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A Personnel Security-Training Program for Clinicians: Phase II

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Approved for Public Release

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<p>ABSTRACT: Personnel security investigators and adjudicators require assistance to address cases involving mental health concerns (Dickerhoof, Wortman, Osborn, & Smith, 2017; Senholzi, Langham, Smith, & Shechter, 2016). Staff psychologists at DoD's Consolidated Adjudication Facility (DoD CAF) are available to consult with adjudicators, but investigators do not have an equivalent resource. Furthermore, CAF psychologists do not perform psychological assessments; instead, adjudicators request these assessments through community clinicians when needed. Because these clinicians are rarely trained in the nexus between mental health and national security they often fail to provide necessary information, causing delays in the clearance process. Another procedural problem involves the collection of mental health information from the subject's treatment provider. This has long been protocol for investigators, but the treatment provider experiences a conflict of interest and often has concerns about what can or should be shared. Given this, obtaining mental health opinions from treatment providers can be time-consuming and confusing for investigators and providers alike. To address these points, prior Defense Personnel and Security Research Center (PERSEREC) studies recommended an independent cadre of clinicians trained to assess judgment, reliability, and trustworthiness on behalf of the Federal Government. To continue this initiative, PERSEREC engaged SMEs to determine the pre-selection qualifications and recommended skill standards needed to operate in this role. Additionally, PERSEREC explored training program implementation strategies and assessed interest and concerns from other Departments and Agencies (D&As) regarding shared use of this service. Results indicate that a clinician cadre should be initially developed for clearances adjudicated at DoD CAF. Once established, the cadre can be offered to other D&As who could also benefit from it.</p>					
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PREFACE

Federal Government personnel security proponents have been working to improve mental health-related investigation and adjudication processes for decades. Most recently, the Defense Personnel and Security Research Center identified need for clinicians to support initial and periodic DoD investigations and adjudications containing a psychological component. Specifically, investigators and adjudicators need assistance from clinicians who understand the nexus between mental health and one's judgment, reliability, and trustworthiness to handle classified information. Ultimately, a cadre of personnel security-trained clinicians would improve interactions with mental health treatment providers, interpretation of mental health records and terminology, standardization of psychological assessments, and the timeliness of the security clearance process. To develop such a capability, the current study includes a job analysis for the security-trained clinician role and examines implementation strategies for a clinician security-training program. The initiative also assesses interest and concerns regarding a shared Federal government-wide clinician consulting capability. Findings highlight a path toward establishing a personnel security-training curriculum for clinicians who can support DoD investigative and adjudicative processes.

Eric L. Lang
Director, PERSEREC

EXECUTIVE SUMMARY

Personnel security program (PSP) investigators who gather background information and adjudicators who evaluate this information require assistance with cases that involve mental health concerns. Currently, investigators collect mental health-related information directly from the subject's treatment provider (creating a conflict of interest for that clinician) and adjudicators consult with one of two DoD CAF staff psychologists who address mental health-related questions. Notably, these psychologists are not available to consult with investigators, and they do not perform psychological assessments, which are sometimes required to mitigate concerning information. In such instances, and sometimes at the recommendation of a CAF psychologist, adjudicators request assessments from clinicians in local communities or military treatment facilities. Because most of these clinicians are untrained in the nexus between mental health and national security concerns, they often insufficiently address questions about judgment, reliability, and trustworthiness, causing delays in the clearance process.

Previous Defense Personnel and Security Research Center (PERSEREC) efforts underscore the need for security-trained clinicians who can provide mental health consulting for clearances adjudicated at DoD CAF (Dickerhoof, Wortman, Osborn, & Smith, 2017; Senholzi, Langham, Smith, & Shechter, 2016). This research indicates that establishing and providing training to a cadre of clinicians will improve psychological vetting practices and decrease process delays associated with these cases.

In FY18, on behalf of the Performance Accountability Council Research & Innovation Program, researchers at PERSEREC worked to advance the development of this capability by completing the following three objectives:

- Identify the job description, pre-selection qualifications (i.e., education, credentials, and experience), and recommended skill standards (i.e., job requirements) necessary for clinicians to provide high-quality consulting services for clearances adjudicated at DoD CAF.
- Determine the best implementation strategy for a clinician security-training program (e.g., course delivery, oversight, access, compensation).
- Assess interest and concerns from other Departments and Agencies (D&As) in establishing a cadre of security-trained clinicians as a shared Federal service.

METHOD

The primary data collection method for this research was subject matter expert (SME) engagement via workshops, questionnaires, interviews, meetings, and email correspondence. SMEs included 44 personnel security professionals (e.g., psychologists, investigators, adjudicators) from D&As across the Federal Government. Researchers engaged SMEs to collect data for a job analysis, discuss implementation options for clinician training, and explore interest in a shared cadre of consulting

clinicians. Following data collection, researchers completed a comprehensive job analysis and summarized findings pertaining to program implementation and shared service interest.

