions. Likewise, Leo Smith, Ron Morgan, and Kenneth Sudol from the Department of Defense Security Institute helped by their thorough review of the suggested changes. Finally, MAJ Robert Roland, Command Psychologist at the Headquarters, United States Army 1st Special Operations Command, Fort Bragg, assisted us in all stages of the research.

We feel that this project is a positive step in a longer-term initiative to develop more empirically based adjudicative guidelines. Development of such guidelines will improve the effectiveness of the adjudicative process.

Roger P. Denk
Director

Executive Summary

Department of Defense (DoD) Regulation 5200.2-R describes the criteria for eligibility for a personnel security clearance (Department of Defense, 1987). These criteria are further delineated by guidelines that include potential disqualifying and mitigating factors. These guidelines have been developed and modified over a number of years. However, they have not been systematically reviewed by subject matter experts to ensure that they are based on current scientific findings and medical practice.

The Defense Personnel Security Research and Education Center (PERSEREC) was tasked by the Deputy Under Secretary of Defense (Security Policy) to review and make recommendations for improving the adjudicative guidelines for alcohol abuse, drug abuse, and mental/emotional disorders. PERSEREC was asked to solicit input from subject matter experts in each of the three areas, and to use this input, along with feedback from adjudicators, to recommend revisions to the guidelines.

To accomplish this objective, we (a) reviewed current adjudicative guidelines in the above three areas and developed structured questionnaires to enable subject matter experts to evaluate the appropriateness and validity of the guidelines in each area, (b) administered each questionnaire to approximately 20 experts, (c) summarized the questionnaire data, (d) conducted three workshops with subject matter experts to refine the guidelines, (e) submitted these revised adjudicative guidelines to adjudication facility personnel and subject matter experts for final review, (f) based on the input from step e, developed new adjudicative guidelines for these three areas, and (g) conducted an analysis of the new guidelines in comparison to existing standards. The proposed guidelines for alcohol abuse, drug abuse and mental/emotional disorders are shown in Appendix H.

There are a number of differences between the old guidelines and those developed by this project. The specific changes are discussed in the report. Some of the major differences include:

1. The alcohol abuse guidelines differentiate between alcoholism/alcohol dependence and alcohol abuse and place greater emphasis on diagnoses and prognoses by credentialed authorities.
2. The drug abuse guidelines now provide a more direct linkage between disqualifying and mitigating factors.
3. The mental/emotional disorder guidelines represent a shift towards assessment of security risk by the mental health professional. This includes a determination of whether or not the mental condition may cause a material defect in the ability or willingness of the individual to properly safeguard classified information.

This project represents a positive first step in a longer-range initiative to develop more empirically based adjudicative guidelines. Development of such guidelines will improve the effectiveness of the adjudicative process.

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Introduction

Problem

Department of Defense (DoD) Regulation 5200.2-R describes the criteria for eligibility for a personnel security clearance (Department of Defense, 1987). These criteria are further delineated by guidelines that include potential disqualifying and mitigating factors. These guidelines have been developed and modified over a number of years. However, they have not been systematically reviewed by subject matter experts to ensure that they are based on current scientific findings and medical practice.

Purpose

The purpose of this report is to document the results from a project directed at improving adjudicative guidelines. The objectives of that project were (a) to review DOD security clearance adjudicative guidelines in the criterion areas of drug abuse, alcohol abuse, and mental/emotional disorders, and (b) recommend changes to make these guidelines more consistent with current research and medical practice.

Background

The Draft DoD 5200.2-R (Department of Defense, August 1990) lists 12 areas in Adjudication Policy General, Appendix I. These are listed below.

ADJUDICATION AREAS

- | | |
|---------------------------------|-------------------------------------|
| ● Allegiance | ● Alcohol Abuse |
| ● Foreign Preference | ● Drug Abuse |
| ● Security Responsibility | ● Foreign Connections/Vulnerability |
| ● Safeguards | to Blackmail or Coercion |
| ● Criminal Conduct | ● Falsification |
| ● Mental or Emotional Disorders | ● Refusal to Answer |
| ● Financial Matters | ● Sexual Misconduct |

With regard to each area, the Draft DoD 5200.2-R (Department of Defense, August 1990) provides guidelines that include both disqualifying and mitigating factors. Disqualifying factors refer to "types of information, conduct or conditions that may be disqualifying for a personnel security determination" (p. I-2). Mitigating factors refer to types of information that may clarify, explain, refute, negate, or otherwise lessen the

seriousness of potentially disqualifying information" (p. I-2). DoD adjudicators must use the criteria and adjudicative policy guidelines to evaluate personnel security information and make personnel security determinations.

When reviewing adverse personnel security information, adjudicators must make a common sense adjudication in using the factors listed below.

ADJUDICATION EVALUATION FACTORS

- The Nature and Seriousness of the Conduct
- The Circumstances Surrounding the Conduct
- The Frequency and Recency of the Conduct
- The Voluntariness of Participation
- The Absence of Presence of Rehabilitation
- The Motivation for the Conduct

Adjudication policy guidelines attempt, wherever possible, to incorporate these factors into the disqualifying and mitigating factors for each of the adjudicative criteria. These factors reflect assumptions and judgments about human motivation and behavior and, to the greatest extent possible, should reflect the latest relevant research findings from the medical, psychological, and personnel security literature, as well as current professional practice.

The Defense Personnel Security Research and Education Center (PERSEREC) was tasked by the Deputy Under Secretary of Defense (Security Policy) to review and make recommendations for improving the adjudicative guidelines for alcohol abuse, drug abuse, and mental/emotional disorders. PERSEREC was asked to solicit input from subject matter experts in each of the three areas, and to use this input, along with feedback from adjudicators, to recommend revisions to the guidelines.

To accomplish this objective, we (a) reviewed current adjudicative guidelines in each of the above three areas and developed structured questionnaires to enable subject matter experts to evaluate the appropriateness and validity of the standards in each area, (b) administered these questionnaires to a sample of subject matter experts, (c) summarized the questionnaire data, (d) conducted 1-day workshops in each area with subject matter experts to refine the adjudicative guidelines, (e) submitted these revised adjudicative guidelines to adjudication facility personnel and subject matter experts for final review, (f) based on the input from step e, developed a final set of adjudicative guidelines in these three areas, and (g) conducted an analysis of the new guidelines in comparison to existing standards.

Methodology

This section describes the procedures used to revise the 5200.2-R adjudicative guidelines for alcohol abuse, drug abuse, and mental/emotional disorders. Our discussion is organized according to the following topics: development of survey questionnaires, administration of the survey questionnaires, analyses of the questionnaire data, adjudication standards workshops, final reviews by subject matter experts and adjudication personnel, and final adjudicative guidelines. Each topic is discussed separately below.

Development of Survey Questionnaires

The first step in the project was to develop three structured questionnaires to gather input from subject matters experts regarding the adequacy of existing adjudicative guidelines in the areas of drug abuse, alcohol abuse, and mental/emotional disorders. The initial step in questionnaire development was to review the most recent version of the disqualifying factors and mitigating factors for each adjudicative area. These factors were taken from the draft DoD 5200.2-R dated August 1990 and are presented in Appendix A.

Next, for each adjudicative area, a draft questionnaire was developed to evaluate the adequacy of the existing disqualifying and mitigating factors and to solicit recommended changes. Each questionnaire contained two major sections: a biographical information section and a section for evaluating current adjudicative guidelines.

The biographical section contained several items for the subject matter experts to complete. These included items regarding demographic information (age, sex, race), employment information (position, type of employing organization, GS/GM rank, mailing address), educational/professional background (highest degree obtained, field of study, accreditations, years of experience in adjudicative area), and three items concerning experience with personnel security clearances.

The second section of each questionnaire contained four subsections for evaluating current adjudicative guidelines. The first subsection provided respondents with information about the general standard for possessing a personnel security clearance and detailed information about the criterion area as an adjudicative factor. The second subsection requested changes and additions to the current disqualifying factors. The third subsection requested changes and additions to existing mitigating factors. The final subsection asked for quantitative ratings regarding an individual's ability to "perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information" under various combinations of disqualifying and mitigating factors. Following this subsection, space was provided for general comments about the DoD adjudicative guidelines.

Draft versions of these questionnaires were submitted to Office of the Deputy Under Secretary of Defense (Security Policy), Office of the Assistant Secretary of Defense (Health Affairs), and the Directorate for Industrial Security Clearance Review (DISCR) for comment. The questionnaires were then revised on the basis of their comments. The final versions of these questionnaires are presented in Appendix B.

Administration of the Survey Questionnaire

The administration of these questionnaires involved two steps: (a) identifying a sample of subject matter experts for each adjudicative area and (b) administration of the questionnaires. Each step is described separately below.

Sampling plan. The objective of the survey phase was to obtain questionnaire information from 20 subject matter experts in each adjudicative area. In selecting this sample, efforts were made to ensure participation from persons who were knowledgeable about the criterion area (e.g., alcohol, drugs) and familiar with factors that could affect job reliability from a security perspective. Efforts were also made to include experts from a wide variety of organizations (e.g., military branches, government agencies, colleges and universities, counseling and consulting firms). In addition, the Office of the Assistant Secretary of Defense (Health Affairs) nominated a number of subject matter experts who were particularly knowledgeable in one or more of the three areas. Finally, to obtain input from the adjudicative perspective, a small number of senior adjudicators were also included in each sample.

The final sample included 36 individuals in the area of alcohol abuse, 35 in the area of drug abuse, and 35 in the area of mental/emotional disorders. Some experts served in more than one adjudicative area.

Questionnaire administration procedures. Prior to mailing the questionnaires, a letter was sent to survey participants which explained the project and encouraged their participation. In early September, 1990, survey materials (a cover letter and one or more questionnaires) were mailed to subject matter experts. Subject matter experts were instructed to complete their questionnaire(s) independently and mail them back by 5 October 1990.

Summary of the Questionnaire Survey Results

This section describes the final survey sample and provides a brief summary of the questionnaire survey results.

Description of survey respondents. Overall, 21 alcohol abuse questionnaires, 18 drug abuse questionnaires, and 18 mental/emotional questionnaires were returned. This

corresponds to questionnaire return rates of 60 percent (alcohol abuse), 51 percent (drug abuse), and 51 percent (mental/emotional disorders). Summary information regarding the demographic, employment, and educational characteristics of the individuals in each sample, as well as their experience with personnel security clearances, is presented in Appendix C.

Descriptive statistics and reliabilities. Appendices D to F present descriptive statistics for all rated questionnaire items. The mean ratings on each questionnaire range from approximately 1.1 to 3.7, suggesting that discriminations were made between the different response options. The standard deviations indicate that raters generally agreed on the approximate rating value. Inter-rater agreement estimates for the ratings on each questionnaire are acceptable, ranging from .52 to .57.

General results. The questionnaire results provide support for the current adjudicative guidelines. First, in all cases in which a disqualifying factor was rated without any mitigating factors, the majority of respondents indicated that a clearance should not be granted. This was true for disqualifying factors in all three adjudicative areas. In addition, there is a definite relationship between the level of requirements of the mitigating factors associated with a particular disqualifying factor and the security worthiness rating. Specifically, as the mitigating factors for a given disqualifying factor required more positive actions, the willingness to grant a security clearance increased.

In addition to the rating data, each reviewer was asked to list changes to current disqualifying and mitigating factors, as well as general comments about the adjudicative guidelines for the area under consideration. A detailed summary of the questionnaire survey results and write-in comments is not provided here. A later section provides a complete summary of the key changes and issues for each adjudication area. Many of these changes are based on the information gathered in these questionnaire surveys.

For each questionnaire, there were several suggestions regarding the wording of specific disqualifying and mitigating factors for each adjudicative area. Some of the important general themes for each adjudicative area are briefly discussed below.

Alcohol questionnaire write-in comments. The write-in comments from subject matter experts included at least three general suggestions for revising the current alcohol adjudicative factors. One theme involved the differentiation of alcohol abuse and alcohol dependence. Several reviewers suggested that alcohol abuse and alcohol dependence are distinct concepts and should have different mitigating factors. According to some reviewers, the failure to differentiate alcohol abuse from alcohol dependence results in mitigating factors that are sometimes inappropriate for a given situation (e.g., alcohol dependence requires greater mitigation than does alcohol abuse). A second major theme involved more emphasis on formal diagnosis of alcohol abuse. Diagnosis of the type of alcohol use is important if different types of alcohol abuse have different mitigating factors. A third general suggestion was to require stricter compliance with alcohol

treatment aftercare requirements. Recent studies indicate that strict compliance with treatment aftercare requirements is a good predictor of decreased future alcohol problems.

Drug questionnaire write-in comments. One general suggestion for revising the current drug adjudicative guidelines was to provide greater differentiation of the various levels of drug involvement (e.g., limited use, heavy use, possession, trafficking, etc.). A few reviewers indicated that some of the disqualifying factors include very different types of drug involvement that should have different mitigating factors. Another suggestion involved the identification of additional factors that should be taken into account in the disqualifying factors. For example, some of the key variables considered by drug experts in making behavioral predictions (e.g., age of onset, duration of use) are not mentioned in the current adjudicative drug guidelines.

Mental/emotional disorders questionnaire write-in comments. The primary theme of the write-in comments in the area of mental/emotional disorders was to make these disqualifying and mitigating factors more specific. Several subject matter experts commented that the current guidelines lacked sufficient detail for use in making adjudicative determinations.

Adjudication Standards Workshops

Three 1-day workshops were conducted in Washington, DC, from 30 October 1990 to 1 November 1990 to revise the adjudication standards on the basis of the survey results and current professional practice. Each workshop included 9 to 13 subject matter experts (e.g., psychologists, psychiatrists), 11 senior adjudicators and policy makers, and 3 research team members. The persons who attended each workshop are listed in Appendix G.

Each workshop began with a discussion of the objectives of the project and a review of earlier project steps. We then presented the questionnaire survey rating results for the adjudication area under consideration and write-in comments regarding the disqualifying and mitigating factors. After workshop participants had reviewed these materials, the workshop leader led an informal group discussion about each potential disqualifying factor. Each current disqualifying factor was considered separately, and was revised, combined with another disqualifying factor, eliminated, or left unchanged. After all current disqualifying factors were discussed, other potential disqualifying factors suggested by either the workshop participants or by the questionnaire respondents were considered.

After a comprehensive list of disqualifying factors was developed, workshop participants identified one or more mitigating factors for each disqualifying factor. To accomplish this, participants were asked to identify appropriate mitigating factors for

each disqualifying factor using the questionnaire rating data as a starting point. Possible revisions to existing mitigating factors were discussed and new mitigating factors were agreed upon through group discussion.

There was often a diversity of opinion concerning specific wording for disqualifying and mitigating factors. In many instances, final wording was based on a majority vote. Nonetheless, the subject matter experts were in general agreement concerning the importance of almost all of the disqualifying and mitigating factors.

Upon completion of these workshops, the project team revised the adjudication standards for each area according to the suggestions by the workshop panels.

Final Reviews by Subject Matter Experts and Adjudication Personnel

These revised adjudication standards were then submitted to the largest affected adjudication components (i.e., Air Force Security Clearance Office (AFSCO), Army Personnel Security Central Clearance Facility (CCF), Department of Navy Central Adjudication Facility (DONCAF), Directorate for Industrial Security Clearance Review (DISCR) and to the Department of Defense Security Institute (DoDSI)) for review. The purpose of this review was to ensure that the revised adjudication standards were consistent with current regulations and with the types of information available to the adjudication agencies.

