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OPA-2018-056
PERSEREC-TR-18-13

July 2018

A Personnel Security Training Program for Clinicians: Phase I

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Defense Personnel and Security Research Center
Office of People Analytics

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Released by – Eric L. Lang

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188		
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE:		2. REPORT TYPE: Technical Report		3. DATES COVERED:	
4. TITLE: A Personnel Security Training Program for Clinicians: Phase I		5a. CONTRACT NUMBER:			
		5b. GRANT NUMBER:			
		5c. PROGRAM ELEMENT NUMBER:			
6. AUTHOR(S): Rene M. Dickerhoof, Ph.D., Jessica A. Baweja, Ph.D., Marie M. Osborn, M.A., Catina M. Smith, Ph.D.		5d. PROJECT NUMBER:			
		5e. TASK NUMBER:			
		5f. WORK UNIT NUMBER:			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES): Defense Personnel and Security Research Center Office of People Analytics 400 Gigling Road Seaside, CA 93955		8. PERFORMING ORGANIZATION REPORT NUMBER PERSEREC: There are two report numbers - PERSEREC-TR-18-13 OPA-2018-056			
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES): Performance Accountability Counsel		10. SPONSORING/MONITOR'S ACRONYM(S): PAC			
		11. SPONSORING/MONITOR'S REPORT NUMBER(S):			
12. DISTRIBUTION/AVAILABILITY STATEMENT: A					
13. SUPPLEMENTARY NOTES:					
14. ABSTRACT: Prior DoD personnel security research identified interest in a cadre of personnel-security-trained clinicians (i.e., psychologists and psychiatrists) to consult on mental-health-related background investigation and adjudication issues (Senholzi et al., 2016; Shedler & Lang, 2015). The current initiative assessed this point further by (1) characterizing specific use of and need for clinicians under current mental health vetting procedures, (2) assessing current clinician workload to inform future resource needs, and (3) identifying preexisting personnel security training resources for potential clinician use. Findings confirmed that a cadre of readily accessible consulting clinicians can improve interactions with subjects' mental health providers, interpretation of mental health records, identification of psychological evaluators (particularly for contract employees), and receipt of psychological evaluations based on personnel-security-centric assessment. Although mental health issues are self-reported in only about 15,900 (2.3%) scheduled National Background Investigation Bureau investigations annually (~9,800 initial investigations [1.4%] and ~6,100 periodic reinvestigations [0.9%], respectively), clinician consulting needs applicable to these cases are not inconsequential. Furthermore, this estimate does not include the approximate 3,100 Adjudicative Guideline I: Psychological Condition incident reports that arise in between initial and periodic reinvestigations each year for centrally adjudicated DoD clearances (~6.0% of all DoD incidents reported annually; see Jaros et al., 2017). In many of these instances, a group of consulting clinicians could help to ensure the collection of independent, fair, and standardized psychological feedback. Finally, three preexisting personnel security resources were identified to inform future clinician training program implementation efforts. These three resources are described further in this report along with various "next step" recommendations to move this initiative toward an implementable training solution.					
15. SUBJECT TERMS:					
16. SECURITY CLASSIFICATION OF: Unclassified			17. LIMITATION OF ABSTRACT:	18. NUMBER OF PAGES: 31	19a. NAME OF RESPONSIBLE PERSON: Eric L. Lang, Director
a. REPORT: Unclassified	b. ABSTRACT: Unclassified	c. THIS PAGE: Unclassified			19b. TELEPHONE NUMBER (Include area code): 831-583-2846
Standard Form 298 (Rev. 8/98) Prescribed by ANSI td. Z39.18					

PREFACE

Background investigations for national security positions are conducted to determine whether subjects are reliable, trustworthy, and loyal to the United States. With regard to psychological inquiry, these investigations are intended to ensure personnel are of sound mind and judgment to protect classified information and to hold a sensitive position. Despite the Federal Government's desire to collect mental health information in the most efficient and fair manner possible, these vetting processes are still reliant on subjects' mental health providers (a conflict of interest) and other government-affiliated evaluators (e.g., clinicians at military treatment facilities) who are not versed in the nexus between mental health and personnel security risk.

To improve vetting processes associated with mental health investigation and adjudication, the Defense Personnel and Security Research Center recommends a personnel security training program for clinicians who work for or on behalf of the DoD. Such a program will allow independent, personnel-security-informed clinicians to consult directly with investigators and adjudicators and will help to standardize psychological evaluations for personnel security determinations. This report is Phase I of a multiyear effort; Phase II will examine the skill set required to operate as a personnel security clinician, which will ultimately inform a training curriculum and program implementation options. Phase II will also evaluate this capability as potential shared service capability for other Federal Government departments and agencies.

Eric L. Lang
Director, PERSEREC

EXECUTIVE SUMMARY

Previous efforts to improve DoD mental health-related vetting point to a need for personnel-security-trained clinicians (i.e., psychologists and psychiatrists) to assist with background investigation and adjudication issues (Senholzi, Langham, Smith, & Shechter, 2016; Shedler & Lang, 2015). Specifically, these clinicians are desired to expedite interactions with subjects' mental health providers, to assist with interpretation of mental health records, and to obtain standardized psychological evaluations based on personnel security risk.

On behalf of the Performance Accountability Council's Research & Innovation Program, the purpose of the current initiative was to advance this identified need further by laying the groundwork for a personnel security clinician training program. The specific goals of the initiative were to

- Isolate specific operational need for and use of clinicians by engaging with personnel security subject matter experts (SMEs),
- Assess current clinician workload to inform future resource needs by summarizing available data sources, and
- Evaluate preexisting training resources for clinician use by reviewing relevant training options.

Under current National Background Investigation Bureau (NBIB) investigation processes, subjects' mental health providers are solicited to determine whether their clients are able to protect classified information. After investigators obtain this clinical opinion and any associated medical records (as appropriate), the information is included in the report of investigation (ROI) and the mental health investigation process is considered complete. Major points of contention identified by investigator SMEs during this process—which underscore operational clinician need—include difficulties gaining the cooperation of mental health providers, redundancies with medical release form processes (two releases are sometimes necessary), and interpretational issues when mental health records are acquired.

Alternatively, under current DoD Consolidated Adjudications Facility (DoD CAF) adjudication processes, when adjudicators receive ROIs and evaluate mental health concerns, they often consult with an internal CAF psychologist and/or request an external psychological evaluation before making a personnel security determination. Issues identified by adjudicator and psychologist SMEs during this process—again, underscoring operational clinician need—include interpretation of psychological records and terminology in the ROI, difficulties identifying external psychological evaluators (particularly for contract employees), and receipt of inadequate evaluations (e.g., evaluations may not contain clinician feedback that specifically informs subjects' ability to protect classified information).

An analysis of data shared by SMEs over the course of the study also provided insights into clinician workload. For example, approximately 2.3% of NBIB SF-86 initial investigations and periodic reinvestigations involve a mental health issue (~15,900 annually) and approximately 6.0% of DoD incident reports contain such a concern (~3,100 annually; Jaros, Tadler, Ciani, Senholzi, & Dickerhoof, 2017). To address some of these cases, NBIB conducts approximately 50 reimbursable suitability/security investigations or reopens related to mental health issues, and DoD CAF psychologists oversee approximately 2,700 internal case consults with adjudicators annually. Finally, data from DoD's adjudication case management system suggest that adjudicators request approximately 3,200 evaluations annually that pertain to mental health concerns (to include alcohol/drug or sexual behavior issues). Many of these cases could be referred, in the future, to an independent cadre of readily accessible clinicians who receive specific training on Federal Government personnel security risk.