RESULTS

SMEs assisted with defining potential roles and responsibilities of personnel security-trained clinicians and concluded that the cadre should be limited to U.S. citizens who are doctoral-level licensed psychologists or board-certified psychiatrists. Clinicians should have at least 5 years of practice post-licensure or post-certification and should possess expertise in psychological assessment. Clinicians should provide proof of malpractice insurance and be able to hold a Top Secret security clearance (if deemed necessary).

SMEs identified three Critical Work Functions that cadre clinicians must perform: comprehensive psychological assessments, consultations involving review of medical and mental health records, and consultations regarding questions about psychopharmacology and psychological terminology. SMEs also identified 17 Key Activities essential to job performance and 47 Performance Indicators for evaluating job performance. For training implementation, SMEs indicated that an appropriate program strategy is to start with an initial training capability that can scale to a more rigorous credentialing program over time (i.e., a crawl-walk-run development process). With regard to a shared service, SMEs indicated that this program would primarily benefit organizations that do not currently have embedded clinician services. Indeed, SMEs from agencies with in-house, security-affiliated clinicians were generally not interested in this capability. Some of these SMEs expressed concern that the proposed cadre could ultimately displace or degrade in-house psychological services seen as indispensable to their agencies' personnel security missions.

RECOMMENDATIONS AND FUTURE DIRECTIONS

The results of this study inform implementation and curriculum development for a personnel-security-trained clinician cadre. The following recommendations are offered:

- Develop the clinician security-training program for DoD clearances adjudicated at DoD CAF (whether billeted, contracted, or both). Once established, offer this service to other D&As on a voluntary basis (e.g., Treasury, Federal Bureau of Investigation).
- Limit program participation to doctoral-level licensed psychologists and board-certified psychiatrists who meet the pre-selection requirements identified by SMEs.
- Use the job analysis results to build out a security-trained clinician curriculum that will inform final development of the ultimate training program.
- As a short-term strategy to address immediate need for security-trained clinical expertise, develop a structured training program (e.g., an e-Learning video or toolkit) potentially hosted through the Center for the Development of Security Excellence. Consider building up to a longer-term strategy for credentialing clinicians over time.

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INTRODUCTION

The Federal Government established the personnel security program (PSP) to prevent unauthorized disclosure of classified information (Executive Order 12968 [1995]). Released in 2017, Security Executive Agent Directive (SEAD) 4, *National Security Adjudicative Guidelines*, assists the personnel security community in vetting the judgment, reliability, and trustworthiness of individuals under consideration for security clearances. According to investigators and adjudicators, cases with mental health-related security concerns are among the most complex and time-consuming issues to address. As emphasized in SEAD 4, the impact of these issues must be evaluated on a case-by-case basis within the context of the “whole person.”¹ In such instances, investigators and adjudicators need well-calibrated consultation from qualified clinicians (i.e., psychologists and psychiatrists). These clinicians must be knowledgeable about national security concerns, able to conduct comprehensive psychological assessments² when adjudicators cannot otherwise mitigate mental health-related information, and available to provide investigators and adjudicators with expert clinical guidance that specifically informs personnel security determinations.

In FY17, the Performance Accountability Council’s (PAC) Research & Innovation (R&I) Program tasked the Defense Personnel and Security Research Center (PERSEREC), a division of the Office of People Analytics, to assess how clinicians are engaged in personnel security vetting processes. In addition, they requested an evaluation of the need for a cadre of security-trained clinicians who could provide consultation during personnel security investigations and adjudications. PERSEREC researchers also assessed the frequency with which cases require clinician consultation and identified existing personnel security resources that may be useful in training clinicians to understand the personnel security program (PSP) process. The results of that research and prior studies suggest that a cadre of clinicians trained in the nexus between mental health and national security would improve current psychological vetting practices and timeliness of the security clearance process (Dickerhoof, Wortman, Osborn, & Smith, 2017; Senholzi, Langham, Smith, & Shechter, 2016). These security-trained clinicians would be prepared to provide support for Adjudicative Guideline D (Sexual Behavior), Guideline E (Personal Conduct), Guideline G (Alcohol Consumption), Guideline H (Drug Involvement and Substance Misuse), and Guideline I (Psychological Conditions) issues.

In FY18, PERSEREC proposed a follow-on PAC study to develop the job description, qualifications, and standards for a security-trained clinician; to explore implementation strategies for a training program; and to assess interest and concerns from

¹ The “whole person” concept was established in the *Adjudicative Guidelines for Determining Eligibility for Access to Classified Information* (2005), which was recently superseded by SEAD 4 (2017).

² Throughout this report the term “psychological assessment” is used to encompass testing, clinical interviews, or other medical/neurological evaluations that may also be psychiatric in nature.

Departments and Agencies (D&As) about sharing clinician services across the Federal Government. This report describes the results of this follow-on endeavor.