Comments regarding the revised adjudicative guidelines were received from five organizations (DISCR, DoDSI, CCF, DONCAF, and AFSCO) as well as from one of the participants in the adjudication standards workshops (Dr. Douglas Grodin). Guidelines for each of the three adjudication areas were then revised with assistance from Dr. Robert Roland, one of the adjudication workshop participants.

A follow-up mailout survey was then conducted to provide all adjudication workshop participants with a final opportunity to review these revised adjudication standards. The target sample included 24 reviewers of the alcohol abuse standards, 21 reviewers of the drug abuse standards, and 22 reviewers of the mental/emotional disorders standards. Several reviewers received more than one set of adjudicative guidelines.

These survey materials were mailed to workshop participants in December, 1990. Subject matter experts were instructed to complete their reviews independently and mail them back by 16 January 1991.

Completed reviews were received from nine persons in the area of alcohol abuse, five persons in the area of drug abuse, and seven persons in the area of mental/emotional disorders.

Final Adjudicative Guidelines

A final set of adjudicative guidelines for each area was developed by project staff on the basis of the reviewers' comments. These final guidelines are shown in Appendix H. The next section summarizes the key differences between these guidelines and the most current version of the adjudicative guidelines and discusses several important issues relevant to each adjudicative area.

Summary of Key Issues and Changes for Proposed Adjudicative Guidelines

This section summarizes the key differences between the adjudicative guidelines resulting from this project and the old adjudicative guidelines (Draft 5200.2-R dated August 1990) and discusses several important issues relevant to each adjudicative area. Our discussion is organized according to four major topics: general changes and issues, alcohol abuse/alcoholism guidelines, drug abuse guidelines, and mental/emotional disorders guidelines. Within each topic area, the critical issues related to that topic are presented first, followed by a listing of specific changes to the old 5200.2-R guidelines.

In discussing the specific changes for each of the three adjudicative areas, we have abbreviated new disqualifying factors as "new DFs" and new mitigating factors as "new MFs." Similarly, disqualifying factors on the old adjudicative standards are abbreviated as "old DFs" and old mitigating factors are abbreviated as "old MFs."

General Changes and Issues

General Changes. Several changes to the adjudicative standards are applicable to at least two of the three adjudicative areas under consideration. These general changes are listed below.

- The number of disqualifying factors for two of the three areas (alcohol, mental/emotional) have been substantially reduced in order to simplify the standards
- The mitigating factor(s) corresponding to a particular disqualifying factor directly follows that disqualifying factor
- More emphasis has been given to the professional diagnosis of specific conditions, and in many cases different mitigation factors have been written for different diagnoses
- A small number of "adjudicator notes" have been added to each set of standards to assist adjudicators in the interpretation of specific issues

Issues. Two general issues emerged from this review of the adjudicative guidelines: (a) the difficulties in developing guidelines for cases that involve multiple adjudicative areas, and (b) the difficulties in identifying appropriate adjudicative guidelines. Each issue is discussed separately below.

The old and proposed guidelines do not reflect the complexity of the adjudication decision process for most cases which result in clearance suspensions or revocations. Such cases typically involve the consideration of more than one issue area and several variables within a given area. For example, within the drug area, some of the variables usually considered important are age at first use, recency of use, frequency of use, duration of use, intensity of use, and context of use. Given this number of variables, the number of possible combinations is extremely large. In addition, these variables must often be considered within the context of another adjudicative area. For example, someone with drug problems may also have an alcohol problem. This further increases the number of possible combinations. Developing clear-cut decision rules for these many possible combinations in a manner consistent with the "whole person" adjudication concept is an extremely challenging task.

One solution offered by subject matter experts for attacking this problem involves the use of branching decision logic charts. Such charts identify the key factors and various circumstances. These different circumstances could then be evaluated by a panel of subject matter experts to arrive at consensus judgments regarding whether individuals who in a particular situation should be granted a personnel security clearance. These judgments could then be used as predetermined decision rules for adjudicators in cases involving similar situations.

A second general issue involves the difficulties associated with developing appropriate adjudicative guidelines; that is, guidelines that are consistent with scientific research and medical practice. Ideally, the guidelines should be developed on the basis of a careful review of empirical data that summarizes the efficacy of past decisions on various types of cases. However, at this time little or no empirical data are available to accomplish this. This project made an initial attempt to obtain empirical information about the appropriateness of the current decision points. However, the resulting data are based on the experiences of the reviewers rather than on systematic records of past cases.

More systematic evidence regarding the probabilities that individuals in various situations will safeguard classified information could be developed. Such evidence could be gathered from the adjudication facilities. This could be accomplished by (a) coding a sample of past issue cases on several variables, as well as the subsequent actions of these individuals, or (b) coding a sample of current adjudication cases (by including variables on the back of adjudication forms) and then tracking the individual's subsequent actions. The coding variables could be identified through discussions with adjudicators and various subject matter experts in the military, government, and industry. Once a sufficient number of cases are available for a given area, probabilistic information could then be compiled for relevant variables. To provide input to adjudication personnel, this information could be summarized in the form of an issue database and updated on a regular basis using current cases.

Subject matter experts also made a number of other suggestions for improving the adjudicative process. These are summarized in Appendix I.

Alcohol Abuse/Alcoholism Guidelines

Issues. Five issue areas emerged from comments written on the questionnaires and discussions held during the alcohol abuse workshop. These are discussed below.

An important issue concerns whether a distinction should be made between alcohol abuse and alcoholism. Although the old guidelines do not make such a distinction, several reviewers indicated these are distinct concepts. In general, alcohol abusers are persons who are not addicted to alcohol (but still have significant alcohol problems) and do not need long-term treatment; in contrast, alcoholics (or alcohol dependent individuals) are persons who are addicted to alcohol, have a long-term problem, and need treatment and ongoing follow-up. Several experts indicated that these different levels of alcohol involvement have different implications in terms of mitigating factors. For these reasons, this distinction is clearly spelled out in the proposed alcohol guidelines.

A second issue concerns the mitigating factors following diagnosis as an alcoholic. The proposed factors require a 1-year period since completion of initial rehabilitation. A number of experts pointed out that completion of initial rehabilitation, combined with 3 consecutive months of successfully meeting the aftercare requirements, including total abstinence, would result in a favorable clinical prognosis. The experts recommended granting a temporary clearance contingent on maintaining abstinence over the 1-year period.

The above time periods are important because clinicians are trying to place recovering alcoholics back into their jobs as soon as possible. This work structure contributes to a successful recovery. However, if individuals must wait 1-year prior to returning to their job because of security requirements, this could negatively affect their recovery.

In the proposed guidelines, we stated that adjudication facilities should be given the authority (but not be required) to grant a clearance after successful completion of the initial rehabilitation phase with (a) 3 consecutive months of successfully meeting aftercare requirements to include total abstinence, and (b) a favorable prognosis by a credentialed authority. Reviewers from three adjudication facilities (AFSCO, CCF, and DISCR) suggested that this note be left out. They indicated that their facilities cannot monitor these individuals during the 9 months after granting the clearance. The Navy CAF recommended that we leave it in and call this action a conditional clearance rather than interim access. We believe that the option should still be available to adjudication facilities. Given that it has important resource implications for field personnel and is

supported by research data, DoD and the services may want to develop new procedures for implementing the note.

A third issue concerns whether or not there should be differences in the mitigating factors for work-related and non-work-related alcohol incidents. One reviewer argued that these should be differentiated because work-related incidents generally occur pathologically late in the natural course of alcoholism and are indicative of more serious alcohol problems. However, another reviewer expressed a contrary opinion. The revised mitigating factors focus more on assessing the extent of the problem through a formal evaluation but still allow for differentiation between work-related and non-work-related alcohol incidents (see Mitigating Factor 5d).

A fourth issue concerns when central adjudication facilities should request an alcohol evaluation following an alcohol incident. Some reviewers indicated that this should be only done after two or more incidents while others favored a single incident when there was an arrest by authorities. Research data indicate that in some studies of individuals arrested for DUIs (and where a formal alcohol dependence evaluation was conducted for each person), approximately 90 percent of these drivers were found to be either alcohol dependent or alcohol abusers (Crancer, 1986; Kruzich, Silsby, Gold & Hawkins, 1986). This suggests that a single incident DUI is strongly predictive of other serious alcohol problems. We used two incidents in the past 5 years as the cutoff point for requesting an alcohol evaluation. Nonetheless, if CAF and field resources are available, we would recommend a "single incident standard" be used.

A final issue concerns the extent to which central adjudication facilities can request alcohol evaluations. The general response was that these facilities, especially DISCR, often lack the resources to accomplish this. We have added the phrase "if feasible" in order to make such evaluations a "good idea" but not a requirement (see Mitigating Factors 1e, 2e, 3a, and 5a). We recommend giving the central adjudication facilities a choice at this time. However, given the potential value of such evaluations, DoD should further examine the cost-benefits of making this a requirement in the future.

Key Changes. Key recommended changes to the old alcohol guidelines that are reflected in the proposed guidelines are shown on the next page.

CHANGES TO ALCOHOL ABUSE GUIDELINES

- Expanded the Basis to include diagnosis of alcohol abuse and alcoholism
- Reduced the number of disqualifying factors from eight to five
- Changed "competent medical or health authority" (old MF3b) to "credentialed authority" (new DF1 and DF3)
- Differentiated alcohol abuse from alcoholism/alcohol dependence (new DF1 and DF3) and developed different mitigating factors for each user type (new MF1 and MF3)
- Increased the emphasis on formal professional diagnosis of alcohol abuse/dependence (new DF1, DF3, MF5a, MF5b)
- Combined old DF2 and DF3 (alcohol-related incidents occurring at and away from work) into one disqualifying factor (new DF5)
- Reworded four old disqualifying factors (old DF4, DF5, DF6, DF8) (failing to accept counseling, failing to follow medical advice, failing to decrease alcohol consumption or change life style, and failing to complete rehabilitation program) into specific or implicit mitigating factors
- Eliminated old DF7 (indicators of poor judgment, irresponsibility caused by alcohol abuse) because this is implicit in several new disqualifying and mitigating factors
- Added the mitigating requirement to obtain, whenever possible, a favorable prognosis by a credentialed authority after completion of initial rehabilitation for alcoholism (new MF1e and MF2e)
- Added an adjudicator note that central adjudication facilities can grant a clearance for alcohol dependent persons prior to the 1-year waiting period under certain conditions (see new MF1e)
- Increased the requirements of mitigating factors for failing to complete an alcohol rehabilitation program (old DF8) to include strict compliance with aftercare requirements, regular participation in Alcoholics Anonymous or similar organization, and if feasible, a favorable prognosis by credentialed authority 2 years after completing initial rehabilitation (new MF2b, MF2c, MF2e)
- Added an adjudicator note that a clearance cannot be granted early in any cases involving unsuccessful treatment for alcohol abuse or alcohol dependence (see new MF2e)
- Changed two old mitigating factors that were based on the number of alcohol-related incidents (old MF1 and MF2) to mitigating factors based on diagnosed alcohol abuse type (i.e., alcohol abuse, alcoholism) (new MF1 and MF3)
- Provided more specific mitigating factors for individuals involved in alcohol-related incidents (new MF5)

CHANGES TO ALCOHOL ABUSE GUIDELINES (Continued)

- Differentiated the mitigating requirements for work and non-work related alcohol incidents, treating work-related incidents as more serious (new MF5d)
- Added an adjudicator note encouraging adjudication facilities to obtain alcohol evaluations for individuals who commit two alcohol-related incidents [crimes] that result in arrest and formal charges by the police during the last 5 years (see new MF5)
- Eliminated the mitigating factor for persons with repeated unsuccessful rehabilitation efforts (old MF4)
- Eliminated the mitigating factor for individuals who self-refer for alcohol treatment (old MF5)

Drug Abuse Guidelines

Issues. Four issues regarding the drug abuse adjudicative guidelines emerged during the revision process. These are discussed below.

One general issue concerns the time periods and levels of drug usage for various mitigation factors. Good empirical data simply do not exist to set definitive time periods and cutoffs for usage levels. Also, the drug area is complicated because it combines illegal activities with potential medical/reliability concerns. As a result, the time periods and levels of usage in the proposed guidelines were developed more on a logical than an empirical basis.

A second issue, which was raised by DISCR, concerns whether the completion of a rehabilitation program should be included as a mitigating factor for illicit drug involvement. We decided against this because the new adjudicative standards for hard drug users with a frequency of usage of once a month or more require a 5-year nonusage period. This group would probably be the most logical one to apply a rehabilitation requirement. However, 5 years of nonusage is probably a better standard than less time with completion of a rehabilitation program. An additional concern involves the quality of these programs. The experts pointed out that there is tremendous variance in the quality of rehabilitation efforts and little data to support their effectiveness.

A third issue concerns the disqualifying and mitigating factors for cannabis only usage. Several experts recommended making age (25 years or older, under 25 years) an integral part of the mitigating factors. They argued that current research suggests that cannabis usage for individuals 25 years or older is more predictive of future drug usage than is cannabis usage by younger individuals. They also suggested having more explicit definitions of the time periods over which cannabis was used (e.g., a period of less than 1 year, a period of less than 3 months). We did not follow these recommendations for two

reasons. First, we thought that the research data would in general support the inclusion of age but that such data were probably not strong enough to stand up in court for DISCR cases. Second, we found it next to impossible to develop guidelines that were logically consistent and not overly detailed, using time periods of usage. Thus, the proposed cannabis guidelines are very similar to those that appeared in the 1987 version of the 5200.2-R.

A final issue concerns whether specific drugs or more specific categories of drugs should be included as part of several disqualifying factors. For example, should dangerous drugs be specifically written to include anabolic steroids? We recommend against having such detailed information in the adjudicative standards because this would unduly complicate and lengthen the adjudicative standards. Also, the standards, as currently written, would seem to cover all illegal drug use that would be of concern to DoD. Instead, we recommend including such information in the training and interpretative materials provided to adjudicators.

Key Changes. The key changes to the old drug abuse guidelines that are reflected in the proposed guidelines are summarized below.

CHANGES TO DRUG ABUSE GUIDELINES

- Increased the number of disqualifying factors from five to nine; however, this is a function of how the new guidelines were organized rather than an actual increase in factors
- Reduced the number of disqualifying factors for cannabis from five to four
- Reduced the frequency of use on the first cannabis disqualifying factor from "an average of once every 2 months or less, but no more than six times" (old DF1a) to "one or two times during the previous 3 years" (new DF1)
- Deleted the labels "experimental abuse," "occasional abuse," "frequent abuse," "regular abuse," and "compulsive abuse," on the disqualifying factors for use of cannabis (old DF1a-DF1b) and narcotics (old DF2a-DF2e)
- The old disqualifying factors for cannabis use (old DF1a-1e) do not provide a specific time period for the relevance of historical use; this was changed to use "during the previous 3 years" for all categories of cannabis use (new DF1-4)
- Changed old DF1c (frequency of cannabis use) from "an average of not more than once a week" to "at an average frequency of once a month to once a week" (new DF3)
- Eliminated old DF1e (daily use of cannabis); this is now covered indirectly by new DF4, DF8 and DF9

CHANGES TO DRUG ABUSE GUIDELINES (Continued)

- Reduced the frequency of use on the first narcotic disqualifying factor (old DF2a) from "an average of once every 2 months or less, but no more than six times" to "one or two times" (new DF5)
- Collapsed old DF2c-2e (narcotic use not more than once a week, more than once a week, average of once a day) into one disqualifying factor with a frequency of use of once a month or more (new DF7)
- Added "prescription drugs" (old DF3 (see new DF8))
- Eliminated old DF5 (individual intends to continue drug use)
- Changed old DF4/old MF4, which had one overall disqualifying factor and four mitigating subfactors, to one overall factor with seven subfactors (new DF9a to g; new MF9a to g)
- Eliminated the mitigating requirement for successfully completing a drug rehabilitation program after narcotics use (old MF2a-2e) in the new standards (new MF5-7)
- Eliminated the mitigating requirement for having a stable lifestyle and satisfactory employment record for narcotics use that is at an average frequency of less than once a month (old MF2b) on the new version (new MF6)
- Deleted the mitigating requirement for no further indication of drug abuse for narcotics use (old MF2c-2e) on the new version (new MF7)
- Eliminated cultivation of drugs from old MF3a and treated it separately (new MF8a and MF8b)

Mental/Emotional Disorders Guidelines

Issues. Four issues emerged regarding the mental/emotional disorders adjudicative guidelines. They are discussed below.