The training resource review did not yield a large number of preexisting references to be included or repurposed for a clinician personnel security training program. Despite this, however, DoD's Center for Development of Security Excellence provides overarching personnel security training programs, and DoD CAF maintains a slide deck depicting psychological evaluation processes for adjudication purposes. Lastly, in 2006, the American Psychiatric Association published clinician guidance for providing clinical opinions to Federal Government personnel security programs. These three sources—Center for Development of Security Excellence on-line training, DoD CAF slides, and the American Psychiatric Association clinician guidance—should be taken into consideration as clinician training efforts advance.

The following recommendations are advised for “next step” efforts to implement a personnel security training program for mental health clinicians:

- Conduct a job analysis to evaluate the tasks, duties, and responsibilities associated with personnel security clinicians to inform a training curriculum;
- Investigate training implementation options to identify logistical issues and to determine interest in shared service use across the Federal Government; and
- Resolve preexisting mental health vetting issues and gaps:
 - Modify the current SF-86 medical release form process to require use of only one release form for all mental health issue cases,
 - Develop official means to more precisely track mental health investigation and adjudication workload (e.g., psychological consultations and evaluations), and
 - Work toward the goal of reducing reliance on subject mental health providers given the inherent conflict of interest between treating these personnel *and* evaluating their clearance-worthiness.

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INTRODUCTION

On behalf of the Performance Accountability Council's Research and Innovation Program, the Defense Personnel and Security Research Center (PERSEREC), a division of the Office of People Analytics, examined use of clinicians (i.e., psychologists and psychiatrists) who support NBIB and DoD personnel security background investigation and adjudication processes. A better understanding of current mental-health-related vetting practices and associated clinician interactions, as well as an assessment of workload and available personnel security training resources, informs initial steps to implement a standardized clinician training program.¹

This paper reports the results of a Phase I personnel security clinician training needs assessment. A Phase II study will follow, which will focus on identifying the knowledge, skills, abilities, and other characteristics necessary to operate as a personnel-security-trained clinician. Phase II will also evaluate interest in, and feasibly of, establishing this capability as a shared service among other interested Federal Government departments and agencies.

BACKGROUND

Federal Government personnel security proponents have been working to improve mental health vetting processes for many decades. Most recently, Section 21 (aka Q21), *Psychological and Emotional Health*, on the Standard Form 86 (SF-86), *Questionnaire for National Security Positions*, was revised to narrow mental health inquiry to a series of psychological conditions believed to more effectively target security risk.² The ultimate intention of this relative risk approach is to generate follow-up on the greatest number of true positives (i.e., personnel who possess a condition that may pose a threat to national security) while reducing the number of false positives (i.e., personnel who do not possess such a condition).

In addition to examining procedural changes to this new line of mental health inquiry, a recent PERSEREC study also underscored the value of a readily accessible clinician cadre to address Q21 mental health investigation *and* Guideline I: Psychological Condition adjudication issues within DoD (Senholzi, Langham, Smith, & Shechter, 2016). As discussed by these authors, an independent cadre of clinicians working on behalf of the Federal Government would avoid the conflict of interest introduced when soliciting medical opinions or requesting mental health records directly from subjects' mental health providers. (That is, treatment providers should not be both therapeutic advocates and assessors of clearance worthiness.) Furthermore, a clinician cadre would also help to standardize clinician training and evaluation requirements and could ensure that "disinterested" (i.e., subject-agnostic) consultants and evaluators possess a thorough

¹ As of 2018, before being asked to assess individuals' ability to protect classified information, neither subjects' mental health providers nor independent Federal Government clinical evaluators receive any formal training or guidance on the nexus between mental health issues and personnel security risk.

² Changes were approved by the Office of Management and Budget [OMB] in November 2016 and are reflected in the 2016 SF-86 questionnaire.

understanding of the nexus between mental health issues and personnel security risk. Finally, a clinician cadre could also have a direct effect on mental health vetting timeliness. For example, a recent PERSEREC study determined that DoD incident reports associated with Guideline I: Psychological Condition issues take longer to adjudicate or close than do non-Guideline I incidents (183 days vs. 113 days on average; Jaros, Tadle, Ciani, Senholzi, & Dickerhoof, 2017). Thus, a cadre of personnel-security-trained clinicians has the potential not only to improve access to independent mental health professionals and to standardized psychological evaluations but also to streamline the overarching vetting process and expedite case resolution.

CURRENT EFFORT

The purpose of this effort was to evaluate specific operational needs, workload, and training resources applicable to personnel security clinician use. Specifically, researchers at PERSEREC evaluated need (i.e., type of work and potential workload) for independent, security-educated clinician services and identified preexisting personnel security training that could inform the establishment of a clinician training program.

Although the scope of the Performance Accountability Council Project Management Office expands beyond the Office of Personnel Management's (OPM's) National Background Investigations Bureau (NBIB) and DoD's Consolidated Adjudications Facility (DoD CAF), this research focused on investigation and adjudication procedures used by these organizations as an initial starting point. This approach was applied because NBIB conducts approximately 95% of all Executive Branch agency investigations; whereas DoD conducts approximately 75% of all Executive Branch agency adjudications. Future research will assess use of this capability as a shared service for other interested departments and agencies.

The primary research objectives were as follows:

- Characterize operational need for and use of clinicians under current investigation and adjudication processes: When, where, and how are clinicians leveraged within these vetting procedures currently, and how should they be leveraged? Where do investigators and adjudicators experience the greatest need for psychological consultations and evaluations?
- Assess clinician workload to inform future resource needs: How many cases might benefit from a readily available cadre of clinicians who can consult with investigators and adjudicators on the nexus between mental health issues and personnel security risk?
- Review preexisting training resources for clinician use: What training resources exist to bolster development of a clinician training program? Can any preexisting resources be leveraged for use in a preliminary implementation plan?

METHOD

Subject matter experts (SMEs) working within the Federal Government personnel security community (NBIB and DoD specifically) were contacted to better understand mental-health-related vetting processes and to evaluate specific operational needs. SMEs also assisted with workload assessment by providing data from existing operational systems or by offering their own personal tracking records. SME data sources covered information on the number of mental health issues requiring investigation and adjudication broadly, as well as data tapping the number of these cases most likely to be associated with certain clinician services specifically. Finally, researchers at PERSEREC reviewed existing personnel-security-related training to establish a preliminary resource base from which to initiate a security-focused clinician training program. Each of the project methods associated with these activities is described further in the following sections.

SME INTERVIEWS

The first objective of this research was to identify when, where, and how clinicians currently work within NBIB's and DoD's personnel security community to ultimately determine operational needs. To do this, PERSEREC reviewed resources such as OPM's *Investigator's Handbook* (2007), the *Federal Investigative Standards* (Director of National Intelligence, 2012), and the *National Security Adjudicative Guidelines* (Security Executive Agent Directive 4, Director of National Intelligence, 2017).³ This review led to the development of process maps for mental health investigation and adjudication procedures, which were refined by SMEs during a series of in-person and telephone interviews.

In addition to collecting SME feedback on process maps, interviews with these individuals focused on investigator and adjudicator experiences with mental health vetting issues and perceptions of how a security-trained clinician solution could complement and improve current practices. Feedback from the interviews was consolidated into summaries of key vetting issues, which underscore areas where assistance from clinicians is needed.