BACKGROUND

Investigators who gather mental health-related information from subject treatment providers and adjudicators who evaluate this information are not clinically trained to interpret it. Furthermore, prior PERSEREC research indicates that relying on treatment providers to evaluate security risk is problematic for multiple reasons (Lang, Nelson, & Hayes, 2007; Shedler & Lang, 2015). First, treating providers carry inherent conflicts of interest as advocates for subjects who are their clients as opposed to the Federal Government. Second, treating providers may be hesitant to discuss concerns related to judgment and reliability because doing so could negatively affect the therapeutic relationship with the patient and could have ethical, if not legal, ramifications. Third, treating providers vary widely in background and training, are not necessarily experts in psychological assessment, and generally do not have training in national security concerns. All of these issues can lead to significant variation in the quality and salience of mental health information on which critical security determinations are based. Finally, previous PERSEREC research also indicates that treating providers respond to requests for clinical opinions slowly or not at all (Lang et al., 2007; Jaros, Tadler, Ciani, Senholzi, & Dickerhoof, 2017), which can significantly delay the investigation and adjudication of these cases.

In instances where investigators cannot reach the subject's treatment provider or when their collected mental health information is inclusive or unclear, adjudicators seek out independent clinician assessments to mitigate derogatory information and to complete the adjudicative process. Currently, however, only two staff psychologists are employed at DoD's Consolidated Adjudications Facility (CAF) and their services do not apply to investigators. These experienced professionals have backgrounds in national security and can effectively consult regarding psychological concepts and issues related to personnel security clearance determinations, but they do not conduct psychological assessments, which must take place at or near the subject's place of employment. Under the current model, community clinicians at military treatment facilities often provide psychological assessments for service members, but these assessments are typically fit-for-duty based and do not address the subject's judgment, reliability, and trustworthiness. In brief, military treatment facility clinicians do not generally possess sufficient personnel security program training to provide the requisite feedback necessary for adjudicators to make a final eligibility determination. Given these varied limitations and requirements, simply expanding the staff of consulting clinicians at DoD CAF and supplementing need for psychological assessments with military treatment facility clinicians does not effectively address the need for security-trained clinical support. Such a capability must span the life cycle of both investigation and adjudication processes, must utilize security-informed clinicians, and must be regionally allocated to cater to the full community of clearance applicants.

Senholzi et al. (2016) and Dickerhoof et al. (2017) suggest a path forward toward establishing a cadre of security-trained clinicians who are experts in psychological assessment. These clinicians would be geographically dispersed and available to provide targeted or comprehensive psychological assessments; to conduct medical record reviews pertinent to mental health; and to consult with investigators and adjudicators regarding psychopharmacology, psychological concepts, and psychological diagnoses. This service would fill a critical gap in current mental health security vetting processes. As a resource, these clinicians may also be valuable to other Federal Government D&As outside of DoD. Although each D&A may have its own unique personnel security vetting processes, the evaluation of risk posed by psychological conditions is common to every D&A's PSP.

CURRENT STUDY

The purpose of this effort was to address a previously identified gap in the current process for investigating and adjudicating security clearances for applicants and cleared personnel with mental health-related issues that could affect judgment, reliability, or trustworthiness. On behalf of the PAC R&I Program, researchers at PERSEREC conducted a study to identify a job description, pre-selection qualifications (e.g., experience, credentials), and recommended skill standards (i.e., job requirements) necessary to operate as a PSP consulting clinician. Further, researchers explored the feasibility of a security-training program for clinicians as well as interest in, and concerns about, establishing a shared cadre of security-trained clinicians across the Federal Government.

The primary research objectives were as follows:

- Conduct a comprehensive job analysis to define the position, pre-selection qualifications, recommended skill standards, and training necessary for clinicians to provide high-quality consulting services in DoD's PSP.
- Determine the best implementation strategy for a clinician security-training program (e.g., course delivery, oversight, access, cost, and compensation).
- Assess interest from other D&As (e.g., Department of Energy, Federal Bureau of Investigation) and potential barriers to sharing a cadre of security-trained clinicians.

METHOD

The two primary information collection methods applied in this study were semi-structured subject matter expert (SME) discussions and job analysis. Two workshops were conducted to (1) develop a job description, pre-selection qualifications, and recommended skill standards for security-trained clinicians, (2) consider implementation of a training program for security-trained clinicians, and (3) discuss government interest in sharing security-trained clinicians across D&As. SME discussion and data collection also took place via telephone and in-person interviews and meetings, email, and questionnaires.

PARTICIPANTS

Overall, 44 SMEs from 12 D&As participated in this research project. SMEs represented the following organizations:

- Air Force Office of Special Investigation (AFOSI)
- Center for the Development of Security Excellence (CDSE)
- Department of Homeland Security (DHS)
- Defense Insider Threat Management and Analysis Center (DITMAC)
- Department of Defense Consolidated Adjudication Facility (DOD CAF)
- Department of Energy (DOE)
- Department of State (DOS)
- Department of Treasury (DOTR)
- Federal Bureau of Investigation (FBI)
- Intelligence Community (IC)
- National Background Investigation Bureau (NBIB)
- Personnel Security and Research Center (PERSEREC)

SMEs were identified by contacting major D&As throughout the Federal Government. Some SMEs were invited to participate in the study directly; other SMEs learned about the program, expressed interest in the potential to share a group of security-trained clinicians, and offered their subject matter expertise. All SMEs were engaged through official channels.