One issue concerns who is an appropriate "credentialed mental health authority" for making mental health evaluations. Obviously, psychiatrists and clinical psychologists should be included. But should physicians and social workers also be listed and, if so, under what conditions? The experts disagreed on who should be considered a "credentialed mental health authority." In addition, they mentioned that some groups (e.g., physicians, social workers) may be qualified to treat some disorders but not others. As a result, we recommend limiting "credentialed mental health authorities" to psychiatrists and clinical psychologists since this is the most conservative approach. This could be changed in the future if the Office of the Assistant Secretary (Health Affairs) develops new guidelines in this area.

A second issue concerns whether or not the word "significant" should be used before "risk" (see new disqualifying factors 1b and 2b). One reviewer suggested the addition of the word "significant" provides a more determinate meaning to the guideline and discourages the misuse of the psychiatric evaluation process. However, other reviewers recommended omitting the word "significant" because its inclusion could result in an overly lenient adjudicative standard. Some reviewers also thought that the term "significant" is vague and subject to different interpretations by different adjudicators. We omitted this word from this disqualifying factor. However, we included the defining term "material" before the term "defect" to stress that DoD's concern is with substantiated versus hypothetical problems.

A third issue concerns whether or not the adjudicative standards should have separate disqualifying factors for the differing levels of security risk (e.g., high versus moderate) that are associated with either different disorders or different levels of a given disorder. A number of adjudicators suggested that such a taxonomy would be helpful in making clearance determinations. During the adjudicative standard workshop, we attempted to develop separate high versus moderate risk disqualifying factors but were unable to accomplish this for two reasons. First, it was difficult to develop operational definitions of "high" and "moderate" risk. Second, several subject matter experts argued that such a high risk-moderate risk taxonomy is misleading given the complexities of the "whole person" adjudication concept. As a result, we used the word "risk" without distinguishing different levels.

A final issue involves the appropriate time period for mitigating a previous mental or emotional disorder (see mitigating factor 1b). One reviewer summarized the issue well:

The 10-year time frame would be acceptable for the more serious or chronic types of disorders. However, cases which involve a short-term, acute or reactive type of problem would not need a 10-year problem-free period. The issue is a complicated one that needs to take into account severity of disorder, chronicity of disorder, premorbid level of functioning, and prognosis. A 10-year time frame would cover most problems (except for something like Antisocial Personality Disorder) but would be excessive in other cases. The issue is in recognizing that disorders and the context for problems vary Leaving the 10-year time frame as stated would catch all serious problem cases, but would also inappropriately deny access to individuals with less serious problems that would be expected to remit or resolve in less than 10 years.

For these reasons, we proposed a 5- to 10-year period, which allows the adjudicator some discretion, depending on the particular case.

Key Changes. Important changes to the old mental/emotional guidelines that are reflected in the new guidelines are summarized below.

CHANGES TO MENTAL/EMOTIONAL DISORDERS GUIDELINES

- Reduced the number of disqualifying factors from five to two
- Collapsed four old disqualifying factors (old DF1-4) into one disqualifying factor (new DF1)
- Changed "competent medical authority" (old Basis, DF1, DF2, DF3, DF4) to "credentialed mental health authority" (new Basis, DF1)
- Changed the emphasis from general reliability (i.e., "defect in judgment or reliability") (old Basis, DF1-4) to security-related reliability (i.e., "material defect in the ability and/or willingness to properly safeguard classified information") (new Basis, DF1, DF2)
- Added an additional requirement to old DF5 (failure to take prescribed medication, or follow treatment or medical advice); the new requirement states that this failure should have security implications (new DF2b)
- Changed the mitigating factors to encourage use of a multi-axis diagnosis that includes a global assessment of functioning in mental/emotional disorder cases (new MF1a and MF2)
- Eliminated the mitigating requirement on old MF3 for reliable use of medication for at least a 2-year period
- Changed the period for absence of the disorder on old MF4 from 10 years to 5 to 10 years, depending on the severity of the defect (new MF1b)
- Added a GENERAL NOTE that states when adjudication facilities encounter cases with original determinations that do not provide a risk assessment, they should either seek a new diagnosis or professional assistance in determining whether that diagnosis would indicate there is a security risk, and in cases where there has been no diagnosis, an adjudicator is required to obtain a current mental health evaluation on the individual only if the individual indicates that the individual's mental health has caused a defect affecting the individual's ability to protect classified information or perform sensitive duties in the future

Recommendation

It is recommended that the revised adjudicative guidelines as presented in Appendix H be implemented in the new DoD 5200.2-R. They include input from medical and psychological subject matter experts, and, as such, reflect current scientific research and medical practice. The changes also include suggestions from senior adjudicators at the Army, Navy, and Air Force collateral adjudicative facilities as well as personnel from the Department of Defense Security Institute and the Directorate for Industrial Security Clearance Review. Overall, the revised guidelines represent significant improvements over the old guidelines for the adjudicative areas of alcohol abuse, drug abuse, and emotional/mental disorders.

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- A. **Adjudicative Guidelines for Alcohol Abuse, Drug Abuse, and Mental/Emotional Disorders (August 1990)**
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Appendix A

Adjudicative Criteria for Alcohol Abuse, Drug Abuse, and Mental/Emotional Disorders

(August 1990)

ALCOHOL ABUSE

(See paragraph 2-200.m.)

Basis: Habitual or episodic use of intoxicants to excess.

Potentially Disqualifying Factors (behavior may include one or more of the following:

1. Habitual or episodic consumption of alcohol to the point of impairment or intoxication.
2. Alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation, or other criminal incidents related to alcohol use.
3. Drinking on the job, reporting for work or duty in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.
4. Refusal or failure to accept counseling or professional help for alcohol abuse or alcoholism.
5. Refusal or failure to follow medical advice relating to alcohol abuse treatment or to abstain from alcohol use despite medical or professional advice.
6. Refusal or failure to decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.
7. Indication of poor judgment, irresponsibility or unreliability caused by alcohol abuse.
8. Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.

Mitigating Factors (circumstances that may mitigate potentially disqualifying behavior):

1. Successfully completed an alcohol awareness program following two or less alcohol-related incidents and has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.

2. Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately one year after rehabilitation.

3. Whenever one of the situations listed below occurs, the individual must have successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.

a. The individual has had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.

b. The individual has been diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent, or chronic abuser of alcohol.

4. Whenever the individual has had repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents, then the individual must have successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least three years, and maintained regular and frequent participation in meetings of Alcoholics Anonymous or similar organizations.

5. If an individual's alcohol abuse was surfaced solely as a result of self referral to an alcohol abuse program and there have been no precipitating factors such as alcohol related arrests or incidents, action will not normally be taken to suspend or revoke the security clearance or determine the individual ineligible to perform sensitive duties solely on the self referral for treatment.

DRUG ABUSE

(See paragraph 2-200.n.)

Basis:

Illegal or improper use, possession, transfer, sale or addiction to any controlled or psychoactive substance, narcotic, cannabis, or other dangerous drug.

Potentially Disqualifying Factors (behavior may include, but is not limited to, one or more of the following:

1. Abuse of cannabis only, not in combination with any other substance.
 - a. Experimental abuse, defined as an average of once every 2 months or less, but no more than six times.
 - b. Occasional abuse, defined as an average of not more than once a month.
 - c. Frequent abuse, defined as an average of not more than once a week.
 - d. Regular abuse, defined as an average of more than once a week.
 - e. Compulsive use, habitual use, physical or psychological dependency, or use once a day or more on the average.
2. Abuse of any narcotic, psychoactive substance, or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, as follows:
 - a. Experimental abuse, defined as an average of once every 2 months or less, but no more than six times.
 - b. Occasional abuse, defined as an average of not more than once a month.
 - c. Frequent abuse, defined as an average of not more than once a week.
 - d. Regular abuse, defined as an average of more than once a week.
 - e. Compulsive use, habitual use, physical or psychological dependency, or use on an average of once a day or more.

3. Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.

4. Involvement with narcotics, dangerous drugs or cannabis under the following conditions whether or not the individual engages in personal use or was criminally charged.

a. Possession.

b. Possession of a substantial amount, more than could reasonably be expected for personal use.

c. Possession of drug paraphernalia for cultivating, manufacturing or distributing (e.g., possession of gram scales, smoking devices, needles for injecting intravenously, empty capsules, or other drug production chemical paraphernalia).

d. Possession of personal drug paraphernalia such as needles for injecting, smoking devices and equipment, etc.

5. Information that the individual intends to continue to use (regardless of frequency) any narcotic, dangerous drug or cannabis. (NOTE: There is no corresponding Mitigating Factor for this Disqualifying Factor because it is DoD policy that, as a general rule, if any individual expresses or implies any intent to continue use of any narcotic, dangerous drug, or other controlled substance, including marijuana and hashish, without a prescription, in any amount and regardless of frequency, it is to be considered contrary to the interests of national security to grant or allow retention of a security clearance for access to classified information or to perform other sensitive duties for that individual.)

Mitigating Factors (circumstances that may mitigate potentially disqualifying behavior)
(See Notes 1 through 4):

1. Abuse of cannabis only, as follows: (Use this to assess Disqualifying Factor 1)

a. Experimental abuse, which occurred more than 6 months ago, and the individual has demonstrated an intent not to use cannabis or any other narcotic, psychoactive substance, or dangerous drug in the future.

b. Occasional abuse of cannabis, which occurred more than 12 months ago, and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

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c. Frequent abuse of cannabis occurred more than 18 months ago, and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

d. Regular abuse of cannabis occurred more than 2 years ago, and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

e. Compulsive, habitual use, or physical or psychological dependency on cannabis occurred more than 3 years ago, the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.

2. For abuse other than cannabis alone. Use is considered cumulative and each separate substance must not be considered separately. (Use this to assess Disqualifying Factor 2).

a. Experimental abuse occurred more than 12 months ago, and the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.

b. Occasional abuse occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, and has a stable life-style, including satisfactory employment record with no further indications of drug abuse, and has successfully completed a drug rehabilitation program.

c. Frequent abuse occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, and has a stable life-style, including satisfactory employment record with no further indications of drug abuse, and has successfully completed a drug rehabilitation program.

d. Regular abuse occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, and has a stable life-style, including satisfactory employment record with no further indications of drug abuse, and has successfully completed a drug rehabilitation program.

e. Compulsive abuse occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, and has a stable life-style, including satisfactory employment record with no further indications of drug abuse, and has successfully completed a drug rehabilitation program.

3. Use this only to assess conduct under Disqualifying Factor 3.

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a. Involvement in trafficking, cultivation, processing, manufacture, sale or distribution occurred more than 5 years ago, the individual has demonstrated an intent not to do so in the future, has a stable life-style and satisfactory employment record, and has not been involved in any other criminal activity.

b. Cultivation was for personal use only, in a limited amount for a limited period and the individual subsequently has not been involved in similar activity or other criminal activity, and has demonstrated intent not to do so again in the future.

c. Illegal sale or distribution involved only the casual supply to friends of small amounts (not for profit or to finance a personal supply) and occurred on only a few occasions more than 2 years ago, and the individual has demonstrated an intent not to do so in the future.

4. Use this only to assess conduct under Disqualifying Factor 4 in the corresponding subparagraphs.

a. The individual has not possessed drugs within the last 2 years and there has been no subsequent criminal activity.

b. The individual has not possessed drugs in the last 3 years and there has been no subsequent criminal activity.

c. The individual has not possessed drug paraphernalia used in the processing, manufacture, or distribution for the last 5 years and there has been no subsequent criminal activity.

d. The individual has not possessed drug paraphernalia for personal use in the last year and there has been no subsequent criminal activity.

1. Narcotic. Opium and opium derivatives or synthetic substitutes.

2. Dangerous Drug. Any of the non-narcotic drugs which are habit forming or have a potential for abuse because of their stimulant, depressant or hallucinogenic effect.

3. Cannabis. The intoxicating products of the hemp plant, Cannabis Sativa, including but not limited to marijuana, hashish, and hashish oil.

MENTAL AND EMOTIONAL DISORDERS

(See paragraph 2-200.j)

Basis:

Any behavior or illness, including any mental condition, which, in the opinion of competent medical authority, may cause a defect in judgment or reliability with due regard to the transient or continuing effect of the illness and the medical findings in such case.

Potentially Disqualifying Factors (behavior may include one or more of the following:

1. Diagnosis by competent medical authority (board certified psychiatrist or clinical psychologist) that the individual has an illness or mental condition which may result in a defect in judgment or reliability. "Competent medical authority" shall include a board certified or board eligible psychiatrist or licensed or license eligible Ph.D. clinical psychologist.
2. Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority, may cause a defect in judgment or reliability.
3. A diagnosis by competent medical authority that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.
4. Diagnosis by competent medical authority that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.
5. Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.

Mitigating Factors (circumstances that may mitigate potentially disqualifying behavior):

1. Diagnosis by competent medical authority that an individual's previous mental or emotional illness or condition that did cause defect in judgment or reliability is cured and has no probability of recurrence, or such a minimal probability of recurrence as to reasonably estimate there will be none.
2. The contributing factors or circumstances which caused the bizarre conduct or traits, abnormal behavior, or defect in judgment or reliability have been eliminated or rectified, there is a corresponding alleviation of the individual's condition and the contributing factors or circumstances are not expected to recur.
3. Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
4. There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, or a serious character or personality disorder for the past 10 years.

Appendix B

Alcohol Abuse, Drug Abuse, and Mental/Emotional Disorders Survey Questionnaires

Review Of Alcohol Abuse Adjudicative Criteria

**Defense Personnel Security Research And Education Center (PERSEREC)
99 Pacific Street, Building 455, Suite E
Monterey, California 93940-2481
(408) 373-3073 or Autovon 878-2448**

**Personnel Decisions Research Institutes, Inc.
43 Main Street S.E.
Riverplace, Suite 405
Minneapolis, Minnesota 55414
(612) 331-3680**

Review Of Alcohol Abuse Adjudicative Criteria

Background

Department of Defense (DoD) Regulation 5200.2-R (Personnel Security Program Regulation) describes the criteria for determining eligibility for a security clearance. These criteria include several areas such as alcohol abuse, drug abuse, and mental or emotional disorders. With regard to each of these areas, 5200.2-R provides both disqualifying and mitigating factors. Disqualifying factors refer to the types of conduct that justify a decision to deny or revoke an individual's eligibility for access to classified information or assignment to sensitive duties. Mitigating factors are circumstances which may lessen the weight given to potential disqualifying information in making an adjudication decision.

The 5200.2-R is currently in the process of being revised and updated. This provides an opportunity to assess the degree to which the various adjudicative criteria are consistent with the latest research and practice. Development of revisions to these criteria, as necessary, would improve both the fairness and effectiveness of adjudicative decisions within DoD.

Purpose of This Questionnaire

The purpose of this questionnaire is to review the 5200.2-R adjudicative criteria in the area of alcohol abuse. The results of this questionnaire survey will be used along with the results from a future workshop with subject matter experts to identify changes necessary for making these adjudicative criteria more consistent with current research findings and practices.