In total, 19 SMEs participated in semi-structured interviews: 7 within NBIB and 12 within DoD. These individuals included⁴

- DoD CAF psychologists,
- DoD CAF branch chief,
- DoD CAF adjudicator (with Adjudicative Guideline I: Psychological Condition oversight responsibilities),
- DoD CAF legal representative,
- DoD CAF metrics management and program analyst,
- Defense Manpower Data Center Case Adjudications Tracking System data request representatives,

³ Although SEAD 4 (published June 2017) is the most recent authority for the *National Security Adjudication Guidelines*, any cases referenced in the current report were adjudicated under the previous 2005 publication.

⁴ The list of SMEs is presented in the order of actual interactions; all SMEs were engaged through the appropriate chain of command prior to scheduling in-person meetings or telephone calls.

- Center for the Development of Security Excellence (CDSE) program chiefs,
- Military and civilian treatment provider employed at a medical treatment facility,
- Executive program managers at NBIB,
- NBIB quality review manager, and
- NBIB special agents.

WORKLOAD ASSESSMENT

The second objective of this research was to identify relevant data that could help estimate the clinician workload generated by mental-health-related investigation and adjudication. These processes are described next.

Investigation Workload

Under the current personnel security investigation process, investigators reach out to subjects' mental health providers to collect further information relevant to affirmative (i.e., "Yes") SF-86 Q21 responses. Investigators must track down these treatment providers, obtain signatures on medical release forms, and, if applicable and accessible, collect medical records for inclusion in the report of investigation (ROI).⁵

To estimate workload associated with this investigation process, researchers at PERSEREC reviewed information from SMEs on mental health issue cases investigated each year. Specifically, an NBIB quality review manager provided data on the number of *scheduled* initial investigations and periodic reinvestigations (PRs) that require Q21 follow-up, the number of cases *closed* that contain a medical (MEDI) check (i.e., an interview with a mental health provider), and the number of Q21-related reimbursable suitability/security investigations (RSIs) and reopens. RSIs generally occur when more investigative work that goes beyond typical investigation scope is requested by the receiving agency (i.e., the customer). Conversely, reopens occur when an investigation fails to meet coverage requirements as determined by NBIB. Ultimately, the results of the investigation workload analysis provide a general sense of the number of cases occurring annually for which clinicians could be used to improve the quality and efficiency of mental health investigation processes.

Adjudication Workload

Under the current personnel security adjudication process clinicians provide input in two distinct instances. In the first instance, the clinician input comes from one of two internally employed CAF psychologists who offer consultations to CAF adjudicators on an as-needed and voluntary basis. Generally, these CAF psychologist consultations are requested by adjudicators when high-priority mental health concerns exist (e.g., suicide or sexual assault-related issues), when subjects provide rebuttal responses during due

⁵ The ROI is the final report written by the attending investigator; it outlines the findings and conclusions of the investigation.

process, when guidance is needed to understand medical opinions (i.e., psychological evaluations), or when language in investigator’s ROIs cannot not be easily interpreted.

In the second instance, clinician input comes from mental health professionals living in close proximity to investigation subjects. In these cases—and sometimes based on a DoD CAF psychologist’s recommendation—adjudicators request psychological evaluations from independent (CAF external) clinicians to help inform the personnel security clearance eligibility determination. These psychological evaluations are typically conducted by clinicians employed at military treatment facilities who regularly serve the healthcare needs of service members and (sometimes) civilians.⁶ To obtain evaluations for contractors, who cannot go to military treatment facilities, clinicians must be identified elsewhere.⁷

To estimate consultation workload, CAF psychologists provided FY15, FY16, and FY17 data from their personal case-tracking files reflecting the number of mental health issues requiring adjudicator/psychologist engagement. CAF psychologists currently track this workload manually because no formal tracking system for these psychological consultations exists to date.

More formalized data were available for estimating actual evaluation workload. In this instance, the DoD CAF metrics team provided access to information maintained in the operational tracking system for adjudication processes. These data covered case-level FY15, FY16, and FY17 adjudicator “requests for evaluation” made to subjects’ security managers. Although these evaluation requests do not equate to a confirmation that evaluations actually occurred, this data element was deemed a reasonable proxy resource for tapping this anticipated workload.

TRAINING RESOURCE REVIEW

The third objective of this initiative was to identify existing training that is relevant to the needs of a personnel security clinician curriculum. To this end, PERSEREC reviewed accessible resources that could be used to supplement a clinician training program. Training sources identified in this review included (a) DoD CDSE on-line resources, (b) NBIB investigator training, (c) DoD CAF adjudicator training, (d) DoD CAF psychologist training, and (e) clinician resources available to the public or to those with professional memberships (i.e., American Psychological Association, American Psychiatric Association). Review results focused on trainings that were broadly relevant to personnel security vetting within the Federal Government as well as trainings specific to mental health vetting for national security purposes.

⁶ Importantly, CAF psychologists do not provide psychological evaluations themselves.

⁷ DoD CAF is currently evaluating a process to oversee contractor psychological assessments at no cost to subjects. Although no standardized training is associated with this process as of yet, this effort underscores the need for readily accessible clinician evaluation services.

RESULTS

Study results, grouped by research objective, include (a) a description of current mental-health-related vetting processes and identified areas of clinician need, (b) an assessment of clinician workload, and (c) a description of existing training resources that can assist with establishing a clinician training program.