Given the numerous forms of data collection applied in this research, many SMEs ultimately contributed information through multiple methods. Table 1 displays the number of SMEs from each D&A engaged via each data collection method. This table shows that 9 SMEs participated in Workshop I, 11 SMEs participated in Workshop II, 16 SMEs completed questionnaires, 7 SMEs participated in interviews, 14 SMEs participated in meetings, and 3 SMEs contributed data via email.

Table 1
Number of SMEs and Method of Engagement

Department or Agency*	Total # SMEs	Method of Engagement					
		Workshop I	Workshop II	Questionnaire	Interview	Meeting	Email
AFOSI	1	--	1	1	--	--	--
CDSE	11	--	--	--	--	11	1
DHS	1	--	1	1	--	--	--
DITMAC	1	1	1	1	--	--	--
DOD CAF	5	4	2	2	--	2	1
DOE	10	--	2	9	--	--	--
DOS	4	--	--	--	4	--	--
DOTR	3	--	--	1	2	--	--
FBI	3	--	2	1	1	--	--
IC	2	1	1	--	--	1	1
NBIB	2	2	--	--	--	--	--
PERSEREC	1	1	1	--	--	--	--
TOTAL	44	9	11	16	7	14	3

NOTE: The first column of numbers indicates the total number of SMEs from a given D&A that participated in this study. For example, one AFOSI SME participated in the study and this individual provided feedback during workshop II and via questionnaire.

PROCEDURE

Prior to engaging SMEs, an initial draft document of pre-selection job qualifications and recommended skill standards for a cadre of security-trained mental health clinicians was developed by two research team members who are licensed clinical psychologists. The document detailed initial Critical Work Functions (CWFs) (i.e., major job functions), Key Activities (KAs) (i.e., tasks performed), and Performance Indicators (PIs) (i.e., measures of job success) that might be used to develop a program to train clinicians to assist the Federal Government in the personnel security vetting process. This draft document was provided to workshop participants.

Workshops

Two workshops were conducted with personnel security SMEs in the National Capitol Region. The purpose of these workshops was threefold: to gather data for a job analysis, discuss implementation of a training program for security-trained clinicians, and evaluate interest in security-trained clinicians as a shared service across D&As.

Workshop I

Nine SMEs from five D&As participated in the first workshop: two investigators, two adjudicators, and five psychologists. In addition to these SMEs, one individual from CDSE attended Workshop I. CDSE has a charter to train government security professionals and is well positioned to host a program of security training and credentialing for clinicians if sufficient and sustaining funding is allocated to this cause. One individual from the PAC R&I also attended Workshop I as the sponsor of

the current study. Notably, neither the CDSE nor the PAC attendees participated as SMEs in Workshop I. Rather, these individuals attended Workshop I to provide background information and to observe.

Workshop I began with an overview of current investigative and adjudicative practices within DoD's PSP and a discussion of the needs for mental health consultation expressed by investigators and adjudicators. Participants discussed current gaps in the PSP process resulting from limited access to security-trained clinicians. This was followed by an explanation of the purpose of the workshop.

Workshop I participants were provided the initial draft of CWFs, KAs, and PIs. Using this document as a starting point, SMEs developed a job description for a consulting clinician and reviewed, discussed, and modified the initial list of pre-selection job requirements and recommended CWFs, KAs, and PIs. First, SMEs identified CWFs that security-trained clinicians would perform. Then, for each CWF (key job functions), SMEs identified a series of KAs (tasks) that clinicians would perform to complete the CWF. Next, SMEs described the PIs (job success measures) that should be used to evaluate the performance of each KA. Finally, SMEs were asked to estimate the frequency with which CWFs, KAs, and PIs would need to be performed when a security-trained clinician is consulted (1=Never, 2=Infrequently, 3=Sometimes, 4=Often, 5=Always). The association between CWFs, KAs, and PIs is depicted in Figure 1, along with an illustrative example. In this example, the "job" in the job analysis is "prepare a meal."