This questionnaire has two sections. Section 1 asks about your background. Section 2 asks you to review various adjudicative criteria in the area of alcohol abuse by completing four steps.

If you have any questions about this questionnaire or about how to make the judgments described in Section 2, please call either Mike Bosshardt of Personnel Decisions Research Institutes, Inc. at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073. Thank you for your assistance.

Privacy Act Statement

Under the authority of Department of Defense Directive 5210.79 of 31 May 1989, information is requested regarding your assessment of current adjudication guidelines being used by the Department of Defense. This information will be used for research purposes only. In no case will an individual's responses be reported. You are not required to provide this information; your participation is voluntary.

Section 1: Biographical Information

This section requests information about your current employment and background.

1. Your Name: _____

2. Your Mailing Address:

3. Your Position: _____

4. Years of professional experience in the area of alcohol abuse: ____ yrs.

5. Which one of the following best describes your employing organization? (check one)

☐ Department of Defense/Military

☐ Private clinical practice

☐ College or university

☐ Community mental health center, HMO, hospital

☐ Counseling or guidance center (non-academic setting)

☐ Consulting organization (self-employed or with a firm)

☐ Research organization (private or governmental)

☐ Business or industry

☐ Government agency (other than those listed above)

☐ Other (please specify): _____

6. If you are employed by the government, what is your GS/GM level or rank? _____

7. Your age: ____ years

8. Your sex:

☐ Male

☐ Female

9. Your race (check one):

- ☐ Black or Afro-American
☐ American Indian (Native American)
☐ Asian
☐ Hispanic (Mexican, Puerto Rican, Cuban, Central American, or other Spanish origin)
☐ White or Caucasian
☐ Other

10. Your education (check the highest level attained):

- ☐ Bachelor's degree
☐ Some work toward graduate or professional degree
☐ Completed graduate or professional degree
☐ Post-graduate work

11. Your major field of study for highest degree: _____

12. If you are accredited or credentialed as a professional, list your primary accreditation(s) below:

13. Have you had experience in assessing the reliability of individuals for access to classified information?

- ☐ Yes (If yes, for how long how you done this? ____ years)
☐ No

14. Do you currently have a security clearance?

- ☐ Yes (If yes, at what level? _____)
☐ No (If no, see question 15)

15. (Answer this question only if you answered *no* to question 14) Have you ever had a security clearance?

- ☐ Yes (If yes, what was the high level of clearance/access attained? _____)
☐ No

Section 2: Evaluation Of Adjudication Guidelines

Overview

This section asks you to review current adjudicative guidelines and adjudicative factors (potential disqualifying factors and potential mitigating factors). You are then asked to assess whether various combinations of disqualifying and mitigating factors affect an individual's ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information.

Completion of this questionnaire involves 4 steps: (1) reviewing the general adjudicative guidelines, (2) reviewing the potential disqualifying factors, (3) reviewing the potential mitigating factors, and (4) making the questionnaire ratings. Each step is described below.

Step 1. Review the General Adjudicative Guidelines

Attachment A describes (1) the general adjudicative standard for determining whether an individual is eligible for access to sensitive information or assignment to sensitive duties and (2) the general standard for alcohol abuse as a disqualifying factor. Please read Attachment A (see p. 6) very carefully before proceeding to step 2.

Step 2. Review the Potential Disqualifying Factors

Attachment B presents 12 potential disqualifying factors in the area of alcohol abuse. Under current guidelines, each potential disqualifying factor represents behavior that will, in the absence of mitigating factors, usually justify an adjudicator's decision to deny or revoke an individual's eligibility for access to classified information.

Please read the 12 potential disqualifying factors shown in Attachment B (see p. 7). Write down at the end of this list any additional potential disqualifying factors related to alcohol abuse that you think should be added.

Step 3. Reviewing the Potential Mitigating Factors

Attachment C lists 6 potential mitigating factors in the area of alcohol abuse. These are factors which occur *after* the potential disqualifying factor has been established and which represent circumstances that may lessen the weight given to potential disqualifying information in making an adjudication decision and may lead to granting access to classified information.

Please read the 6 potential mitigating factors shown in Attachment C (see p. 8). At the end of the list, write down any additional potential mitigating factors related to alcohol abuse that you believe should be added and modify any potential mitigating factors that you believe should be revised in the spaces provided.

Step 4. Making the Questionnaire Ratings

The instructions for this step are provided on page 9.

Attachment A

General Adjudicative Guidelines — Alcohol Abuse

1. Clearance And Sensitive Position Standard

A personnel security standard must be applied to determine a person's eligibility for access to classified information or assignment to sensitive duties. The standard is whether, based on all available information, the person's loyalty, reliability, and trustworthiness are such that entrusting the person with classified information or assigning the person to sensitive duties is clearly consistent with the interests of national security.

2. Alcohol Abuse As A Disqualifying Factor

The consumption of alcohol on an episodic or recurring basis can result in the impairment of the individual's ability to perform assigned duties and/or to adequately safeguard classified information. Even in the absence of any impairment of an individual's ability to perform assigned duties, alcohol abuse can impair the ability to safeguard classified information. Security considerations are not limited to work performance or an individual's behavior during work hours. Rather security is a responsibility that extends to 24 hours a day, 7 days a week. Alcohol abuse, even if limited to off-duty hours, poses a risk of deliberate or inadvertent disclosure of classified information.

Adjudicators must give careful consideration to any information discovered concerning an individual's possible habitual or episodic use of alcohol. The extent to which the use of alcohol diminishes the individual's ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information must be determined. In some cases, a history of habitual or episodic alcohol abuse can be mitigated by more recent evidence of significant positive changes by the individual with regard to alcohol use.

In the final analysis, national security concerns are paramount. There is no right to a security clearance. Based on all available evidence, there should be no reasonable doubt that the person's loyalty, reliability, and trustworthiness meet the high standards for access to classified information.

Attachment B
Potential Disqualifying Factors — Alcohol Abuse

1. Habitual or episodic consumption of alcohol to the point of impairment or intoxication.
2. Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incidents related to alcohol use.
3. Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incidents related to alcohol use.
4. Drinking on the job, reporting for work or duty in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.
5. Refusal or failure to accept counseling or professional help for alcohol abuse or alcoholism.
6. Refusal or failure to follow medical advice relating to alcohol abuse treatment or to abstain from alcohol use despite medical or professional advice.
7. Refusal or failure to decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.
8. Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.
9. Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.
10. Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.
11. Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent, or chronic abuser of alcohol.
12. Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.

Should there be any additional Potential Disqualifying Factors? (If yes, list below):

13. _____

14. _____

15. _____

Attachment C
Potential Mitigating Factors — Alcohol Abuse

[Note. To be a potential mitigating factor, the actions/circumstances must occur *after* the potential disqualifying factor has been established.]

1. There is no information available to mitigate this disqualifying factor.
2. Significantly reduced alcohol consumption and made positive changes in life- style and improvement in job reliability.
3. Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
4. Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
5. Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
6. Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.

Should there be any additional Potential Mitigating Factors? (If yes, list below):

7. _____

8. _____

Should any of the above Potential Mitigating Factors be modified? (If yes, list how it should be modified below):

Step 4. Making the Questionnaire Ratings

In this step, you are asked to evaluate whether various combinations of potential disqualifying and mitigating factors enable an individual being considered for access to sensitive information or assignment to sensitive duties to meet the positive standards described in Attachment A. More specifically, for each situation describing a potential disqualifying and mitigating factor combination, you are asked to assess whether or not the situation (independent of any additional negative information) now indicates that an individual can perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Please read each situation shown in Appendix D and choose one of the following responses:

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
- 3 = Believe** individual can exercise the necessary care, judgment and discretion
- 2 = Do not believe** individual can exercise the necessary care, judgment and discretion
- 1 = Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Then record the appropriate number in the blank to the left of the situation.

Example

Below is a sample situation and response. It describes a situation involving a potential disqualifying factor ("Habitual or episodic consumption of alcohol to the point of impairment or intoxication.") and a potential mitigating factor ("Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.").

Rating	Situation	
	Potentially Disqualifying Factor	Potential Mitigating Factor
1. _____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.

After reading this situation and considering the general adjudicative guidelines in Attachment A, this reviewer felt strongly that an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, the reviewer put a "4" ("strongly believe individual can exercise the necessary care, judgment, and discretion") in the "Rating" column for this item.

A second reviewer might examine the same item but not believe an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, this reviewer would have put a "2" ("do not believe individual can exercise the necessary care, judgment, and discretion") in the left hand "Rating" column for this item.

We realize that every case will have unique circumstances associated with it. However, we would still like your best assessment based on the average or typical case in a given situation.

Now please rate each of the 66 situations shown in Attachment D using the 4 point scale. If you have any questions about how to make these judgments, please call either Mike Bosshardt of PDRI at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073.

Attachment D

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	in conjunction with this Potential Mitigating Factor
1. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	There is no information available to mitigate this disqualifying factor.
2. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
3. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
4. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
5. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
6. ____	Habitual or episodic consumption of alcohol to the point of impairment or intoxication.	Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
7. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.	There is no information available to mitigate this disqualifying factor.
8. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.	Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
9. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	in conjunction with this	Potential Mitigating Factor
10. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
11. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
12. ____	Two or fewer alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
13. ____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		There is no information available to mitigate this disqualifying factor.
14. ____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
15. ____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
16. ____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
17. ____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.		Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	In conjunction with this Potential Mitigating Factor
18. _____	Three or more alcohol-related incidents such as traffic violations, fighting, child or spouse abuse, non-traffic violation or other criminal incident related to alcohol use.	Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
19. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	There is no information available to mitigate this disqualifying factor.
20. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
21. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
22. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
23. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
24. _____	Drinking on the job, reporting for work in an intoxicated or impaired condition, tardiness or absences caused by or related to alcohol abuse.	Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
25. _____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	There is no information available to mitigate this disqualifying factor.
26. _____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
27. _____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.

- 4 = Strongly believe individual can exercise the necessary care, judgment and discretion
 3 = Believe individual can exercise the necessary care, judgment and discretion
 2 = Do not believe individual can exercise the necessary care, judgment and discretion
 1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
28. ____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
29. ____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
30. ____	Refusal or failure to accept counseling or profession help for alcohol abuse or alcoholism.	Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
31. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.	There is no information available to mitigate this disqualifying factor.
32. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.	Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
33. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
34. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
35. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.

- 4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	In conjunction with this	Potential Mitigating Factor
36. ____	Refusal or failure to significantly decrease consumption of alcohol or to change life-style and habits which contributed to past alcohol related difficulties.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
37. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		There is no information available to mitigate this disqualifying factor.
38. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
39. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
40. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
41. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
42. ____	Indications of poor judgment, irresponsibility or unreliability caused by alcohol abuse.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
43. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.		There is no information available to mitigate this disqualifying factor.
44. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.		Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
45. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
46. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
47. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
48. ____	Failure to cooperate in or successfully complete a prescribed regimen of an alcohol abuse rehabilitation program.	Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
49. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.	There is no information available to mitigate this disqualifying factor.
50. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.	Significantly reduced alcohol consumption and made positive changes in life- style and improvement in job reliability.
51. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.	Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
52. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.	Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
53. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.	Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	In conjunction with this	Potential Mitigating Factor
54. ____	Had one previously failed rehabilitation program and subsequent alcohol abuse or alcohol related incidents.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
55. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		There is no information available to mitigate this disqualifying factor.
56. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.
57. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
58. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
59. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
60. ____	Diagnosed by competent medical or health authority as an alcoholic, alcoholic dependent or chronic abuser of alcohol.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.
61. ____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		There is no information available to mitigate this disqualifying factor.
62. ____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		Significantly reduced alcohol consumption and made positive changes in life-style and improvement in job reliability.

- 4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	In conjunction with this	Potential Mitigating Factor
63. _____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		Successfully completed an alcohol awareness program, has significantly reduced alcohol consumption, and made positive changes in life-style and improvement in job reliability.
64. _____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		Successfully completed an alcohol rehabilitation program, has significantly reduced or eliminated alcohol consumption in accordance with medical or professional advice, regularly attended Alcoholics Anonymous or similar support organization for approximately 1 year after rehabilitation.
65. _____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		Successfully completed an alcohol rehabilitation or detoxification program and totally abstained from alcohol for a period of approximately 1 year.
66. _____	Repeated unsuccessful rehabilitation efforts and has continued drinking or has been involved in additional alcohol related incidents.		Successfully completed an alcohol rehabilitation or detoxification program, totally abstained from alcohol for a period of at least 3 years and maintained regular and frequent participation in meeting of Alcoholics Anonymous or similar organizations.

End of Ratings. Thank you very much for your assistance. Please enclose your questionnaire and a copy of your vita/resume in the return envelope provided.

Do you have any comments about either this questionnaire or about the DoD adjudicative guidelines and standards?

(Use page 18 if necessary)

Review of Drug Abuse Adjudicative Criteria

**Defense Personnel Security Research And Education Center (PERSEREC)
99 Pacific Street, Building 455, Suite E
Monterey, California 93940- 2481
(408) 373-3073 or Autovon 878-2448**

**Personnel Decisions Research Institutes, Inc.
43 Main Street S.E.
Riverplace, Suite 405
Minneapolis, Minnesota 55414
(612) 331-3680**

Review of Drug Abuse Adjudicative Criteria

Background

Department of Defense (DoD) Regulation 5200.2-R (Personnel Security Program Regulation) describes the criteria for determining eligibility for a security clearance. These criteria include several areas such as drug abuse, alcohol abuse, and mental or emotional disorders. With regard to each of these areas, 5200.2-R provides both disqualifying and mitigating factors. Disqualifying factors refer to the types of conduct that justify a decision to deny or revoke an individual's eligibility for access to classified information or assignment to sensitive duties. Mitigating factors are circumstances which may lessen the weight given to potential disqualifying information in making an adjudication decision.

The 5200.2-R is currently in the process of being revised and updated. This provides an opportunity to assess the degree to which the various adjudicative criteria are consistent with the latest research and practice. Development of revisions to these criteria, as necessary, would improve both the fairness and effectiveness of adjudicative decisions within DoD.

Purpose of This Questionnaire

The purpose of this questionnaire is to review the 5200.2-R adjudicative criteria in the area of drug abuse. The results of this questionnaire survey will be used along with the results from a future workshop with subject matter experts to identify changes necessary for making these adjudicative criteria more consistent with current research findings and practices.

This questionnaire has two sections. Section 1 asks about your background. Section 2 asks you to review various adjudicative criteria in the area of drug abuse by completing four steps.

If you have any questions about this questionnaire or about how to make the judgments described in Section 2, please call either Mike Bosshardt of Personnel Decisions Research Institutes, Inc. at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073. Thank you for your assistance.

Privacy Act Statement

Under the authority of Department of Defense Directive 5210.79 of 31 May 1989, information is requested regarding your assessment of current adjudication guidelines being used by the Department of Defense. This information will be used for research purposes only. In no case will an individual's responses be reported. You are not required to provide this information; your participation is voluntary.

Section 1: Biographical Information

This section requests information about your current employment and background.