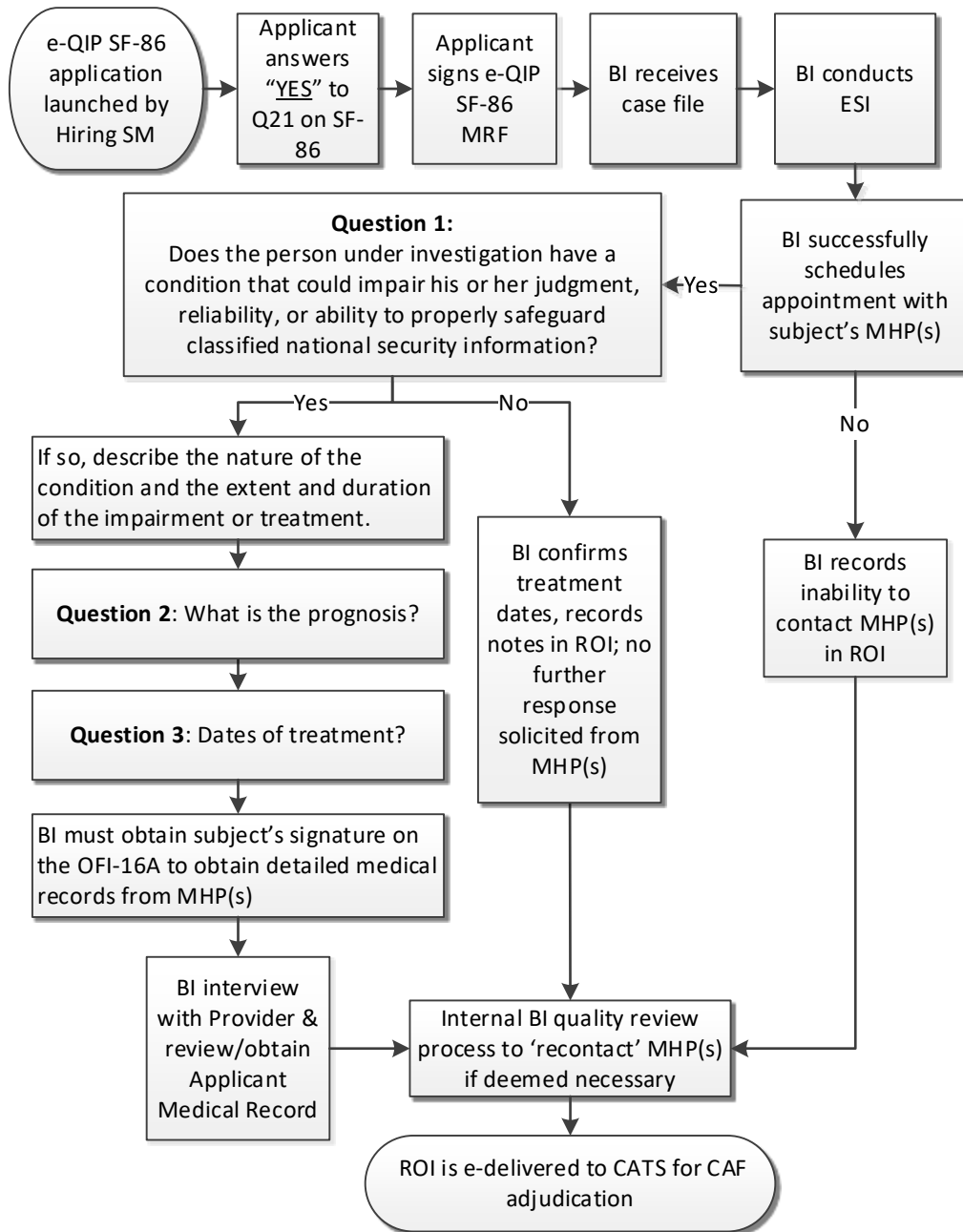
CHARACTERIZING USE OF CLINICIANS

Before implementing a clinician training program, the steps involved in current mental health vetting procedures needed to be documented. Furthermore, the issue areas for mental health vetting needed to be outlined to clarify where and how clinicians might best serve investigators and adjudicators.

Current Clinician Use and Need During Investigation

Figure 1 displays an overarching process map for mental health issue investigation processes. As shown, when an issue is identified, investigators reach out to subjects' mental health providers to elicit opinions regarding their ability to protect classified information. This task requires, at a minimum, use of the SF-86 Health Insurance Portability and Accountability Act (HIPAA) medical release form. However, if treatment providers respond "Yes" to having concerns about subjects' judgment, reliability, or ability to safeguard classified national security information (Q1 on the release form), a more specific release form is necessary. This form, the Office of Personnel Management's Specific Release (i.e., the OFI-16A), authorizes any Federal investigator, special agent, or accredited representative of OPM, or other Federal investigative agency, to obtain additional medical information (e.g., medication sheets, treatment attendance sheets, drug test results).

Upon obtaining feedback based on one or both of these forms—assuming information is deemed sufficient under a quality review process—investigators append the relevant information to the ROIs, and the mental health investigation process is considered complete. If investigators are unable to reach treatment providers after a reasonable number of attempts, they note this in the ROIs, and these cases undergo quality review to ensure that further investigative follow-up is not needed to meet coverage requirements.



E-QIP=Electronic Questionnaires for Investigations Processing; SM=Security Manger; MRF=Medical Release Form; BI=Background Investigator; ESI=Enhanced Subject Interview; MHP=Mental Health Provider; ROI=Report of Investigation; CATS=Consolidated Adjudications Tracking System; CAF=Consolidated Adjudications Facility

The OFI-16A authorizes any Federal Investigator, Special Agent, or accredited representative of the U.S. Office of Personnel Management (OPM), or other Federal investigative agency, to obtain additional medical information (e.g., medication sheets, treatment attendance sheets, drug test results).

Figure 1 Mental Health Background Investigation Process

Results of SME interviews suggest that discrepancies sometimes exist between policy and practice. Most of these discrepancies are related to use and collection of the OFI-16A release form. That is, contrary to the current policy and procedure shown in Figure 1,

some investigators obtain subjects' signatures on the OFI-16A release at the time of the Enhanced Subject Interview prior to first contact with subjects' mental health providers. Using this approach, investigators do not need to re-contact subjects or schedule follow-up appointments with their providers, which can save time and effort for all parties.

Interviews with investigator SMEs also identified several aspects of the investigation process that would benefit from the availability of a personnel security trained clinician cadre. In particular, SMEs stated that clinicians could assist with acquisition of mental health information from subjects' mental health providers. They also expressed need for clinicians to help interpret mental health records (e.g., sometimes investigators have no recourse but to reference Internet sources when confusion regarding mental health issues exists).

In general, investigators experience six common difficulties when conducting mental-health-related investigations.

1. The mental health provider is no longer affiliated with the organization indicated and, therefore, records cannot be located or identified.
2. The mental health provider or treatment facility refuses to respond to an investigator meeting request or will not acknowledge that the subject is or was a client.
3. The mental health provider has not seen the subject in a considerable amount of time and does not feel qualified to answer questions about his/her current judgment, reliability, or trustworthiness to protect national security information.
4. A considerable delay occurs when scheduling a meeting with the mental health provider, resulting in significant delays in the investigation process.
5. The SF-86 HIPAA medical release form does not provide sufficient coverage to obtain necessary psychological records or treatment information:
 - a. The investigator must return to the subject to obtain his/her signature on the OFI-16A (specific release) and then to the subject's mental health provider to ultimately obtain tangible medical records;
 - b. Some mental health providers or facilities (e.g., Kaiser Permanente) do not accept the SF-86 HIPAA medical release form *or* the OFI-16A, but instead require use of their own medical release form.
6. When obtained, and despite any verbal opinions shared by mental health providers, it remains difficult for untrained investigators to interpret and summarize the subject's mental health records.

A cadre of readily accessible clinicians could be consulted to provide quick-turnaround psychological evaluations as an alternative to engaging mental health providers during the investigation to address issues 1 through 5.⁸ Conversely, these clinicians could also help

⁸ Issues 1 through 3, in particular, could immediately trigger an independent personnel security trained clinician evaluation to mitigate missing information.

facilitate information collection via direct interaction with mental health providers (issues 2-5). A clinician cadre could also help with medical record interpretation when further guidance is needed (issue 6).

Current Clinician Use and Need During Adjudication

The process for adjudicating mental health issues is displayed in Figure 2. Following the investigation process and subsequent to quality review, NBIB passes completed case files to DoD CAF for adjudication and clearance eligibility determination. Adjudicators review cases using a whole-person approach, weighing information in the context of individuals' lives, to reach decisions about whether subjects can be trusted to protect classified information. In so doing, adjudicators rely on the Adjudicative Guidelines, specifically Guideline I: Psychological Conditions, to evaluate disqualifying or mitigating factors associated with a given mental health concern.⁹

Applying this whole-person approach to case adjudication requires adjudicators to feel confident in their ability to understand mental health issues and to interpret this information for personnel security determination purposes. Currently, adjudicators can request consultation with DoD CAF psychologists who are onsite as shown in Figure 2. Although only two DoD CAF psychologists are employed in this capacity currently, these staff members work diligently to help resolve mental health cases as needed. In some instances, DoD CAF psychologists may ultimately recommend psychological evaluations within the context of adjudicator consultations. In these cases, adjudicators will include their supervisors (i.e., Branch/Team Chiefs) in further case processing decisions to ensure legal sufficiency review and to garner final approval to proceed.