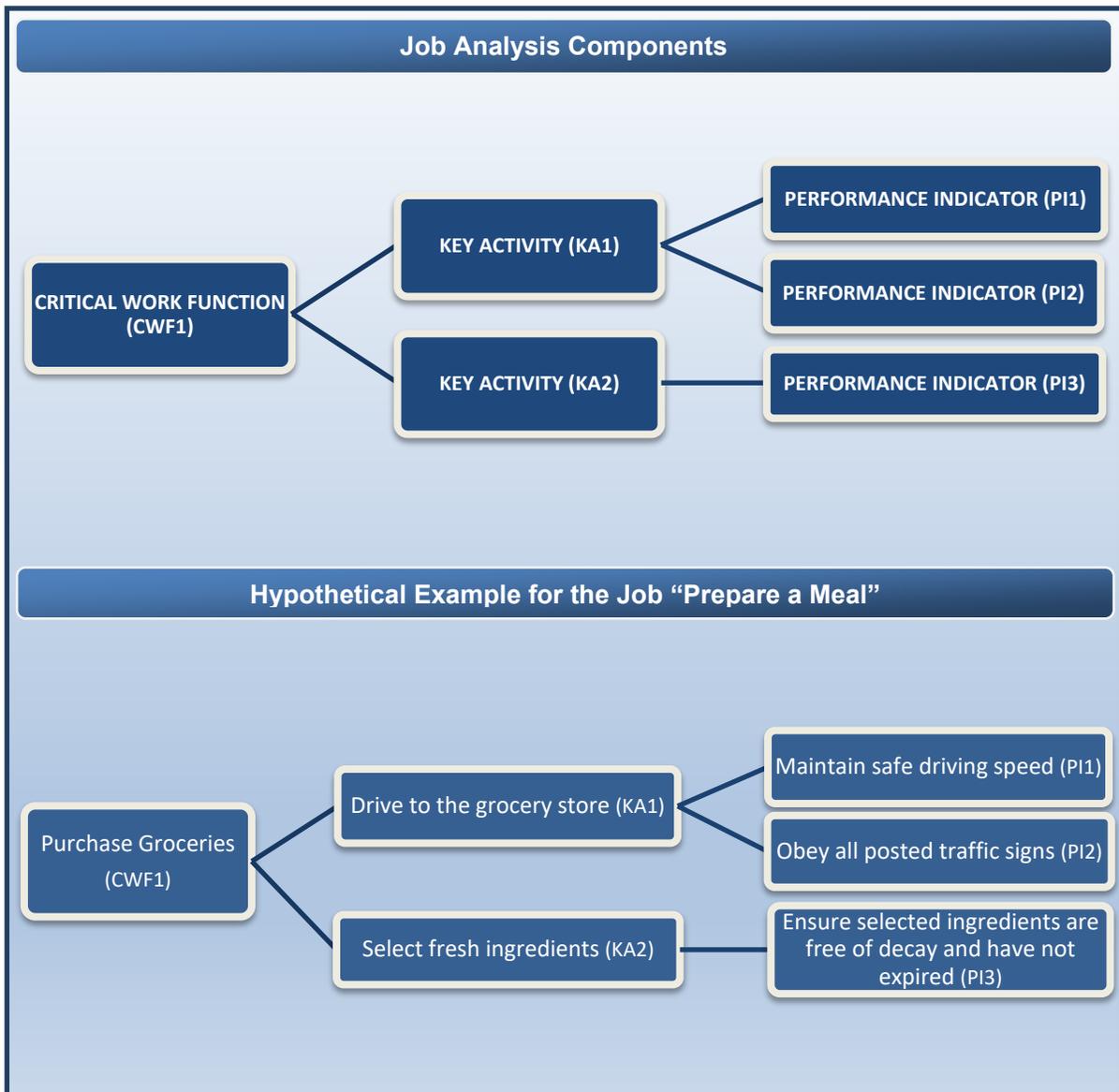


Figure 1 CWFs, KAs, and PIs: Example

Workshop II

Eleven SMEs from eight D&As participated in the second workshop. All Workshop II SMEs were psychologists working within Federal PSPs, five of whom had also participated in the previous workshop. One psychologist from PERSEREC, one from DITMAC, and two from DoD CAF were integral to the initial study development and thus were included at both workshops; a fifth clinician from DoD's Intelligence Community was also able to rejoin the second workshop.

Workshop II began with an overview of current investigative and adjudicative practices within the personnel security vetting process, a discussion of gaps in the current process, and an explanation of the purpose of the workshop. SMEs reviewed, discussed, and completed a validation exercise focused on relationships between

CWFs, KAs, and PIs as rated in the previous workshop. SMEs matched CWFs to KAs, and then matched KAs to PIs. SMEs were then asked to indicate how *important* each CWF and KA is to the successful performance of the job (1=Not at All, 2=Minimally, 3=Somewhat, 4=Very, 5=Extremely). Additionally, workshop participants discussed who should manage and oversee the training program, how to deliver it, how Government customers might access security-trained clinicians, and what the appropriate compensation for services might be if contracted clinicians provide these services.

Non-clinician workshop observers in attendance included a representative from the PAC R&I (the sponsor) and two CDSE representatives who presented information on the training and credentialing process provided by their organization. The purpose of this presentation was to enable SMEs to identify preferences for initial and continuing steps toward training and/or credentialing and program implementation. The information provided by CDSE was also shared with clinicians who did not attend Workshop II.

Additional Data Collection

In addition to data collection at two workshops, SME input was gathered via questionnaire, interviews, meetings, and email correspondence. Sixteen SMEs from seven D&As completed and returned responses to the data call, a copy of which is available by request. Seven SMEs from three D&As participated in interviews, 14 SMEs from three D&As participated in meetings, and three SMEs from three D&As provided data via email.

Across data collection methods, SMEs were informed on CDSE training and credentialing processes and were asked to consider how a training or credentialing program for security-trained clinicians could be implemented. Informed SMEs reviewed and provided feedback regarding three different suggested implementation strategies for training and credentialing. SMEs also discussed potential interest in sharing a cadre of security-trained clinicians across the Federal Government. SMEs described their organizations' current use of clinicians within their personnel security vetting process, how their organizations might benefit from access to security-trained clinicians, any potential barriers to using security-trained clinicians as a shared service, and any organization-specific requirements for filling such positions (e.g., security clearance need, organizational knowledge). Responses from SMEs were aggregated and a content analysis was performed to identify themes. The themes that emerged from the content analysis are presented in the Results section of this report.