1. Your Name: _____

2. Your Mailing Address:

3. Your Position: _____

4. Years of professional experience in the area of drug abuse: ____ years

5. Which one of the following best describes your employing organization? (check one)

☐ Department of Defense/Military

☐ Private clinical practice

☐ College or university

☐ Community mental health center, HMO, hospital

☐ Counseling or guidance center (non-academic setting)

☐ Consulting organization (self-employed or with a firm)

☐ Research organization (private or governmental)

☐ Business or industry

☐ Government agency (other than those listed above)

☐ Other (please specify): _____

6. If you are employed by the government, what is your GS/GM level or rank? _____

7. Your age: ____ years

8. Your sex:

☐ Male

☐ Female

9. Your race (check one):

- ☐ Black or Afro-American
☐ American Indian (Native American)
☐ Asian
☐ Hispanic (Mexican, Puerto Rican, Cuban, Central American, or other Spanish origin)
☐ White or Caucasian
☐ Other

10. Your education (check the highest level attained):

- ☐ Bachelor's degree
☐ Some work toward graduate or professional degree
☐ Completed graduate or professional degree
☐ Post-graduate work

11. Your major field of study for highest degree: _____

12. If you are accredited or credentialed as a professional, list your primary accreditation(s) below:

13. Have you had experience in assessing the reliability of individuals for access to classified information?

- ☐ Yes (If yes, for how long how you done this? ____ years)
☐ No

14. Do you currently have a security clearance?

- ☐ Yes (If yes, at what level? _____)
☐ No (If no, see question 15)

15. (Answer this question only if you answered *no* to question 14) Have you ever had a security clearance?

- ☐ Yes (If yes, what was the high level of clearance/access attained? _____)
☐ No

Section 2: Evaluation of Adjudication Guidelines

Overview

This section asks you to review current adjudicative guidelines and adjudicative factors (potential disqualifying factors and potential mitigating factors). You are then asked to assess whether various combinations of disqualifying and mitigating factors affect an individual's ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information.

Completion of this questionnaire involves 4 steps: (1) reviewing the general adjudicative guidelines, (2) reviewing the potential disqualifying factors, (3) reviewing the potential mitigating factors, and (4) making the questionnaire ratings. Each step is described below.

Step 1. Review the General Adjudicative Guidelines

Attachment A describes (1) the general adjudicative standard for determining whether an individual is eligible for access to sensitive information or assignment to sensitive duties and (2) the general standard for drug abuse as a disqualifying factor. Please read Attachment A (see p. 6) very carefully before proceeding to step 2.

Step 2. Review the Potential Disqualifying Factors

Attachment B presents 16 potential disqualifying factors in the area of drug abuse. Under current guidelines, each potential disqualifying factor represents behavior that will, in the absence of mitigating factors, usually justify an adjudicator's decision to deny or revoke an individual's eligibility for access to classified information.

Please read the 16 potential disqualifying factors shown in Attachment B (see pp. 7-8). Write down at the end of this list any additional potential disqualifying factors related to drug abuse that you think should be added.

Step 3. Reviewing the Potential Mitigating Factors

Attachment C lists 18 potential mitigating factors in the area of drug abuse. These are factors which occur *after* the potential disqualifying factor has been established and which represent circumstances that may lessen the weight given to potential disqualifying information in making an adjudication decision and may lead to granting access to classified information.

Please read the 18 potential mitigating factors shown in Attachment C (see pp. 9-10). At the end of the list, write down any additional potential mitigating factors related to drug abuse that you believe should be added and modify any potential mitigating factors that you believe should be revised in the spaces provided.

Step 4. Making the Questionnaire Ratings

The instructions for this step are provided on page 11.

Attachment A

General Adjudicative Guidelines — Drug Abuse

1. Clearance and Sensitive Position Standard

A personnel security standard must be applied to determine a person's eligibility for access to classified information or assignment to sensitive duties. The standard is whether, based on all available information, the person's loyalty, reliability, and trustworthiness are such that entrusting the person with classified information or assigning the person to sensitive duties is clearly consistent with the interests of national security.

2. Drug Abuse as a Disqualifying Factor

From a personnel security perspective, drug abuse involves the illegal or improper use, possession, transfer, sale or addiction to any controlled or psychoactive substance, narcotic, cannabis, or other dangerous drug. An individual who repeatedly engages in illegal drug use shows little serious respect for the laws, rules, and regulations which prohibit such usage. Conduct of this nature, regardless of the user's personal beliefs concerning drug laws, is strongly suggestive of poor judgment, unreliability, and a disdain for authority.

A cleared individual has a duty to protect classified information on a 24-hour per day basis. A history of use or abuse of drugs is therefore incompatible with this duty because of the obvious potential for an unauthorized disclosure of defense secrets through neglect, misadventure, or memory loss caused by previous or current drug use.

The intention to use illegal drugs in the future by an applicant for a security clearance is automatically disqualifying. However, historical use or abuse of drugs may sometimes be mitigated by such factors as (1) the amount of usage, (2) the type of usage, (3) the recency of usage, (4) the circumstances surrounding the usage, (5) rehabilitation since the most recent usage, and (6) the probabilities of continuation of usage or recurrence of symptoms (e.g., flashbacks, memory losses, etc.).

In the final analysis, national security concerns are paramount. There is no right to a security clearance. Based on all available evidence, there should be no reasonable doubt that the person's loyalty, reliability, and trustworthiness meet the high standards necessary for access to classified information.

Attachment B
Potential Disqualifying Factors — Drug Abuse

1. Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.
2. Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.
3. Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.
4. Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.
5. Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.
6. Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.
7. Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.
8. Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.
9. Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.
10. Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.
11. Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.
12. Possession of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.
13. Possession of a substantial amount (more than could reasonably expected for personal use) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.
14. Possession of drug paraphernalia for cultivation, manufacturing or distributing (e.g., possession of gram scales, smoking devices, needles for injecting intravenously, empty capsules, or other drug production chemical paraphernalia) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.

15. Possession of personal drug paraphernalia such as needles for injecting, smoking devices and equipment, etc. for narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.
16. Information that the individual intends to continue to use (regardless of frequency) any narcotic, dangerous drug or cannabis.

Should there be any additional Potential Disqualifying Factors? (If yes, list below):

17. _____

18. _____

19. _____

Definitions:

1. Cannabis. The intoxicating products of the hemp plant, Cannabis Sativa, including but not limited to marijuana, hashish, and hashish oil.
2. Narcotic. Opium and opium derivatives or synthetic substitutes.
3. Dangerous Drug. Any of the non-narcotic drugs which are habit forming or have a potential for abuse because of their stimulant, depressant or hallucinogenic effect.

Attachment C

Potential Mitigating Factors — Drug Abuse

[Note. To be a potential mitigating factor, the actions/circumstances must occur *after* the potential disqualifying factor has been established.]

1. There is no information available to mitigate this disqualifying factor.
2. The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
3. The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
4. The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
5. The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
6. The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.
7. The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.
8. The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
9. The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle, including satisfactory employment record with no further indication of drug abuse, and has successfully completed a drug rehabilitation program.
10. The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle, including satisfactory employment record with no further indication of drug abuse, and has successfully completed a drug rehabilitation program.
11. The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle, including satisfactory employment record with no further indication of drug abuse, and has successfully completed a drug rehabilitation program.

12. Involvement in trafficking, cultivation, processing, manufacture, sale or distribution described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to do so in the future, has a stable lifestyle and satisfactory employment record, and has not been involved in any other criminal activity.
13. Cultivation described in the potential disqualifying factor was for personnel use only, in a limited amount for a limited period and the individual subsequently has not been involved in similar activity or other criminal activity, and has demonstrated intent not to do so again in the future.
14. Illegal sale or distribution described in the potential disqualifying factor involved only the casual supply to friends of small amounts (not for profit or to finance a personal supply) and occurred on only a few occasions more than 2 years ago, and the individual has demonstrated an intent not to do so again in the future.
15. The individual described in the potential disqualifying factor has not possessed drugs in the last 2 years and there has been no subsequent criminal activity.
16. The individual described in the potential disqualifying factor has not possessed drugs in the last 3 years and there has been no subsequent criminal activity.
17. The individual described in the potential disqualifying factor has not possessed drug paraphernalia used in processing, manufacture, or distribution of for the last 5 years and there has been no subsequent criminal activity.
18. The individual described in the potential disqualifying factor has not possessed drug paraphernalia for personal use in the last year and there has been no subsequent criminal activity.

Should there be any additional Potential Mitigating Factors? (If yes, list below):

19. _____

20. _____

Should any of the above Potential Mitigating Factors be modified? (If yes, list how it should be modified below):

Step 4. Making the Questionnaire Ratings

In this step, you are asked to evaluate whether various combinations of potential disqualifying and mitigating factors enable an individual being considered for access to sensitive information or assignment to sensitive duties to meet the positive standards described in Attachment A. More specifically, for each situation describing a potential disqualifying and mitigating factor combination, you are asked to assess whether or not the situation (independent of any additional negative information) now indicates that an individual can perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Please read each situation shown in Appendix D and choose one of the following responses:

- 4 = Strongly Believe** individual can exercise the necessary care, judgment and discretion
- 3 = Believe** individual can exercise the necessary care, judgment and discretion
- 2 = Do not believe** individual can exercise the necessary care, judgment and discretion
- 1 = Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Then record the appropriate number in the blank to the left of the situation.

Example

Below is a sample situation and response. It describes a situation involving a potential disqualifying factor ("Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.") and a potential mitigating factor ("The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.").

Rating	Situation	
	Potentially Disqualifying Factor	in conjunction with this Potential Mitigating Factor
1. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

After reading this situation and considering the general adjudicative guidelines in Attachment A, this reviewer felt strongly that an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, the reviewer put a "4" ("strongly believe individual can exercise the necessary care, judgment, and discretion") in the "Rating" column for this item.

A second reviewer might examine the same item but not believe an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, this reviewer would have put a "2" ("do not believe individual can exercise the necessary care, judgment, and discretion") in the left hand "Rating" column for this item.

We realize that every case will have unique circumstances associated with it. However, we would still like your best assessment based on the average or typical case in a given situation.

Now please rate each of the 75 situations shown in Attachment D using the 4 point scale. If you have any questions about how to make these judgments, please call either Mike Bosshardt of PDRI at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073.

Attachment D

- 4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	in conjunction with this Potential Mitigating Factor
1. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	There is no information available to mitigate this disqualifying factor.
2. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
3. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
4. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
5. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
6. _____	Experimental abuse of cannabis only, defined as an average of once every 2 months or less, but no more than 6 times, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.
7. _____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	There is no information available to mitigate this disqualifying factor.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
8. ____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
9. ____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
10. ____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
11. ____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
12. ____	Occasional abuse of cannabis only, defined as an average of not more than once a month, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.
13. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.	There is no information available to mitigate this disqualifying factor.
14. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
15. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	In conjunction with this	Potential Mitigating Factor
16. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
17. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
18. ____	Frequent abuse of cannabis only, defined as an average of not more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.
19. ____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.		There is no information available to mitigate this disqualifying factor.
20. ____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
21. ____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
22. ____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
23. ____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.		The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
24. _____	Regular abuse of cannabis only, defined as an average of more than once a week, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.
25. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	There is no information available to mitigate this disqualifying factor.
26. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 6 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
27. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 12 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
28. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 18 months ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
29. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 2 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future.
30. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on cannabis only, or use once a day or more on the average, and not in combination with any other substance.	The abuse of cannabis described in the potential disqualifying factor occurred more than 3 years ago and the individual has demonstrated an intent not to use cannabis or any other narcotic, dangerous drug, or psychoactive substance in the future, and has demonstrated a stable life-style, with no indication of physical or psychological dependence.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	in conjunction with this	Potential Mitigating Factor
31. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		There is no information available to mitigate this disqualifying factor.
32. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.
33. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
34. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
35. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
36. _____	Experimental abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once every 2 months or less, but no more than 6 times.		The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
37. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		There is no information available to mitigate this disqualifying factor.

- 4 = Strongly believe individual can exercise the necessary care, judgment and discretion
 3 = Believe individual can exercise the necessary care, judgment and discretion
 2 = Do not believe individual can exercise the necessary care, judgment and discretion
 1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	in conjunction with this	Potential Mitigating Factor
38. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.
39. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
40. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
41. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
42. _____	Occasional abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a month.		The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
43. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.		There is no information available to mitigate this disqualifying factor.
44. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.		The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
45. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.	The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
46. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.	The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
47. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.	The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
48. _____	Frequent abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of not more than once a week.	The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
49. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	There is no information available to mitigate this disqualifying factor.
50. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.
51. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
52. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
53. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
54. _____	Regular abuse of any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of more than once a week.	The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
55. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.	There is no information available to mitigate this disqualifying factor.
56. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.	The abuse described in the potential disqualifying factor occurred more than 12 months ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future and has successfully completed a drug rehabilitation program.
57. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.	The abuse described in the potential disqualifying factor occurred more than 2 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	in conjunction with this	Potential Mitigating Factor
58. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.		The abuse described in the potential disqualifying factor occurred more than 3 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
59. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.		The abuse described in the potential disqualifying factors occurred more than 4 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
60. _____	Compulsive abuse, habitual abuse, physical dependency, and/or psychological dependency on any narcotic, psychoactive substance or dangerous drug (to include prescription drugs), either alone, or in combination with another or cannabis, defined as an average of once a day or more.		The abuse described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to use any drugs or cannabis in the future, has a stable lifestyle and satisfactory employment record, and has successfully completed a drug rehabilitation program.
61. _____	Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.		There is no information available to mitigate this disqualifying factor.
62. _____	Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.		Involvement in trafficking, cultivation, processing, manufacture, sale or distribution described in the potential disqualifying factor occurred more than 5 years ago, the individual has demonstrated an intent not to do so in the future, has a stable lifestyle and satisfactory employment record, and has not been involved in any other criminal activity.
63. _____	Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.		Cultivation described in the potential disqualifying factor was for personnel use only, in a limited amount for a limited period and the individual subsequently has not been involved in similar activity or other criminal activity, and has demonstrated intent not to do so again in the future.

4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
64. _____	Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis or assistance to those involved in such acts whether or not the individual was arrested for such activity.	Illegal sale or distribution described in the potential disqualifying factor involved only the casual supply to friends of small amounts (not for profit or to finance a personal supply) and occurred on only a few occasions more than 2 years ago, and the individual has demonstrated an intent not to do so again in the future.
65. _____	Possession of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	There is no information available to mitigate this disqualifying factor.
66. _____	Possession of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drugs in the last 2 years and there has been no subsequent criminal activity.
67. _____	Possession of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drugs in the last 3 years and there has been no subsequent criminal activity.
68. _____	Possession of a substantial amount (more than could reasonably expected for personal use) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	There is no information available to mitigate this disqualifying factor.
69. _____	Possession of a substantial amount (more than could reasonably expected for personal use) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drugs in the last 2 years and there has been no subsequent criminal activity.
70. _____	Possession of a substantial amount (more than could reasonably expected for personal use) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drugs in the last 3 years and there has been no subsequent criminal activity.

- 4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
71. _____	Possession of drug paraphernalia for cultivation, manufacturing or distributing (e.g., possession of gram scales, smoking devices, needles for injecting intravenously, empty capsules, or other drug production chemical paraphernalia) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	There is no information available to mitigate this disqualifying factor.
72. _____	Possession of drug paraphernalia for cultivation, manufacturing or distributing (e.g., possession of gram scales, smoking devices, needles for injecting intravenously, empty capsules, or other drug production chemical paraphernalia) of narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drug paraphernalia used in processing, manufacture, or distribution of for the last 5 years and there has been no subsequent criminal activity.
73. _____	Possession of personal drug paraphernalia such as needles for injecting, smoking devices and equipment, etc. for narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	There is no information available to mitigate this disqualifying factor.
74. _____	Possession of personal drug paraphernalia such as needles for injecting, smoking devices and equipment, etc. for narcotics, dangerous drugs or cannabis, whether or not the individual engages in personal use or was criminally charged.	The individual described in the potential disqualifying factor has not possessed drug paraphernalia for personal use in the last year and there has been no subsequent criminal activity.
75. _____	Information that the individual intends to continue to use (regardless of frequency) any narcotic, dangerous drug or cannabis.	There is no information available to mitigate this disqualifying factor.