To facilitate evaluation requests specific to initials, PRs, or incident reports, adjudicators send a package containing three memoranda to subject security managers or hiring officials. The documentation provided in these packets consists of the following:

- Memo to the security manager: The *Request for Medical Evaluation* memo contains instructions specific to the security manager. These instructions call for the security manager to
 - Obtain an acknowledgment of receipt from subjects to ensure awareness of evaluation need, and
 - Identify and request an evaluation from an independent clinical psychologist or board-certified psychiatrist. (Note: Use of the subject's treatment provider is explicitly discouraged for this purpose.)
- Memo to the subject of the investigation: The subject must sign the *Acknowledgment of Receipt for Request for Medical Evaluation* memo before an evaluation can be conducted. This memo, which is sent by the security manager to the subject, must be returned within 10 calendar days to the security management office.

⁹ Although most mental health concerns pertain to Guideline I: Psychological Conditions, consultations at the CAF and psychological evaluations in the field could pertain to Guideline D: Sexual Behavior, Guideline G: Alcohol Consumption, or Guideline H: Drug Involvement and Substance Misuse as well.

- Memo to the clinician who will conduct the evaluation: The *Memorandum for the Evaluating Board-Certified Psychiatrist/Clinical Psychologist* asks the clinician to conduct an evaluation and respond to specific questions regarding the subject’s judgment and reliability.

Ultimately, security managers or hiring officials are responsible for overseeing the psychological evaluation process and for ensuring that all forms (the acknowledgment receipt and the evaluation itself) are returned to DoD CAF adjudicators. Assuming sufficient coverage of mental health concerns by evaluators, adjudicators use psychological evaluations to make a final clearance eligibility determination. Once these determinations are made, subjects’ case files are closed.

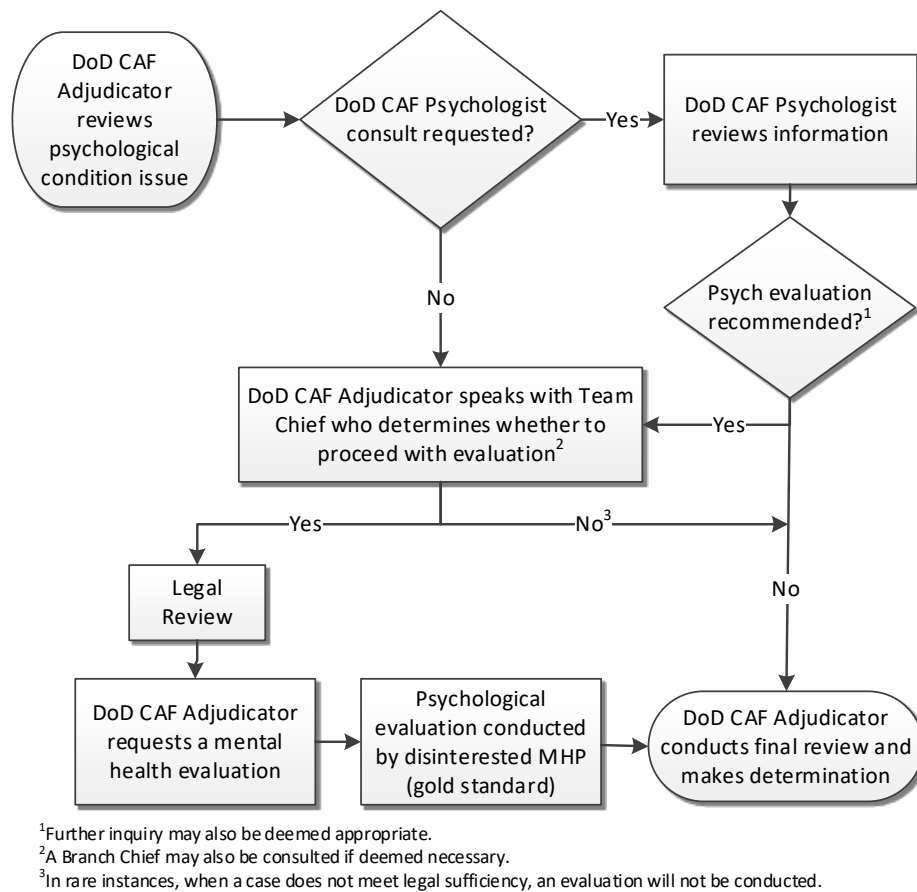


Figure 2 Mental Health Adjudication Process

Interviews with DoD CAF adjudicator SMEs pointed to several areas within the adjudication process that would benefit from access to consulting clinicians. In particular, clinicians could provide services to adjudicators when resolving mental health issue questions and by being readily available to conduct personnel-security-focused psychological evaluations for military, civilian, *and* contractor personnel.

In general, adjudicators experience three common difficulties when conducting mental-health-related adjudications.

- Adjudicators report they do not have the appropriate training to accurately interpret mental health terms and diagnoses when making personnel security determinations. Although two DoD CAF psychologists were hired to address this problem in 2013, this staffing resource may not be sufficient going forward.
- Processing delays occur in the evaluation collection process. For example, security managers may have difficulty identifying a “duly qualified mental health professional (clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government,” (Guideline I, Mitigator C) to provide the evaluation—particularly for contractor employees who cannot be sent to medical treatment facilities. In the past, if a security manager was unable to identify a clinician to perform an evaluation, the subject’s mental health provider may have been used in some instances. This presented a significant conflict of interest, as the treating provider’s primary role is to provide therapy or prescribe medication (i.e., the treating provider is the subject’s advocate).
- Psychological evaluations sometimes lack information necessary to make final determinations. Although DoD CAF developed a slide deck that outlines specific guidance on how to conduct psychological evaluations for national security clearance determinations, this resource does not reach all evaluators. Likewise, the memorandum to evaluators (from security managers) provides guidance on what to include in mental health evaluations, but these evaluations can still be insufficient. For example, some evaluations returned to DoD CAF reflect a “character” or “fit-for-duty” assessment, which does not address the subject’s reliability, judgment, and trustworthiness to protect classified information. Efforts to resolve these concerns result in additional case file processing delays.

Personnel-security-trained clinicians could be consulted to assist with all three of these issues.

ESTIMATING CLINICIAN WORKLOAD

In addition to gathering SME feedback regarding use of and need for clinicians within the personnel security vetting process, researchers also evaluated data sources to estimate the level of effort expected for a clinician cadre. The results of this component of the research project are described next.

Investigation Workload

To estimate investigation workload, PERSEREC relied on information provided by the quality review department at NBIB, which covered reporting statistics for affirmative responses to SF-86 Q21 and corresponding MEDI checks (i.e., interviews with treating clinicians). Affirmative (i.e., “Yes”) responses to Q21 provide a broad-stroke assessment of mental health issue workload because any affirmative Q21 response will generate some degree of follow-up for investigators. Furthermore, most affirmative Q21 responses require

investigators to conduct a MEDI check. Given this, the MEDI check, which is listed in the ROI, can also be used as a rough guide to inform investigative workload associated with mental health issues.

The information provided by NBIB showed that approximately 15,900 of 702,678 investigations (2.3%) containing a “Yes” response to Q21 are scheduled annually (~9,800 initial investigations [1.4%] and 6,100 PRs [0.9%]). Similarly, approximately 16,700 MEDIs among 575,719 closed cases (2.9%) occur annually (~10,600 initial investigations [~1.8%] and 6,100 PRs [~1.1%]).¹⁰ Notably, these Q21 affirmative responses and MEDI counts are likely to overlap with one another.