Job Analysis and Development of Skill Standards

Based upon data collected from SMEs, the research team completed a comprehensive job analysis for the position of a security-trained clinician consultant in the PSP. The purpose of a job analysis is to define the applicable position, identify pre-selection qualifications) required at hiring (e.g., education, professional experience), and determine recommended skill standards required to successfully perform a job (i.e.,

knowledge, skill, and ability requirements and measures of performance). This job analysis does not describe the training process necessary to *become* a licensed psychologist or board-certified psychiatrist. Rather, it covers the skill standards that an established clinician would need to meet to provide psychological consultations, specifically for the PSP clearance vetting process within the Federal Government.

The research team used the frequency and importance ratings provided by SMEs to determine qualifications and standards to be included in the final list of CWFs, KAs, and PIs (presented in Tables 1 through 3). Job analysis methods typically use a cut-off score of 3.0 or greater (on scales from 1 to 5) to determine critical skill standards (OPM, 2007). CWFs, KAs, and PIs with a median score of 3.0 or greater were retained for the final version of the job analysis.

RESULTS

Study results begin with a job analysis that defines the position, specifies the pre-selection qualifications (e.g., educational background), and outlines the recommended skill standards (i.e., job requirements; performance measures) for a cadre of security-trained mental health clinicians. Next, considerations are covered for program implementation and findings related to interest in and concerns about sharing this resource across the Federal Government. Results for each key topic are described in the following sections.

PERSONNEL SECURITY MENTAL HEALTH CLINICIAN JOB ANALYSIS

The impetus for this job analysis was prior research indicating that investigators and adjudicators need, but often do not have, access to mental health clinicians with security training. These clinicians are needed to conduct psychological assessments and provide consultation in support of the security clearance vetting process.

Pre-selection Qualifications

SMEs indicated that, to qualify for security training and to function within the Federal Government's PSP, a clinician must be:

- a U.S. citizen.
- a licensed psychologist at the doctoral level or a board-certified psychiatrist.
- Experienced (at least 5 years of practice post-licensure or post-certification).
- covered by malpractice insurance.
- practiced in psychological assessment³.
- able to hold a security clearance at the Top Secret (TS) level (if required).

Job Description

SMEs constructed the following job description based on the pre-selection qualifications they determined to be a requirement for the position:

The Federal government is looking for licensed psychologists (doctoral level) and board-certified psychiatrists to be trained in the nexus between national security and mental health to assist in the personnel security vetting process. This position will consult with investigators and adjudicators who make security clearance determinations. Work includes providing consultative services pertaining to psychopharmacology, psychological concepts and terminology, and impartial review of medical or mental health records and investigative information. The successful candidate will also conduct targeted and comprehensive psychological assessments

³ Although beyond the scope of the current initiative, future research will address how a hiring agent might assess this capability.

of current and historical substance use, mental health, and behavioral health issues to inform adjudicators who are making personnel security determinations. Psychological assessments are typically required only when an adjudicator does not have sufficient information to mitigate mental health information provided within the context of a given investigation.

Duties and responsibilities of selected clinician candidates include producing clear and concise work products (e.g., reports) that fully address referral questions and provide informed opinion regarding the subject's judgment, reliability, and trustworthiness to protect classified information and to hold a sensitive position.

In addition to providing subject psychological assessments and consulting with personnel security investigators and adjudicators, candidates must also be able to provide testimony regarding psychological assessments during any potential clearance determination appeals processes (training on the clinician's role in the appeals process to be provided on the job).

Finally, candidates must be U.S. citizens and able to obtain and maintain a TS security clearance (if required).

Post-selection Recommended Skill Standards: CWFs, KAs, and PIs

The first step of the job analysis identified recommended CWFs security-trained clinicians will perform. SMEs in Workshop I identified three CWFs: (a) complete a comprehensive psychological assessment, (b) review medical records (no direct examination of the subject), and (c) provide consultation to investigators and adjudicators regarding questions about psychopharmacology and psychological terminology. SMEs agreed that cadre clinicians need to conduct all three of these critical work functions to operate as personnel security-trained mental health professionals.

The second step of the job analysis identified the KAs clinicians need to perform to complete each CWF. SMEs in Workshop I identified 17 KAs overall: 7 KAs for CWF1, 6 KAs for CWF2, and 4 KAs for CWF3. KAs associated with CWF1 are presented in Table 2, KAs associated with CWF2 are presented in Table 3, and KAs associated with CWF3 are presented in Table 4.

The third step of the job analysis identified the PIs used to determine whether a clinician has completed each KA within each CWF. SMEs in Workshop I identified 30 PIs for CWF1, 11 PIs for CWF2, and 6 PIs for CWF3. PIs associated with CWF1 are presented in Table 2, PIs associated with CWF2 are presented in Table 3, and PIs associated with CWF3 are presented in Table 4.