End of ratings. Thank you very much for your assistance. Please enclose your questionnaire and a copy of your vita/resume in the return envelop provided.

Do you have any comments about either this questionnaire or about the DoD adjudicative guidelines and standards?

(Use page 24 if necessary)

Review Of Mental Or Emotional Disorders Adjudicative Criteria

**Defense Personnel Security Research And Education Center (PERSEREC)
99 Pacific Street, Building 455, Suite E
Monterey, California 93940-2481
(408) 373-3073 or Autovon 878-2448**

**Personnel Decisions Research Institutes, Inc.
43 Main Street S.E.
Riverplace, Suite 405
Minneapolis, Minnesota 55414
(612) 331-3680**

Review Of Mental Or Emotional Disorders Adjudicative Criteria

Background

Department of Defense (DoD) Regulation 5200.2-R (Personnel Security Program Regulation) describes the criteria for determining eligibility for a security clearance. These criteria include several areas such as mental or emotional disorders, drug abuse, and alcohol abuse. With regard to each of these areas, 5200.2-R provides both disqualifying and mitigating factors. Disqualifying factors refer to the types of conduct that justify a decision to deny or revoke an individual's eligibility for access to classified information or assignment to sensitive duties. Mitigating factors are circumstances which may lessen the weight given to potential disqualifying information in making an adjudication decision.

The 5200.2-R is currently in the process of being revised and updated. This provides an opportunity to assess the degree to which the various adjudicative criteria are consistent with the latest research and practice. Development of revisions to these criteria, as necessary, would improve both the fairness and effectiveness of adjudicative decisions within DoD.

Purpose of This Questionnaire

The purpose of this questionnaire is to review the 5200.2-R adjudicative criteria in the area of mental or emotional disorders. The results of this questionnaire survey will be used along with the results from a future workshop with subject matter experts to identify changes necessary for making these adjudicative criteria more consistent with current research findings and practices.

This questionnaire has two sections. Section 1 asks about your background. Section 2 asks you to review various adjudicative criteria in the area of mental or emotional disorders by completing four steps.

If you have any questions about this questionnaire or about how to make the judgments described in Section 2, please call either Mike Bosshardt of Personnel Decisions Research Institutes, Inc. at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073. Thank you for your assistance.

Privacy Act Statement

Under the authority of Department of Defense Directive 5210.79 of 31 May 1989, information is requested regarding your assessment of current adjudication guidelines being used by the Department of Defense. This information will be used for research purposes only. In no case will an individual's responses be reported. You are not required to provide this information; your participation is voluntary.

Section 1: Biographical Information

This section requests information about your current employment and background.

1. Your Name: _____

2. Your Mailing Address:

3. Your Position: _____

4. Years of professional experience in the area of mental or emotional disorders: ____ yrs.

5. Which one of the following best describes your employing organization? (check one)

☐ Department of Defense/Military

☐ Private clinical practice

☐ College or university

☐ Community mental health center, HMO, hospital

☐ Counseling or guidance center (non-academic setting)

☐ Consulting organization (self-employed or with a firm)

☐ Research organization (private or governmental)

☐ Business or industry

☐ Government agency (other than those listed above)

☐ Other (please specify): _____

6. If you are employed by the government, what is your GS/GM level or rank? _____

7. Your age: ____ years

8. Your sex:

☐ Male

☐ Female

9. Your race (check one):

- ☐ Black or Afro-American
☐ American Indian (Native American)
☐ Asian
☐ Hispanic (Mexican, Puerto Rican, Cuban, Central American, or other Spanish origin)
☐ White or Caucasian
☐ Other

10. Your education (check the highest level attained):

- ☐ Bachelor's degree
☐ Some work toward graduate or professional degree
☐ Completed graduate or professional degree
☐ Post-graduate work

11. Your major field of study for highest degree: _____

12. If you are accredited or credentialed as a professional, list your primary accreditation(s) below:

13. Have you had experience in assessing the reliability of individuals for access to classified information?

- ☐ Yes (If yes, for how long how you done this? ____ years)
☐ No

14. Do you currently have a security clearance?

- ☐ Yes (If yes, at what level? _____)
☐ No (If no, see question 15)

15. (Answer this question only if you answered *no* to question 14) Have you ever had a security clearance?

- ☐ Yes (If yes, what was the high level of clearance/access attained? _____)
☐ No

Section 2: Evaluation Of Adjudication Guidelines

Overview

This section asks you to review current adjudicative guidelines and adjudicative factors (potential disqualifying factors and potential mitigating factors). You are then asked to assess whether various combinations of disqualifying and mitigating factors affect an individual's ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information.

Completion of this questionnaire involves 4 steps: (1) reviewing the general adjudicative guidelines, (2) reviewing the potential disqualifying factors, (3) reviewing the potential mitigating factors, and (4) making the questionnaire ratings. Each step is described below.

Step 1. Review the General Adjudicative Guidelines

Attachment A describes (1) the general adjudicative standard for determining whether an individual is eligible for access to sensitive information or assignment to sensitive duties and (2) the general standard for mental or emotional disorders as a disqualifying factor. Please read Attachment A (see p. 6) very carefully before proceeding to step 2.

Step 2. Review the Potential Disqualifying Factors

Attachment B presents 5 potential disqualifying factors in the area of mental or emotional disorders. Under current guidelines, each potential disqualifying factor represents behavior that will, in the absence of mitigating factors, usually justify an adjudicator's decision to deny or revoke an individual's eligibility for access to classified information.

Please read the 5 potential disqualifying factors shown in Attachment B (see p. 7). Write down at the end of this list any additional potential disqualifying factors related to mental or emotional disorders that you think should be added.

Step 3. Reviewing the Potential Mitigating Factors

Attachment C lists 6 potential mitigating factors in the area of mental or emotional disorders. These are factors which occur *after* the potential disqualifying factor has been established and which represent circumstances that may lessen the weight given to potential disqualifying information in making an adjudication decision and may lead to granting access to classified information.

Please read the 6 potential mitigating factors shown in Attachment C (see p. 8). At the end of the list, write down any additional potential mitigating factors related to mental or emotional disorders that you believe should be added and modify any potential mitigating factors that you believe should be revised in the spaces provided.

Step 4. Making the Questionnaire Ratings

The instructions for this step are provided on page 9.

Attachment A

1. Clearance And Sensitive Position Standard

A personnel security standard must be applied to determine a person's eligibility for access to classified information or assignment to sensitive duties. The standard is whether, based on all available information, the person's loyalty, reliability, and trustworthiness are such that entrusting the person with classified information or assigning the person to sensitive duties is clearly consistent with the interests of national security.

2. Mental Or Emotional Disorders As A Disqualifying Factor

Mental or emotional disorders are a disqualifying factor for a security clearance. These consist of any behavior or illness, including any mental condition, which, in the opinion of competent medical authority, may cause a defect in judgment or reliability with due regard to the transient or continuing effect of the illness and the medical findings from the case.

The mere fact that an individual had, or continues to have, a mental condition or illness does not, in and of itself, preclude granting access to classified information. The issue is whether the individual's condition in fact causes or *may* cause defect in judgment or reliability. The individual's present condition must be evaluated in light of all evidence, past and present, and the Government must consider the possibility that, even if the individual's condition is currently stable, his or her condition in the future may not be.

In some cases, a historical instance of mental or emotional disorders may be mitigated by more recent evidence that the previous illness or condition that caused a defect in judgment or reliability is cured and has no probability of recurrence, or such minimal probability of recurrence as to reasonably estimate there will be no recurrence. However, in the final analysis, national security concerns are paramount. There is no right to a security clearance. Based on all available evidence, there should be no reasonable doubt that the person's loyalty, reliability, and trustworthiness meet the high standards necessary for access to classified information.

Attachment B
Potential Disqualifying Factors — Mental And Emotional Disorders

1. Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D Clinical psychologist) that the individual has an illness or mental condition which may result in a defect in judgment or reliability.
2. Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D Clinical psychologist), may cause a defect in judgment or reliability.
3. A diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D Clinical psychologist) that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.
4. Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.
5. Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.

Should there be any additional Potential Disqualifying Factors? (If yes, list below):

6. _____

7. _____

8. _____

Attachment C
Potential Mitigating Factors — Mental And Emotional Disorders

[Note. To be a potential mitigating factor, the actions/circumstances must occur *after* the potential disqualifying factor has been established.]

1. There is no information available to mitigate this disqualifying factor.
2. Diagnosis by competent medical authority that an individual's previous mental or emotional illness or condition that did cause defect in judgment or reliability is cured and has no probability of recurrence, or such a minimal probability of recurrence as to reasonably estimate there will be none.
3. The contributing factors or circumstances which caused the bizarre conduct or traits, abnormal behavior, or defect in judgment and reliability have been eliminated or rectified, there is a corresponding alleviation of the individual's condition and the contributing factors or circumstances are not expected to recur.
4. Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
5. There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
6. There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.

Should there be any additional Potential Mitigating Factors? (If yes, list below):

7. _____

8. _____

Should any of the above Potential Mitigating Factors be modified? (If yes, list how it should be modified below):

Step 4. Making the Questionnaire Ratings

In this step, you are asked to evaluate whether various combinations of potential disqualifying and mitigating factors enable an individual being considered for access to sensitive information or assignment to sensitive duties to meet the positive standards described in Attachment A. More specifically, for each situation describing a potential disqualifying and mitigating factor combination, you are asked to assess whether or not the situation (independent of any additional negative information) now indicates that an individual can perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Please read each situation shown in Appendix D and choose one of the following responses:

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Then record the appropriate number in the blank to the left of the situation.

Example

Below is a sample situation and response. It describes a situation involving a potential disqualifying factor ("Diagnosis by competent medical authority ... that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.") and a potential mitigating factor ("There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.").

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
1. _____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.

After reading this situation and considering the general adjudicative guidelines in Attachment A, this reviewer felt strongly that an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, the reviewer put a "4" ("strongly believe individual can exercise the necessary care, judgment, and discretion") in the "Rating" column for this item.

A second reviewer might examine the same item but not believe an individual in this situation would have the ability to perform assigned duties and exercise the care, judgment, and discretion necessary to safeguard classified information. Thus, this reviewer would have put a "2" ("do not believe individual can exercise the necessary care, judgment, and discretion") in the left hand "Rating" column for this item.

We realize that every case will have unique circumstances associated with it. However, we would still like your best assessment based on the average or typical case in a given situation.

Now please rate each of the 24 situations shown in Attachment D using the 4 point scale. If you have any questions about how to make these judgments, please call either Mike Bosshardt of PDRI at (612) 331-3680 or Kent Crawford of PERSEREC at Autovon 878-2448 or commercial (408) 373-3073.

Attachment D

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	in conjunction with this Potential Mitigating Factor
1. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	There is no information available to mitigate this disqualifying factor.
2. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	Diagnosis by competent medical authority that an individual's previous mental or emotional illness or condition that did cause defect in judgment or reliability is cured and has no probability of recurrence, or such a minimal probability of recurrence as to reasonably estimate there will be none.
3. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
4. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
5. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual has an illness or mental condition which may result in a significant defect in judgment or reliability.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.
6. ____	Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist), may cause a defect in judgment or reliability.	There is no information available to mitigate this disqualifying factor.

- 4 = **Strongly believe** individual can exercise the necessary care, judgment and discretion
 3 = **Believe** individual can exercise the necessary care, judgment and discretion
 2 = **Do not believe** individual can exercise the necessary care, judgment and discretion
 1 = **Strongly do not believe** individual can exercise the necessary care, judgment and discretion

Situation			
Rating	Potentially Disqualifying Factor	in conjunction with this	Potential Mitigating Factor
7. _____	Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist), may cause a defect in judgment or reliability.		The contributing factors or circumstances which caused the bizarre conduct or traits, abnormal behavior, or defect in judgment and reliability have been eliminated or rectified, there is a corresponding alleviation of the individual's condition and the contributing factors or circumstances are not expected to recur.
8. _____	Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist), may cause a defect in judgment or reliability.		There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
9. _____	Conduct or personality traits that are bizarre or reflect abnormal behavior or instability even though there has been no history of mental illness or treatment, but which nevertheless, in the opinion of competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist), may cause a defect in judgment or reliability.		There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.
10. _____	A diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.		There is no information available to mitigate this disqualifying factor.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
11. _____	A diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.	Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
12. _____	A diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
13. _____	A diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that the individual suffers from mental or intellectual incompetence or mental retardation to a degree significant enough to establish or suggest that the individual could not recognize, understand or comprehend the necessity of security regulations, or procedures, or that judgment or reliability are significantly impaired, or that the individual could be influenced or swayed to act contrary to the national security.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.
14. _____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	There is no information available to mitigate this disqualifying factor.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
15. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	Diagnosis by competent medical authority that an individual's previous mental or emotional illness or condition that did cause defect in judgment or reliability is cured and has no probability of recurrence, or such a minimal probability of recurrence as to reasonably estimate there will be none.
16. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	The contributing factors or circumstances which caused the bizarre conduct or traits, abnormal behavior, or defect in judgment and reliability have been eliminated or rectified, there is a corresponding alleviation of the individual's condition and the contributing factors or circumstances are not expected to recur.
17. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
18. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
19. ____	Diagnosis by competent medical authority (board certified or board eligible psychiatrist; licensed or license eligible Ph.D. Clinical psychologist) that an illness or condition that had affected judgment or reliability may recur even though the individual currently manifests no symptoms, or symptoms currently are reduced or in remission.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.
20. ____	Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.	There is no information available to mitigate this disqualifying factor.

- 4 = Strongly believe** individual can exercise the necessary care, judgment and discretion
3 = Believe individual can exercise the necessary care, judgment and discretion
2 = Do not believe individual can exercise the necessary care, judgment and discretion
1 = Strongly do not believe individual can exercise the necessary care, judgment and discretion

Situation		
Rating	Potentially Disqualifying Factor	Potential Mitigating Factor
21. _____	Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.	Diagnosis by competent medical authority that an individual's previous mental or emotional illness or condition that did cause defect in judgment or reliability is cured and has no probability of recurrence, or such a minimal probability of recurrence as to reasonably estimate there will be none.
22. _____	Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.	Evidence of the individual's continued reliable use of prescribed medication for a period of at least two years, without recurrence, and testimony by competent medical authority that continued maintenance of prescribed medication is medically practical and likely to preclude recurrence of the illness or condition affecting judgment or reliability.
23. _____	Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 5 years.
24. _____	Failure to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failing to follow medical advice relating to treatment of the illness or mental condition.	There has been no evidence of a psychotic condition, a serious or disabling neurotic disorder, a serious character or personality disorder, or mental or intellectual incompetence for the past 10 years.

End of ratings. Thank you very much for your assistance. Please enclose your questionnaire and a copy of your vita/resume in the return envelop provided.

Do you have any comments about either this questionnaire or about the DoD adjudicative guidelines and standards?

(Use page 16 if necessary)

Appendix C

Biographical Information for Alcohol Abuse, Drug Abuse, and Mental/Emotional Disorders Questionnaire Samples

Alcohol Questionnaire Sample: Biographical Information

Employing organization:

- 9 Department of Defense/Military
- 6 Private clinical practice
- 3 College or university
- 2 Government agency (other than those listed above)
- 1 Other

Years professional experience in alcohol abuse:

M = 20.3 yrs.; SD = 12.8 yrs.

Age:

M = 47.5 yrs., SD = 15.0 yrs.