The quality review department at NBIB also provided information on the number of RSIs related to mental health issues. On average, approximately 50 RSIs related to a MEDI occur annually.¹¹ Of these, the majority (approximately 30) pertain to quality assurance issues requiring NBIB to address a gap in investigation documentation (these were reopened investigation cases). Thus, in addition to standard investigation workload (i.e., affirmative Q21 initial investigations and PRs and/or MEDIs), each year approximately 50 cases could require additional help from independent clinicians to address RSI/reopen-related investigation issues.

Adjudication Workload

As shown in Figure 2, clinician involvement in adjudication processes takes the form of DoD CAF internal psychological consultations and DoD CAF external psychological evaluations. To assess the number of psychological consultations conducted annually, CAF psychologists provided PERSEREC with their own personal tracking records. These tracking records began in the second month of FY15 (November) and were provided through FY17 (September).

Data in Table 1 show that, in a given quarter, the number of consultations ranged from 279 to 860, generally increasing over time. Based on fiscal year counts from November of FY15 through September FY17, consultations ranged from approximately 1,800 to 3,300 annually (8,082/3~2,700 each year). CAF psychologists noted that the smaller FY16-FY17 consult increases (360 more consults compared to 1,161 more consults between FY15 and FY16) might be due to known limitations with psychologist staffing—that is, adjudicators may be less inclined to refer cases to a psychologist when there is a known queue awaiting response.

¹⁰NBIB originally provided affirmative responses to Q21 for *scheduled* cases (2.3% [31,737 of 1,405,355]) and MEDI items for *closed* cases (~2.9% [33,416 of 1,151,438]) between June 2015 and May 2017 (a 2-year window of time). These data were converted to annual counts and rates for ease of workload interpretation.

¹¹NBIB originally identified 97 MEDI-linked RSIs out of more than a million cases (~0.04%) between June 2015 and May 2017. These data were converted to annual counts and rates for ease of workload interpretation.

Table 1
Estimating Adjudicator Consultations With DoD CAF Psychologists

Fiscal Year	Consultations				Total
	Q1	Q2	Q3	Q4	
FY15	279*	567	544	410	1,800*
FY16	626	699	838	798	2,961
FY17	759	859	860	843	3,321
Total	1,664	2,125	2,242	2,051	8,082

**Data are based on partial counts (consultations prior to November of FY15 were not tracked).*

In addition to identifying consultations at the CAF, external evaluation requests were also quantified for the purposes of this research. To estimate the number of evaluations conducted annually, instances where adjudicators “requested an evaluation” via their operational adjudication tracking system were obtained from DoD CAF during FY15, FY16, and FY17. On average, during FY15 and FY16, approximately 3,200 “evaluation requests” were made annually by adjudicators. Furthermore, partial data identifying just over 1,000 requests during the first quarter of FY17 (October 1 through January 17) suggest that this trend continues and may be expanding.

Importantly, the requests examined here include evaluations that could be associated with other personnel security concerns (e.g., behaviors identified under Guideline D, G, or H [sexual behavior, alcohol consumption, or drug involvement and substance misuse]) in addition to Adjudicative Guideline I: Psychological Conditions. Although Guideline I issues may make up the bulk of these cases, the data element used to identify these evaluation requests did not distinguish among these cases. Furthermore, and perhaps more importantly, these data represent evaluation requests only. Whether evaluations actually occurred in each of these cases could not be determined.

REVIEWING CLINICIAN TRAINING MATERIALS

Results from the training resource review revealed two general training reference groups: (a) training focused on personnel security and DoD broadly and (b) training focused on specific connections between mental health issues and personnel security concerns (i.e., mental-health-specific vetting guidance and documentation). A future clinician training program should consider use of any preexisting personnel security training programs in conjunction with newly developed and specialized clinician cadre instructions.

Personnel Security Investigations and Adjudications

CDSE offers a variety of training resources that could be relevant to a clinician personnel security training program. The available training provides an overview of personnel security programs, the adjudicative guidelines, and the roles and responsibilities of various personnel within the personnel security process. These training programs would be especially helpful for clinicians who are asked to provide professional opinions but are not familiar with personnel security processes or their intended purpose. Additionally, for those clinicians who have experience with military branches, it is essential to distinguish a personnel security mental health evaluation from other evaluation types (e.g., military

providers regularly conduct fit-for-duty assessments, which have their own distinct purpose and intended goal). Table 2 presents more information on the three CDSE courses identified as potential clinician training resources.

Table 2
Potential CDSE Personnel Security Training for Clinician Use

Course/Certificate Name	Course Description	Accessibility, Format, and Duration	Certificate	Reference
Introduction to Personnel Security (PS113.16)	This course provides a general overview of the DoD Personnel Security Program (PSP), including investigation and adjudication practices. It is intended to foster a broad understanding of personnel security and, thus, is a useful introduction for uninitiated clinicians.	Online only and available to DoD civilians and contractors; approximately 2 hours in length	Students can receive a certificate of completion with a score on the final exam (PS113.06) of 75% or higher.	http://www.cdse.edu/catalog/elearning/PS113.html
Introduction to DoD Personnel Security Adjudication (PS001.18)	This course also provides an overview of the DoD PSP but also covers the types of investigations used in the DoD PSP and, specifically, DoD CAF responsibilities. Students learn to apply the Adjudicative Guidelines to various scenarios, including recognizing security concerns and associated disqualifying and mitigating conditions.	Online only and available to DoD civilians and contractors; approximately 3 hours in length	Students can receive a certificate of completion with a score on the final exam (PS001.08) of 75% or higher.	http://www.cdse.edu/catalog/elearning/PS001.html
Introduction to National Security Adjudications (PS170.16)	This course is a slightly broader introduction to personnel security adjudications, including information about national security in general and DoD-specific rules and regulations. Although some course material overlaps with PS001.18, it nonetheless contains useful information for applying and understanding the Adjudicative Guidelines.	Online only and available to DoD civilians and contractors; approximately 3 hours in length	Students can receive a certificate of completion with a score on the final exam (PS170.06) of 75% or higher.	http://www.cdse.edu/catalog/elearning/PS170.html

PERSEREC also reviewed training available through NBIB and DoD CAF. For example, new NBIB special agent trainees complete a 4-week course through the Federal Background Investigator Training Program, followed by an investigator field course (NBIB, n.d.). Additionally, a 1-year on-the-job-training is required to learn Agency requirements for conducting investigations in which new investigators work alongside veteran investigators to investigate real cases. NBIB also provides five ongoing training opportunities, ranging in duration from 1 day to 2 weeks. Courses include the Advanced Suitability Adjudication Program, the Essentials of Suitability Adjudication Program, Central Verification System, Position Designation, and e-QIP Train-the-Trainer. To participate in all of these suitability or security investigator training programs, however, individuals must receive approval from NBIB, which is generally granted only through employment as an investigator. Without changes to policy surrounding use of these investigator-training resources, these programs are not accessible to other privatized or Federal Government positions.