Table 2
CWFs 1: Complete a Comprehensive Subject Psychological Assessment

KAs	PIs
KA1: Establish Appointment with Subject	<p>PI1. Receive and respond to adjudicator request for psychological assessment in a timely manner</p> <p>PI2. Identify scope and purpose of psychological assessment as it pertains to personnel security</p>
KA2: Plan Psychological Assessment	<p>PI3. Access referral information and available records through secure channels and determine if additional information is needed for assessment</p> <p>PI4. Review all available records for derogatory information and identify security-relevant issues of concern</p> <p>PI5. Select assessment instruments that are appropriate for the examinee and evaluation of security-relevant issues</p> <p>PI6. Schedule appointment with examinee, emphasizing role as independent examiner who works for the U.S. Government</p>
KA3: Conduct Psychological Assessment	<p>PI7. Greet examinee and establish rapport</p> <p>PI8. Orient examinee to assessment; explain limits of confidentiality and that information will be sent to the U.S. Government directly and could impact clearance determination</p> <p>PI9. Review required paperwork with examinee and obtain consent to conduct examination and to share findings with U.S. Government</p> <p>PI10. Conduct assessment of current mental status</p> <p>PI11. Conduct structured diagnostic interview</p> <p>PI12. Conduct objective assessment of personality functioning</p> <p>PI13. Conduct assessment of historical psychological treatment and conditions and address potential areas of adjudicative concern</p> <p>PI14. Conduct assessment (if applicable) of any current and/or historical substance use, abuse, and dependence with consideration of relevant adjudicative guidelines</p> <p>PI15. Conduct assessment of other possible behaviors of concern that would raise concerns regarding judgment, reliability, or trustworthiness</p>
KA4: Prepare Detailed Report of Findings	<p>PI16. Write up assessment process used and identify the materials used including source interviews</p> <p>PI17. Write up results of mental status exam and history of treatment</p> <p>PI18. Write up results of structured diagnostic assessment; provide diagnosis and prognosis</p> <p>PI19. Write up results of objective personality assessment</p> <p>PI20. Write up results of substance use, abuse, and dependence assessment</p> <p>PI21. Write up results of other possible behaviors of concern assessment</p> <p>PI22. Synthesize findings of assessment and their relevance to personnel security</p> <p>PI23. Write conclusion to report with clear findings that have investigative and adjudicative utility and address trustworthiness, reliability, and judgment</p>
KA5: Review Findings With Requesting Agency	<p>PI24. Submit report to requesting agency through a secure portal</p> <p>PI25. If necessary, review report findings with requestor and edit report to provide clarification</p> <p>PI26. Resubmit final report if changes have been made</p>

KAs	PIs
KA6: Document Completion of Consultation	PI27. Complete closeout paperwork as required by supervising agency
KA7: Testify at Appeals Hearing, as Required	PI28. Review all notes and documentation to ensure the information is relevant and defensible prior to Defense Office of Hearings and Appeals (DOHA) testimony PI29. Attend all required court appearances PI30. Provide clear, accurate testimony that explains the security risk of the identified concern(s)

Table 3
CWFs 2: Provide Consultation Involving Medical Record Review to Personnel Security Staff (No Direct Examination of Subject)

KAs	PIs
KA8: Establish Consultation	PI31. Receive and respond to adjudicator or investigator request for consultation in a timely manner PI32. Identify scope and purpose of consultation as it pertains to personnel security
KA9: Coordinate Consultation With Requesting Agency	PI33. Obtain all available data and determine if additional information is needed for consult PI34. Clearly address whether additional information, such as a comprehensive psychological assessment, is required
KA10: Review Relevant Data	PI35. Review all available records for derogatory information and identify security-relevant issues of concern PI36. Derive conclusion relevant to purpose of consultation as it pertains to security-relevant referral question
KA11: Prepare Findings	PI37. Prepare findings in requestor's preferred consultative format
KA12: Communicate Findings to Requestor	PI38. Discuss consultation with requesting agency PI39. Submit report of findings in requestor's preferred consultative format through a secure portal PI40. Address any additional questions requestor may have
KA13: Document Completion of Consultation	PI41. Complete closeout paperwork as required by supervising agency

Table 4
CWFs 3: Provide Consultation Regarding Psychopharmacology, Psychological Terminology, and Concepts to Personnel Security Staff

KAs	PIs
KA14: Establish Consultation	PI42. Receive and respond to request for consultation in a timely manner
KA15: Communicate With Requesting Agency	PI43. Determine and clarify purpose and scope of consultation as it pertains to personnel security
KA16: Provide Consultation to Requesting Agency	PI44. Respond to questions posed by requesting agency considering personnel security PI45. Provide requesting agency with SME knowledge regarding psychopharmacology, psychological concepts and terminology, and how they may relate to security PI46. Ensure that all questions have been adequately addressed
KA17: Document Completion of Consultation	PI47. Complete closeout paperwork as required by supervising agency

Frequency and Importance Ratings

Initial review of frequency and importance ratings revealed a high degree of response consistency in most cases; however, two participants sometimes provided responses that varied notably from those provided by others. For instance, when asked how frequently a clinician would *establish a consultation* when completing a comprehensive psychological assessment, these participants indicated that this would *never* happen, while all other participants indicated that this would *always* happen. Once examined further, researchers realized that language needed to be clarified to reflect intended meaning: *establish appointment with subject*. Rather than exclude these ratings from the analysis, researchers opted to retain all collected information in its original form and to present median scores (instead of mean scores) as the measure of central tendency to account for this issue.