Sex:

- 21 Male
- 0 Female

Race:

- 20 White or Caucasian
- 1 No response

Education (highest level attained):

- 10 Completed graduate or professional degree
- 11 Post-graduate work

Major field of study for highest degree:

- 3 Clinical Psychology**
- 2 Counseling Psychology**
- 5 Psychology (no specialty given)**
- 9 Medicine/Psychiatry**
- 1 Pharmacology/Biochemistry/Biophysics**
- 1 Social Work**

Experience assessing the reliability of individuals for access to classified information?

- 20 Yes**
- 1 No**

Currently have a security clearance?

- 16 Yes**
- 4 No**
- 1 No Response**

Drug Questionnaire Sample: Biographical Information

Employing organization:

- 4 Department of Defense/Military
- 6 Private clinical practice
- 4 College or university
- 2 Government agency (other than those listed above)

Years professional experience in area of drug abuse:

M = 18.8 yrs.; SD = 12.2 yrs.

Age:

M = 49.3 yrs.; SD = 16.9 yrs.

Sex:

- 16 Male
- 0 Female

Race:

- 16 White or Caucasian

Education (highest level attained):

- 7 Completed graduate or professional degree
- 9 Post-graduate work

Major field of study for highest degree:

- 3 Clinical Psychology
- 2 Counseling Psychology
- 3 Psychology (no specialty given)
- 7 Medicine/Psychiatry
- 1 Pharmacology/Biochemistry/Biophysics

Experience assessing the reliability of individuals for access to classified information?

13 Yes
3 No

Currently have a security clearance?

9 Yes
6 No
1 No Response

Mental/Emotional Disorders Questionnaire Sample: Biographical Information

Employing organization:

- 7 Department of Defense/Military
- 5 Private clinical practice
- 3 College or university
- 1 Government agency (other than those listed above)

Years professional experience in area of mental/emotional disorders:

M = 21.1 yrs.; SD = 14.6 yrs.

Age:

M = 48.4 yrs.; SD = 18.0 yrs.

Sex:

- 16 Male
- 0 Female

Race:

- 16 White or Caucasian

Education (highest level attained):

- 8 Completed graduate or professional degree
- 8 Post-graduate work

Major field of study for highest degree:

- 3 Clinical Psychology
- 2 Counseling Psychology
- 4 Psychology (no specialty given)
- 7 Medicine/Psychiatry

Experience assessing the reliability of individuals for access to classified information?

16 Yes

0 No

Currently have a security clearance?

12 Yes

3 No

1 No Response

Appendix D

Descriptive Statistics for Alcohol Abuse Questionnaire Items

**Summary Statistics for Responses to the Survey of
Alcohol Abuse Adjudicative Criteria:**

Means, Standard Deviations, and Frequency Distributions

	Mean	SD	Response Option			
			1	2	3	4
1.	1.19	.39	17	4	0	0
2.	2.24	.53	1	14	6	0
3.	2.48	.59	1	9	11	0
4.	2.95	.65	0	5	12	4
5.	3.05	.49	0	2	16	3
6.	3.67	.47	0	0	7	14
7.	1.43	.66	14	5	2	0
8.	2.29	.63	2	11	8	0
9.	2.52	.59	1	8	12	0
10.	2.76	.68	1	5	13	2
11.	2.86	.64	1	3	15	2
12.	3.57	.49	0	0	9	12
13.	1.19	.39	17	4	0	0
14.	1.90	.68	6	11	4	0
15.	2.14	.64	3	12	6	0
16.	2.62	.58	1	6	14	0
17.	2.76	.68	1	5	13	2
18.	3.55	.50	0	0	9	11
19.	1.20	.40	16	4	0	0
20.	1.80	.68	7	10	3	0
21.	2.25	.83	5	5	10	0
22.	2.70	.71	2	3	14	1
23.	2.75	.62	1	4	14	1
24.	3.55	.50	0	0	9	11
25.	1.25	.43	15	5	0	0
26.	1.70	.64	8	10	2	0
27.	2.15	.73	4	9	7	0
28.	2.70	.71	2	3	14	1
29.	2.65	.65	1	6	12	1
30.	3.40	.73	1	0	9	10

	Mean	SD	Response Option			
			1	2	3	4
31.	1.15	.36	17	3	0	0
32.	1.95	.74	6	9	5	0
33.	2.25	.77	4	7	9	0
34.	2.85	.57	1	2	16	1
35.	2.75	.54	0	6	13	1
36.	3.45	.59	0	1	9	10
37.	1.15	.36	17	3	0	0
38.	2.10	.77	5	8	7	0
39.	2.35	.73	3	7	10	0
40.	2.90	.77	2	1	14	3
41.	2.80	.68	1	4	13	2
42.	3.60	.49	0	0	8	12
43.	1.20	.40	16	4	0	0
44.	1.80	.75	8	8	4	0
45.	2.26	.71	3	8	8	0
46.	2.74	.64	1	4	13	1
47.	2.89	.45	0	3	15	1
48.	3.47	.50	0	0	10	9
49.	1.21	.41	15	4	0	0
50.	1.63	.67	9	8	2	0
51.	2.05	.69	4	10	5	0
52.	2.47	.75	3	4	12	0
53.	2.63	.74	1	7	9	2
54.	3.35	.65	0	2	9	9
55.	1.25	.54	16	3	1	0
56.	1.75	.77	9	7	4	0
57.	2.05	.86	6	8	5	1
58.	2.50	.81	4	2	14	0
59.	2.65	.57	0	8	11	1
60.	3.50	.59	0	1	8	11

	Mean	SD	Response Option			
			1	2	3	4
61.	1.25	.54	16	3	1	0
62.	1.60	.73	11	6	3	0
63.	1.70	.71	9	8	3	0
64.	2.20	.81	5	6	9	0
65.	2.30	.84	5	4	11	0
66.	3.10	.94	2	2	8	8

Appendix E

Descriptive Statistics for Drug Abuse Questionnaire Items

**Summary Statistics for Responses to the Survey of
Drug Abuse Adjudicative Criteria:**

Means, Standard Deviations, and Frequency Distributions

	Mean	SD	Response Option			
			1	2	3	4
1.	2.19	.73	3	7	6	0
2.	2.44	.70	1	8	6	1
3.	3.00	.79	0	5	6	5
4.	3.13	.70	0	3	8	5
5.	3.50	.50	0	0	8	8
6.	3.81	.39	0	0	3	13
7.	2.00	.87	5	7	3	1
8.	2.19	.53	1	11	4	0
9.	2.63	.70	1	5	9	1
10.	2.88	.48	0	3	12	1
11.	3.31	.46	0	0	11	5
12.	3.81	.39	0	0	3	13
13.	1.25	.43	12	4	0	0
14.	1.69	.68	7	7	2	0
15.	2.31	.77	3	5	8	0
16.	2.69	.68	0	7	7	2
17.	2.94	.75	0	5	7	4
18.	3.50	.50	0	0	8	8
19.	1.19	.39	13	3	0	0
20.	1.63	.70	8	6	2	0
21.	1.94	.83	6	5	5	0
22.	2.50	.61	0	9	6	1
23.	3.00	.61	0	3	10	3
24.	3.50	.50	0	0	8	8
25.	1.13	.33	14	2	0	0
26.	1.38	.48	10	6	0	0
27.	1.56	.61	8	7	1	0
28.	1.88	.78	6	6	4	0
29.	2.50	.87	3	3	9	1
30.	3.00	.94	2	1	8	5

	Mean	SD	Response Option			
			1	2	3	4
66.	2.38	.48	0	10	6	0
67.	2.81	.39	0	3	13	0
68.	1.25	.43	12	4	0	0
69.	1.88	.70	5	8	3	0
70.	2.38	.78	3	4	9	0
71.	1.19	.39	13	3	0	0
72.	2.31	.85	4	3	9	0
73.	1.38	.48	10	6	0	0
74.	1.81	.53	4	11	1	0
75.	1.06	.24	15	1	0	0

Appendix F

Descriptive Statistics for Mental or Emotional Disorders Questionnaire Items

**Summary Statistics for Responses to the Survey of
Mental and Emotional Disorders Adjudicative Criteria:
Means, Standard Deviations, and Frequency Distributions**

	Mean	SD	Response Option			
			1	2	3	4
1.	1.31	.46	11	5	0	0
2.	2.94	.56	0	3	11	2
3.	2.69	.68	2	1	13	0
4.	3.00	.50	0	2	12	2
5.	3.44	.61	0	1	7	8
6.	1.44	.50	9	7	0	0
7.	2.69	.63	1	4	10	1
8.	2.88	.70	0	5	8	3
9.	3.25	.66	0	2	8	6
10.	1.19	.39	13	3	0	0
11.	2.19	.73	3	7	6	0
12.	2.50	.87	2	6	6	2
13.	2.81	.95	2	3	7	4
14.	1.63	.60	7	8	1	0
15.	2.81	.53	0	4	11	1
16.	2.56	.50	0	7	9	0
17.	2.63	.78	2	3	10	1
18.	2.88	.60	0	4	10	2
19.	3.31	.46	0	0	11	5
20.	1.06	.24	15	1	0	0
21.	2.63	.60	0	7	8	1
22.	2.31	.68	2	7	7	0
23.	2.63	.60	0	7	8	1
24.	3.06	.75	0	4	7	5

Appendix G

Participants in the Drug Abuse, Alcohol Abuse, and Mental/Emotional Disorders Adjudicative Standards Workshops

**DEPARTMENT OF DEFENSE
ADJUDICATION CRITERIA WORKSHOPS
(MARRIOTT CRYSTAL GATEWAY HOTEL)**

**DRUG ABUSE
CRITERIA
TUES 30 OCTOBER**

**ALCOHOL ABUSE
CRITERIA
WED 31 OCTOBER**

**MENTAL/EMOTIONAL
CRITERIA
THURS 1 NOVEMBER**

A. SUBJECT MATTER EXPERTS

1. DR. GRAVITZ
2. MAJ HARTNETT
3. LTCOL HIBLER
4. MAJ HOFFMAN
5. DR. REES
6. MAJ ROLAND
7. CAPT SCARAMOZZINO
8. DR. SHEA
9. MR. SUDDUTH

1. DR. ALLEN
2. LTC CROSS
3. LT GELLES
4. CAPT GRODIN
5. MAJ HARTNETT
6. LTCOL HIBLER
7. MAJ. HOFFMAN
8. LTC KOWAL
9. MAJ ROLAND
10. MAJ ROLLINS
11. COL ROSATO
12. CAPT SCARAMOZZINO
13. DR. SURETTE

1. COL FAGAN
2. LT GELLES
3. DR. GRAVITZ
4. CAPT GRODIN
5. LTCOL HIBLER
6. DR. MACKENZIE
7. DR. REYNOLDS
8. MAJ ROLAND
9. MAJ ROLLINS
10. COL ROSATO

**B. SUPPORT PERSONNEL
(ALL THREE WORKSHOPS)**

1. DON CAF (1)
2. CCF (1)
3. AFSCO (1)
4. DISCR (2)
5. DODSI (1)

6. OUSD(SP) (1)
 7. OUSD(HA) (1)
 8. PERSEREC (2)
 9. PDRI (1)
-

SUBJECT MATTER EXPERTS

1. Dr. John Allen - Researcher, National Institute of Alcohol Abuse
2. LTC Gerald Cross - Psychiatrist, Substance Abuse Consultant to the Army Surgeon General
3. COL Joe Fagan - Psychiatrist, Army Health Professional Support Agency, Psychiatry Consultant to the Army Surgeon General
4. LT Michael Gelles - Psychologist, National Naval Medical Center, Bethesda Naval Hospital
5. Dr. Melvin Gravitz - Psychologist, Professor, George Mason University (Formerly at Bethesda Naval Hospital)
6. CAPT Douglas Grodin - Psychiatrist, Director of Tri-Service Treatment, National Naval Medical Center, Bethesda Naval Hospital
7. Maj Frank Hartnett - Psychologist, Air Force Intelligence Service, Bolling AFB
8. LtCol Neil Hibler - Psychologist, Air Force Office of Special Investigations
9. MAJ Kenneth Hoffman - Psychiatrist - Department of Preventive Medicine, Uniformed Services University of the Health Sciences
10. LTC Dennis Kowal - Psychologist - Army Intelligence Command
11. Dr. Thayer MacKenzie - Psychiatrist - Private Practice, Washington, D.C. area
12. Dr. Richard Rees - Psychologist, Central Intelligence Agency
13. Dr. Mike Reynolds - Psychologist - Central Intelligence Agency
14. MAJ Robert Roland - Psychologist, 1st Special Operations Command, Ft. Bragg
15. MAJ Ken Rollins - Psychologist, Army Intelligence Command
16. Col Louis Rosato - Doctor of Social Work, Chairman, Department of Social Work, Malcolm Grow Medical Center, Social Work Consultant to the Air Force Surgeon General
17. CAPT Jim Scaramazzino - Psychologist, Navy Bureau of Medicine and Surgery, Psychology Consultant to the Navy Surgeon General
18. Dr. Jane Shea - Psychologist, Behavioral Factors, Inc.
19. Mr. Jack Sudduth - President, Behavioral Factors, Inc.
20. Dr. Ralph Surette - Psychologist, Supervisor for Pentagon Employee Referral Service

SUPPORT PERSONNEL

1. Ms. Frederica Ahrens, Navy Central Adjudication Facility
2. Ms. Margaret Baden - Air Force Security Clearance Office
3. Mr. Mike Bosshardt - Personnel Decisions Research Institutes
4. Mr. Peter Brock - Office of the Assistant Secretary of Defense (Health Affairs)
5. Dr. Ralph Carney - Defense Personnel Security Research and Education Center
6. Dr. Kent Crawford - Defense Personnel Security Research and Education Center
7. Ms. Maria DeMarco, Army Personnel Security Central Clearance Facility
8. Mr. Jim Hall, Directorate for Industrial Security Clearance Review
9. Mr. Peter Nelson - Office of the Deputy Under Secretary of Defense (Security Policy)
10. Mr. Ron Morgan, Department of Defense Security Institute
11. Mr. Leo Schachter, Director, Directorate for Industrial Security Clearance Review
12. Mr. Leo Smith, Department of Defense Security Institute
13. Mr. Tony Stolz, Defense Investigative Service
14. Mr. Kenneth Sudol, Department of Defense Security Institute

Appendix H

Revised Adjudicative Guidelines for Alcohol Abuse, Drug Abuse, and Mental/Emotional Disorders

POTENTIAL DISQUALIFYING/MITIGATING FACTORS

ALCOHOL ABUSE AND ALCOHOLISM/ALCOHOL DEPENDENCE

Basis: Diagnosis or other evidence indicating alcohol abuse or alcoholism, including habitual or episodic use of alcohol to excess.

GENERAL NOTE. Behavior may include, but is not limited to, one or more of the following potentially disqualifying factors:

Potentially Disqualifying Factor 1. Diagnosis of alcoholism/alcohol dependence by credentialed authority (psychiatrist, physician, or clinical psychologist).

Mitigating Factor 1. Successful subsequent completion of an alcohol treatment program including:

- a. successful completion of an initial inpatient or outpatient rehabilitation phase, and
- b. after the initial rehabilitation phase, strict compliance with and completion of aftercare requirements, and
- c. regular and frequent participation in meetings of Alcoholics Anonymous or a similar organization, and
- d. total abstention from alcohol, and
- e. a 1-year period since completion of initial rehabilitation and, if feasible to obtain, a favorable prognosis by a credentialed authority.

SPECIFIC NOTE REGARDING MITIGATING FACTOR 1e. Central adjudication facilities have the choice of whether or not to grant a clearance after successful completion of the initial rehabilitation phase with a favorable prognosis by a credentialed authority. If a clearance is granted, there should be 3 consecutive months of successfully meeting the aftercare requirements to include total abstinence. Also, any subsequent use of alcohol after this clearance must result in immediate suspension of access pending completion of the above 1-year period and final adjudication.