According to CDSE's website (CDSE, n.d.), the Security Professional Education Development Adjudicator Professional Certification is required for all Federal Government and contractor personnel security adjudicators who work at DoD CAF or a DoD Intelligence Community CAF. Adjudicators must complete the Adjudicator Professional Certification program maintenance and renewal procedures to maintain this certification. Maintaining a certification requires adjudicators to keep an active and up-to-date Security Training, Education, and Professionalization Portal account and to complete 100 professional development units every 2 years (CDSE, 2014). Again, given resource constraints, enrollment in these trainings is restricted to professional adjudicators; thus, they are not currently accessible to clinicians.

Personnel Security and Mental Health

Although CDSE provides fundamental personnel security training, the most useful DoD-affiliated resource specifically addressing the role of clinicians in the adjudication process is a slide deck developed by DoD CAF psychologists. This slide deck explains how clinicians should conduct psychological evaluations for the explicit purpose of informing personnel security determinations. The deck is typically presented to military treatment facilities or other internal entities as need or availability arises.

In particular, the training slide deck emphasizes (a) understanding the association between mental health issues and the ability to protect sensitive or classified information, (b) the purpose of personnel security mental health assessments, (c) identifying personnel-security-concerning behaviors, and (d) how to construct a psychological evaluation to meet adjudicator needs. Information from this training slide deck is likely to be a valuable resource for a future clinician training program and is currently the only known internal DoD reference that provides specific guidance to clinicians on the evaluation process.

For practicing clinicians, the American Psychological Association also has several continuing education (CE) courses that address topics that may be relevant to a

clinician personnel security training program. These include CE courses on Federal legislative and regulatory processes, HIPAA, ethics, forensic mental health assessment, and working with military populations and veterans. The CE courses are taken online and are either self-study or video-on-demand. They also require the clinician to pay tuition (generally around \$65 to \$80 per course), may have exam requirements, and result in two to 10 CE credits earned. In particular, the American Psychological Association offers a series of courses as part of a PsycAdvocate Module, covering advocacy by psychologists within the Federal Government. Within these modules, the most relevant is an online course entitled “Module 3: U.S. Federal Legislative & Regulatory Processes,” which covers the general nexus between psychology and Federal legislation. Although this course may be of some value to understanding psychology’s place within the Federal Government largely, it is likely tangential to the needs of clinician personnel security training.

Far more pertinent to a clinician training program, however, is the 2006 American Psychiatric Association publication—established in conjunction with PERSEREC—which is tailored for practicing psychiatrists responding to requests for evaluations during the course of security clearance investigations (American Psychiatric Association, 2006, approved in 2006 by the Council on Psychiatry and Law; Lang, Nelson, & Hayes, 2007). This document outlines the personnel security process, the adjudicative guidelines, and the use of clinician opinions for personnel security purposes. In particular, the document is targeted toward clinicians who have a need to quickly understand the implications of providing client information to investigators.

DISCUSSION

This study explored current clinician use and need among NBIB investigation and centrally adjudicated DoD clearance processes, estimated the workload applicable to these individuals, and reviewed preexisting personnel security training resources to lay the groundwork for a preliminary program recommendation. A discussion of the key findings follows.

INVESTIGATION GAPS

Researchers found that cases with mental health issues routinely experience delays during the background investigation process for several reasons. Most problematic were delays associated with contacting and gaining access to subjects' mental health providers as well as delays associated with interpretation of medical records. Addressing these needs via use of a clinician cadre should increase both process efficiencies and investigation quality. In particular, personnel security clinicians can facilitate contact and interactions with subject treatment providers and consultations with investigators and adjudicators to interpret mental health records. Furthermore, a cadre of readily accessible clinicians could provide standardized psychological evaluations during both investigation and adjudication processes. This option could resolve provider access issues (and associated conflicts of interest) and may be particularly desirable under the new Q21 line of inquiry, which emphasizes mental health conditions most likely to require evaluation. Use of standardized clinician evaluation processes—designed to focus on personnel-security-relevant criteria when a concerning condition is identified—would streamline these procedures, increase timeliness, and ensure greater fairness to investigation subjects.

ADJUDICATION GAPS

During adjudication, case delays related to mental health vetting are also experienced for a variety of reasons. Like investigators, adjudicators express difficulty interpreting mental-health-related information (in this instance from the investigator's ROI). Additionally, it is not always easy to identify a qualified clinician to conduct a psychological evaluation, particularly for contract employees who cannot be referred to military treatment facilities. Furthermore, when psychological evaluations are returned for adjudication, they often fail to provide the relevant information because clinicians are not trained to produce evaluations based on personnel-security-focused criteria. Access to a group of personnel security trained clinicians would provide resources to assist with medical record interpretation and could eliminate challenges associated with the identification of psychological evaluators all together. Finally, whether employed during investigation or adjudication, a readily accessible clinician cadre would be well placed to conduct independent psychological evaluations to inform adjudicator decision-making.

WORKLOAD

To assess possible need for consulting clinicians, researchers analyzed data provided by SMEs at NBIB and DoD CAF. Although the obtained numbers are all imperfect estimates of the investigative and adjudicative workload associated with mental health issues (and, therefore, of potential clinician cadre workload), they provide a general sense of the number of cases that might require expertise from personnel security trained clinicians in the future.

For investigation workload, as many as 15,900 to 16,700 cases (~2.3% to 2.9% of scheduled investigations and closed-case MEDIs, respectively) might benefit from the assistance of a clinician cadre during investigation annually. Importantly, and as anticipated, estimated counts for Q21 affirmative responses and MEDIs are similar, but more closed-case MEDIs were identified annually than were scheduled Q21 issue cases. This is because affirmative responses to Q21 are likely to require a MEDI but some MEDIs may not pertain to Q21 affirmative responses. That is, some MEDIs may instead be relevant to sexual behavior, alcohol consumption, or drug issues that are ultimately addressed under other SF-86 sections and/or other Adjudicative Guidelines. Although issues applicable to other SF-86 sections and other Adjudicative Guidelines were not of original focus to this initiative, it would be helpful to include such cases in the workload assessment because a clinician cadre could assist with these issues as well.

For adjudication workload, DoD CAF psychologist records suggest that consultations are provided on anywhere from 1,800 to 3,300 cases annually (i.e., on average, ~2,700 each year). Additionally, an analysis of data from DoD's case management system suggests that approximately 3,200 evaluation requests are made by adjudicators each year. As is the case for MEDI data, these requests may include sexual behavior, alcohol consumption, or drug issues that ultimately pertain to other (non-Q21) sections of the SF-86 or other (non-Guideline I Psychological Condition) Adjudicative Guidelines. Furthermore, this number represents evaluation requests only; the true number of actual evaluations completed in a given year is not known.

Regardless of precise numbers, however, workload for a clinician cadre will need to be closely monitored going forward to ensure that adequate resources are ultimately provided. This is especially true as Q21 now follows a new line of inquiry focused specifically on a set number of psychological conditions (rather than starting with the identification of prior treatment for mental health issues broadly). The impact of Q21 changes on investigation and adjudication workload remains to be seen, and the estimates provided here could increase or decrease dramatically under the new line of inquiry. Unfortunately, investigation and adjudication workload occurring under the new line of mental health questioning was not available for evaluation during the course of the current project timeline.

TRAINING RESOURCES

Finally, a review of training resources suggests that some relevant references already exist to help inform a personnel security clinician training program. For example, broad personnel-security-relevant training is available through CDSE, and information from these courses could be leveraged or wholly borrowed for clinician curriculum development. Additionally, DoD CAF psychologists created a useful overview slide deck on how to conduct psychological evaluations for adjudicator personnel security determinations, and the American Psychiatric Association published guidance on providing clinical opinions to investigators for personnel security determination purposes. All three of these resources will be leveraged for future training development purposes.