Potentially Disqualifying Factor 2. Participation in an alcohol rehabilitation and aftercare program (not to include alcohol awareness and education programs) with subsequent on- or off-job alcohol-related incidents.

Mitigating Factor 2. Successful subsequent completion of an alcohol treatment program including:

- a. successful completion of an initial inpatient or outpatient rehabilitation program, and
- b. after the initial rehabilitation phase, strict compliance with and completion of aftercare requirements, and
- c. regular and frequent participation in meetings of Alcoholics Anonymous or a similar organization, and
- d. total abstention from alcohol, and
- e. a 2-year period since completion of initial rehabilitation and, if feasible to obtain, a favorable prognosis by a credentialed authority.

SPECIFIC NOTE REGARDING MITIGATING FACTOR 2e. Adjudication facilities cannot grant an early clearance in these cases.

Potentially Disqualifying Factor 3. Diagnosis of alcohol abuse by a credentialed authority.

Mitigating Factor 3. Subsequent compliance with medical, counseling, or professional advice, including:

- a. evidence of significantly reduced alcohol consumption for 6 months (if feasible, followed by a favorable prognosis by a credentialed authority), and
- b. positive changes in life-style supportive of sobriety and, where relevant, improvements in job reliability, or
- c. initial determination of a favorable prognosis by a credentialed authority.

Potentially Disqualifying Factor 4. Evidence from other than credentialed authority indicating habitual or episodic consumption of alcohol to the point of impairment or intoxication.

Mitigating Factor 4a. After subsequent referral by the adjudication facility, the diagnosis by credentialed authority is that the individual is not an alcohol abuser or an alcoholic/alcohol dependent, or

Mitigating Factor 4b. If the new diagnosis by credentialed authority indicates the individual is an alcoholic/alcohol dependent, or an alcohol abuser, see Mitigating Factors 1 and 3, or

Mitigating Factor 4c. If there is no new diagnosis by credentialed authority, there should be:

- (1) reliable evidence of significantly reduced alcohol consumption for 2 years, and
- (2) positive changes in life style supportive of sobriety and, where, relevant, improvements in job reliability.

Potentially Disqualifying Factor 5. Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, or other criminal incidents related to alcohol consumption or alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job.

Mitigating Factor 5a. After subsequent referral by the adjudication facility, the diagnosis by credentialed authority is that the individual is not an alcohol abuser or an alcoholic/alcohol dependent, or

Mitigating Factor 5b. If the new diagnosis by credentialed authority indicates the individual is an alcoholic/alcohol dependent or an alcohol abuser, see Mitigating Factors 1 and 3, or

Mitigating Factor 5c. Reliable evidence of significantly reduced alcohol consumption or abstinence for 2 years and positive changes in life style supportive of sobriety and, where relevant, improvements in job reliability, and

Mitigating Factor 5d. No alcohol incidents away from work in the last 2 years and no job-related incidents in the last 5 years.

NOTE REGARDING MITIGATING FACTOR 5. If feasible, central adjudication facilities should request an evaluation for alcohol abuse/alcoholism/alcohol dependence if two or more of these incidents resulted in arrest and formal charges by military or civilian police during the last 5 years.

POTENTIAL DISQUALIFYING/MITIGATING FACTORS

DRUG ABUSE

Basis: Illegal or improper use, possession, transfer, sale or addiction to any controlled or psychoactive substance, narcotic, cannabis, or other dangerous drug.

GENERAL NOTE. Behavior may include, but is not limited to, one or more of the following potentially disqualifying factors:

Potentially Disqualifying Factor 1. Use of cannabis one or two times during the previous 3 years.

Mitigating Factor 1. The last use of cannabis occurred over 6 months ago, and:

- a. the use was not in combination with the illegal use of any other drug, and
- b. The individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 2. Use of cannabis during the previous 3 years at an average frequency of less than once a month.

Mitigating Factor 2. The last use of cannabis occurred more than 12 months ago, and:

- a. the use was not in combination with the use of any other illegal drug, and
- b. the individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 3. Use of cannabis during the previous 3 years at an average frequency of once a month to once a week.

Mitigating Factor 3. The last use of cannabis occurred more than 18 months ago, and:

- a. the use was not in combination with the use of any other illegal drug, and
- b. the individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 4. Use of cannabis during the previous 3 years at an average frequency of more than once a week.

Mitigating Factor 4. The last use of cannabis occurred more than 2 years ago, and:

- a. the use was not in combination with the use of any other illegal drug, and
- b. the individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 5. Use of any narcotic, psychoactive substance, dangerous drug, or prescription drug (except as directed by a competent medical authority), one or two times.

Mitigating Factor 5. The last use occurred more than 1 year ago, and the individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 6. Use of any narcotic, psychoactive substance, dangerous drug, or prescription drug (except as directed by a competent medical authority) either alone, or in combination with another or cannabis, at an average frequency of less than once a month.

Mitigating Factor 6. The last use occurred more than 2 years ago, and the individual has stated an intent not to use cannabis or any other illegal drug in the future.

Potentially Disqualifying Factor 7. Use of any narcotic, psychoactive substance, dangerous drug, or prescription drug (except as directed by a competent medical authority) either alone, or in combination with another or cannabis, at a an average frequency of once a month or more.

Mitigating Factor 7. The last use occurred more than 5 years ago, and the individual has stated an intent not to use cannabis or any other illegal drug in the future, and the individual has a stable life style and satisfactory employment record.

Potentially Disqualifying Factor 8. Involvement to any degree in the unauthorized trafficking, cultivation, processing, manufacture, sale, or distribution of any narcotic, dangerous drug, or cannabis, or assistance to those involved in such acts whether or not the individual was arrested for such activity.

Mitigating Factor 8a. Involvement in trafficking, processing, manufacture, sale, or distribution described in the disqualifying factor occurred more than 5 years ago, and:

- (1) the individual has stated an intent not to do so in the future, and
- (2) the individual has a stable life style and satisfactory employment record, and
- (3) there has been no subsequent involvement in any other criminal activity.

Mitigating Factor 8b. Cultivation occurred more than 3 years ago, and:

- (1) the individual has stated an intent not to do so in the future, and
- (2) the cultivation was for personal use only, in a limited amount, and for a limited period, and
- (3) the individual has not subsequently been involved in similar activity or other criminal activity.

Mitigating Factor 8c. The illegal sale or distribution involved only the sale of small amounts to friends, and:

- (1) it was not for profit or to finance a personal supply, and
- (2) it occurred on only a few occasions more than 2 years ago, and
- (3) the individual has stated an intent not to do so in the future.

Potentially Disqualifying Factor 9. Possession of narcotics, dangerous drugs, cannabis, or drug paraphernalia, under the following conditions whether or not the individual engages in personal use or was criminally charged:

- a. Possession of small amounts of cannabis for personal use.
- b. Possession of small amounts of nonprescribed narcotics or dangerous drugs for personal use.
- c. Possession of personal drug paraphernalia such as needles for injecting, smoking devices, etc.
- d. Possession of a substantial amount of cannabis, more than could be expected for personal use.
- e. Possession of a substantial amount of narcotics or dangerous drugs, more than could be expected for personal use.
- f. Possession of drug paraphernalia that could be reasonably expected to be used only for cultivation.
- g. Possession of drug paraphernalia for manufacturing or distributing (e.g., possession of gram scales, smoking devices, needles for injecting intravenously, empty capsules, or other drug paraphernalia.)

Mitigating Factor 9: Each mitigating subfactor (9a to 9g) corresponds with disqualifying subfactors 9a to 9g.

- a. Possession of small amounts of cannabis for personal use, occurred more than 6 months ago, and there has been no subsequent criminal activity.
- b. Possession of small amounts of nonprescribed narcotics or dangerous drugs for personal use, occurred more than 1 year ago, and there has been no subsequent criminal activity.
- c. The individual has not possessed drug paraphernalia for personal use in the last year and there has been no subsequent criminal activity.
- d. The individual has not possessed substantial amounts of cannabis in the last 2 years and there has been no subsequent criminal activity.
- e. The individual has not possessed substantial amounts of narcotics or dangerous drugs in the last 3 years and there has been no subsequent criminal activity.
- f. The individual has not possessed drug paraphernalia for personal use in cultivation for the last 3 years and there has been no subsequent criminal activity.
- g. The individual has not possessed drug paraphernalia used in manufacture or distribution for the last 5 years and there has been no subsequent criminal activity.

Definitions:

- 1. Narcotic. Opium and opium derivatives or synthetic substitutes.
- 2. Dangerous Drug. Any of the non-narcotic drugs which are habit forming or have a potential for abuse because of their stimulant, depressant or hallucinogenic effect.
- 3. Cannabis. The intoxicating products of the hemp plant, Cannabis Sativa, including but not limited to marijuana, hashish, and hashish oil.

POTENTIAL DISQUALIFYING/MITIGATING FACTORS

MENTAL/EMOTIONAL DISORDERS

Basis: Any illness, mental condition, or dysfunctional behavior, which, in the opinion of competent credentialed mental health authority, may cause a material defect in the ability and/or willingness to properly safeguard classified information or perform sensitive duties.

GENERAL NOTE. Behavior may include, but is not limited to, one or more of the following potentially disqualifying factors:

Potentially Disqualifying Factor 1. Determination by credentialed mental health authority (psychiatrist or clinical psychologist) that:

- a. the individual has an illness, mental condition, or exhibits dysfunctional behavior, and
- b. this may result in risk of material defect in the ability and/or willingness to properly safeguard classified information or perform sensitive duties.

Mitigating Factor 1a. Determination on the basis of a new diagnosis by credentialed mental health authority (wherever possible, a multi-axis diagnosis to include a global assessment of functioning) that:

- (1) an individual's previous illness, mental condition, or dysfunctional behavior that caused the material defect is cured, or
- (2) is in remission with an extremely low probability of recurrence, or

Mitigating Factor 1b. Depending on the severity of the material defect, there has been no evidence for the past 5 to 10 years of the mental or emotional illness or condition, or dysfunctional behavior that caused the defect in ability and/or willingness to properly safeguard classified information or perform sensitive duties.

Potentially Disqualifying Factor 2. Evidence that an individual has:

- a. failed to take prescribed medication or participate in treatment (including follow-up treatment or aftercare), or otherwise failed to follow appropriate medical advice relating to treatment of a diagnosed illness, mental condition, or dysfunctional behavior, and
- b. this may result in risk of material defect in the ability and/or willingness to properly safeguard classified information or perform sensitive duties.

Mitigating Factor 2. Determination on the basis of a new global diagnosis by credentialed mental health authority (wherever possible, a multi-axis diagnosis to include a global assessment of functioning) that:

- a. an individual's previous illness, mental condition, or dysfunctional behavior that caused the material defect is cured, or
- b. is in remission with an extremely low probability of recurrence.

GENERAL NOTE. Adjudication facilities may encounter cases with original determinations that do not provide a risk assessment. In these cases, adjudication facilities should either seek a new diagnosis or seek professional assistance in determining whether or not the particular diagnosis would indicate that there is a security risk. In cases where there has been no diagnosis, an adjudicator is required to obtain a current mental health evaluation of an individual only if available medical, social, or job performance history suggest that the individual's mental health has caused a material defect in his or her judgment or reliability regarding the individual's ability and/or willingness to protect classified information or perform sensitive duties in the future.

Appendix I

Suggestions for Improving the DoD Adjudicative Process

Suggestions for Improving the DoD Adjudicative Process

Subject matter experts presented a number of suggestions for improving the adjudicative process during the course of this project. Five of these suggestions are discussed below.

Suggestion 1

DoD could gather systematic evidence regarding the factors and probabilities that individuals in various circumstances will be able to appropriately safeguard classified information. Workshop participants indicated that our current knowledge does not provide sufficient empirical data for making good cutoffs on many of the relevant factors. Therefore, such evidence must be gathered if empirical-based criteria are to be developed. Two possible approaches for gathering this information are outlined below.

- a. Gather information from the clearance adjudication facilities regarding the types, frequencies, and results of various issue cases. This could be accomplished by (1) coding a sample of past issue cases on various descriptors, as well as the subsequent actions of these individuals or (2) coding a sample of current adjudication cases (by including descriptors on the back of adjudication forms) and then tracking the individual's subsequent actions. The coding variables could be identified through discussions with adjudicators and various subject matter experts in the military, government, and industry. Once a sufficient number of cases for a given area are available, probabilistic information would be compiled for relevant descriptors. This information would be summarized in the form of an issue database, and updated on a regular basis using current cases, to provide input to adjudication personnel.
- b. Develop a decision tree on the basis of expert judgment. The first step in accomplishing this is to have DoD subject matter experts (e.g., adjudicators, psychiatrists, clinical psychologists) identify the different variables that impact adjudication decisions in each adjudication area. For example, in the area of drug abuse, workshop participants suggested that the following variables may affect an individual's ability to safeguard classified information: type of action or behavior, age at onset of the behavior, frequency of the behavior, duration of the behavior, potency or seriousness of the behavior, recency of the behavior, legality of the behavior. Once the list of factors for each adjudicative area has been articulated, an expert system for organizing this information could be developed.

Use of the above methods has obvious implications for improving the clearance decision making process. Both approaches ensure that key variables are defined and carefully weighed when arriving at adjudication decisions. Furthermore, both methods

will ensure that clinicians, field personnel, and others who provide input into the decision focus on the most relevant variables. This should result in more accurate and more consistent clearance adjudication decisions.

Suggestion 2

A standard DoD-wide form, letter, or manual for making psychiatric/psychological evaluations could be developed. A recent review of procedures used by various adjudication facilities for collecting and using mental health evaluations indicates that each facility has different procedures (Brown & Enns, 1990). These authors suggest that standardizing such procedures would result in better and more consistent clearance decisions in the adjudication of cases involving mental/emotional disorders. To assist those with limited or no DoD experience, this document should include (a) information on the context of the security clearance judgment, (b) a standard set of descriptors and reporting format, (c) a requirement for making a prognosis of relevant future behaviors, in addition to a diagnosis, and (d) a glossary or definitions section available for each subject area. The objective of this document would be to improve the relevance, consistency, and completeness of these evaluations. Another beneficial consequence would be a reduction in the overall amount of time required to adjudicate some clearances because it would reduce the number of cases in which additional information would have to be gathered.

Suggestion 3

A glossary of key terms involved in the collection and interpretation of adjudicative criteria could be developed. This glossary should define relevant terms, provide examples, and identify relevant source documents for obtaining additional information. This would facilitate communication among the various groups involved in the adjudication process (e.g., adjudicators, security personnel, investigators, commanders, consultants).

Suggestion 4

DoD could examine the feasibility of revising the criteria for other adjudication areas not addressed in this project. The present review of adjudication standards identified a number of changes in each of the areas considered. This implies that other adjudication areas might also benefit from systematic examination. To identify which areas are of greatest priority, a group of senior adjudicators and subject matter experts could evaluate the adequacy of these remaining adjudication areas. Those areas receiving the lowest adequacy ratings should be considered in future research.

Suggestion 5

DoD could consider the creation of a multidisciplinary panel to provide more input to policymakers on research and practice that could affect adjudicative factors. Representation on this panel might include senior adjudicators, clinical psychologists, psychiatrists, lawyers, personnel security policymakers from headquarters and various DoD service branches).

Reference

Brown, E.E., & Enns, J.H. (1989). *Medical information and personnel security: Phase 1*. Cambridge, MA: Abt Associates Inc.