LIMITATIONS

The primary limitation of this research effort pertained to the exclusive focus on clinician mental health vetting needs specific to NBIB and centrally adjudicated DoD clearances. Given this, the results do not generalize to other agency personnel security programs. For example, some intelligence agencies already use in-house psychologists to conduct evaluations and may have pre-established protocols for their use. A Phase II study will follow this initiative, which will evaluate whether personnel-security-trained clinician resources are desired by, or even appropriate for, other organizations.

Another study limitation pertains to the new Q21 revision. This revision is likely to affect the workload incurred by clinicians (both amount and type) and could change workload needs considerably. For example, psychological evaluations may increase or decrease in number as a specific few mental health conditions become the sole focus of investigation and adjudication efforts.

Finally, the estimated workload examined here relies on data that are not intended for workload assessments. Because of this, these data represent imperfect approximations of cadre need and should be interpreted as rough estimates only.

RECOMMENDATIONS

The following recommendations are designed to address next steps for developing a personnel security clinician training program. These recommendations are drawn from the results of the current initiative in an effort to move toward an implementable solution.

Conduct a Personnel Security Clinician Job Analysis (Phase II)

The first step toward establishing a personnel security clinician training solution is to conduct a job analysis that will evaluate the tasks, duties, and responsibilities associated with this role. This effort will be conducted by PERSEREC in FY18 and will convene a working group of SMEs to outline all knowledge, skills, abilities, and other characteristics needed to perform this job. The job analysis will focus on the workload

related to mental health consultations with investigators and adjudicators, interactions with subject treatment providers, and the completion of psychological evaluations for personnel security vetting purposes. In addition to assessing skills and abilities, the job analysis will include a job description, job specification (identifying qualifications such as education), and job evaluation (determining compensation or wages). Ultimately, the job analysis and associated tasks will provide the concepts, components, and requirements from which to implement a clinician training program.

In addition to the job analysis effort, a personnel security clinician working group can advise on these related activities:

- Investigate any necessary permissions required to incorporate previously identified personnel security trainings into a clinician training program;
- Examine and depict where gaps exist in preexisting training resources (e.g., what information in extant trainings is missing but ultimately essential to a clinician training program), and
- Determine the most efficient course delivery method for the training program (e.g., should it be virtual, face-to-face, mixed-method, distance learning).

Investigate Implementation Options

In addition to conducting a formal job analysis that will lay the groundwork for a clinician training program, another important next step is to identify potential implementation procedures and to examine whether this program could or should be leveraged for use across the Federal Government (i.e., to identify shared service capabilities).

Some additional questions that should be answered within the context of this effort include

- Are there any NBIB or DoD policies and practices for working with mental health providers that do not align with the needs of other agencies? Are there any barriers or conditions surrounding use of clinicians in these agencies that are important to understand and account for?
- Who should manage and oversee a clinician training program? That is, where should the clinician training program office be housed? How would investigators and adjudicators ultimately gain access to these consultants?

Resolve Preexisting Mental Health Vetting Issues and Gaps

Although the primary study recommendations lend themselves to a job analysis and the consideration of future program logistics, the current research also identified gaps in mental health vetting processes that should be resolved regardless of whether a clinician training program is implemented (some of these gaps reiterate issues discussed in Senholzi et al., 2016). Addressing any of these issues alone would be instrumental to vetting improvement efforts. The following recommendations underscore these problems and identify process solutions:

- Provide investigators with an updated SF-86 medical release form, which includes elements of the OFI-16A, to be used when contacting mental health providers. As noted elsewhere in this report, the current process can require use of two forms (both the SF-86 HIPAA release and the OFI-16A), which creates and maintains an inefficient information collection process.
- Develop official means for tracking mental health vetting processes. If the operational systems used to conduct these vetting activities collect and record all psychological consultations and evaluations, these data can be used to more accurately identify future workload needs, which will ultimately help staff and maintain a personnel security clinician workforce.
- Work toward the goal of reducing reliance on subject mental health providers for investigation and adjudication practices. These treatment providers were hired by subjects to provide counseling or drug treatment plans and are, therefore, not suited to provide recommendations that can negatively affect employment opportunities. Additionally, these clinicians rarely possess sufficient knowledge of the nexus between personnel security risk and mental health issues and are, for this reason, also ill-suited to assess patients for these purposes. Instead, a personnel security trained cadre of clinicians can stand ready to provide consulting services and psychological evaluations for subjects they do not personally know.
- Reevaluate whether local personnel security managers should be involved in mental health evaluation processes. Rather, a clinician cadre can be tasked to address this need directly by the adjudicating facility. These individuals would be uniquely qualified to produce standardized psychological evaluations for personnel security clearance determinations. Although these in-house resources cannot be operationalized immediately, the long-term goal of a personnel security clinician training program will address this need directly.

REFERENCES

- Adjudicative guidelines for determining eligibility for access to classified information. (2005, December 29).
- American Psychiatric Association. (2006). *Psychiatrists' responses to requests for psychiatric information in federal personnel security investigations*. Arlington, VA: Author.
- Center for Development of Security Excellence. (2014). *DoD personnel security APC program maintenance procedures*. Retrieved from <http://www.cdse.edu/certification/about.html>.
- Center for Development of Security Excellence. (n.d.) *Adjudicator professional certification*. Retrieved September 5, 2017, from <http://www.cdse.edu/certification/apc.html>.
- Center for Development of Security Excellence. (n.d.) *Personnel security*. (CDSE). Retrieved August 16, 2017 from <http://www.cdse.edu/catalog/personnel-security.html>.
- Department of Defense Task Force on Mental Health. (2007). *An achievable vision: Report of the Department of Defense Task Force on mental health*. Falls Church, VA: Defense Health Board.
- Director of National Intelligence, Office of Personnel Management. (2012). *Federal investigative standards*. Washington, DC: Author.
- Director of National Intelligence. (2017, June 8). *National security adjudicative guidelines* (SEAD 4). Washington, DC: Author.
- Health Insurance Portability and Accountability Act of 1996. (1996). P.L. No.104-191, 110 Stat. 1936 (1996).
- Jaros, S.L., Tadler, D.L., Ciani, D., Senholzi, K.B., & Dickerhoof, R.D. (2017). *Improving mental health reporting practices in between personnel security investigations* (TR17-07). Monterey, CA: Defense Personnel and Security Research Center.
- Lang, E.L., Nelson, L.C., & Hayes, A.J. (2007). *New resources for collecting mental health information* (TR07-05). Monterey, CA: Defense Personnel and Security Research Center.
- National Background Investigations Bureau. (n.d.). Retrieved September 5, 2017, from <https://nbib.opm.gov/about-us/our-standards/>.
- Office of Personnel Management (2007). *Investigators' handbook*. Washington, DC: Author.
- Senholzi, K.B., Langham, K.M., Smith, C.M., & Shechter, O.G. (2016). *Procedural changes necessary for successful implementation of the revised question 21 of the*

SF-86: Psychological and emotional health (TR 17-02). Monterey, CA: Defense Personnel and Security Research Center.

Shedler, J., & Lang, E.L. (2015). *A relevant risk approach to mental health inquiries in Question 21 of the questionnaire for national security positions (SF -86)* (TR 15-01). Monterey, CA: Defense Personnel and Security Research Center.