Median SME frequency ratings for identified CWFs ranged from *sometimes* (3.0) to *often* (4.0) performed, and importance ratings ranged from *very* (4.0) to *extremely* (5.0) important. As a result, all three CWFs identified by SMEs were retained in the final version of the job analysis. The three CWFs, along with their frequency and importance ratings, are presented in Table 5.

Median SME frequency ratings for identified KAs ranged from *sometimes* (3.0) to *always* (5.0) performed, and median importance ratings ranged from *very* (4.0) to *extremely* (5.0) important. As a result, all 17 KAs identified by SMEs were retained in the final version of the job analysis. These KAs, along with their frequency and importance ratings, are presented in Table 5. Notably, some KAs are performed for more than one CWF. For instance, the KA “receive and respond to requests in a timely manner” is the first KA for each CWF. KAs that occur across multiple CWFs are presented only once in Table 5.

Table 5
Frequency and Importance Ratings of CWFs and Key Activities

Critical Work Functions	Median Frequency Rating	Median Importance Rating
1. Complete a comprehensive psychological assessment	4.0	5.0
2. Provide consultation involving mental health record review (no direct examination of the subject)	4.0	5.0
3. Provide consultation regarding questions about psychopharmacology and psychological terminology or concepts	3.0	4.0
Key Activities	Median Frequency Rating	Median Importance Rating
1. Establish consultation	5.0	5.0
2. Plan psychological assessment	5.0	5.0
3. Conduct psychological assessment	5.0	5.0
4. Prepare detailed report of findings	5.0	5.0
5. Review findings with requesting agency	3.0	4.5
6. Document completion of consultation	5.0	4.0
7. Testify at appeals hearing, as required	5.0	5.0
8. Coordinate consultation with requesting agency	5.0	5.0
9. Review relevant data	5.0	5.0
10. Communicate findings to requestor	5.0	5.0
11. Communicate with requesting agency	5.0	5.0
12. Provide consultation to requesting agency	5.0	5.0

*Note: Five KAs are repeated across CWFs and are not listed above more than once.

SMEs also rated the *frequency* with which PIs would be performed when a cadre clinician engages in each CWF. SMEs did not rate the importance of PIs as a PI is automatically included when the corresponding KA is identified as important. Frequency ratings for PIs ranged from *infrequently* (2.0) to *always* (5.0) performed and are presented in Table 6.

Table 6
Frequency Ratings of Performance Indicators

Performance Indicators	Median Frequency Rating
1. Receive and respond to request for consultation in a timely manner	5.0
2. Identify scope and purpose of consultation	5.0
3. Obtain referral information and available records	5.0
4. Review all available records for derogatory information and issues of concern	5.0
5. Select appropriate assessment instruments	5.0
6. Schedule appointment with examinee, emphasizing role as independent examiner	5.0
7. Greet examinee and establish rapport	5.0
8. Orient examinee to assessment; explain limits of confidentiality	5.0
9. Review required paperwork with examinee and obtain consent	5.0
10. Conduct assessment of current mental status	5.0
11. Conduct structured diagnostic interview	4.5
12. Conduct objective assessment of personality functioning	5.0
13. Conduct assessment of historical psychological treatment and conditions	5.0
14. Conduct assessment of current and historical substance use, abuse, and dependence	5.0
15. Conduct assessment of other possible behaviors of concern	5.0
16. Write up assessment process used and identify the materials used including source interviews	5.0
17. Write up results of mental status exam	5.0
18. Write up results of structured diagnostic assessment	5.0
19. Write up results of objective personality assessment	5.0
20. Write-up results of substance use, abuse, and dependence assessment	5.0
21. Write up results of other possible behaviors of concern assessment	5.0
22. Synthesize findings of assessment	5.0
23. Write conclusion to report with clear findings addressing trustworthiness, reliability, and judgment	5.0
24. Submit report to requesting agency	5.0
25. If necessary, review report findings with requestor and edit report to provide clarification	4.0
26. Resubmit final report, if changes have been made	4.0
27. Complete closeout paperwork as required by supervising agency	4.0
28. Review all notes and documentation, prior to testimony	2.5
29. Attend all required court appearances	3.0
30. Provide clear, accurate testimony	5.0
31. Discuss consultation with requesting agency	5.0
32. Obtain all available data	5.0
33. Examine all available data within context of consultative purpose	5.0

Performance Indicators	Median Frequency Rating
34. Derive conclusion relevant to purpose of consultation	5.0
35. Prepare findings in requestor's preferred consultative format	3.0
36. Clearly address whether additional information, such as a comprehensive psychological assessment, is required	5.0
37. Provide requestor with report of findings in requestor's preferred consultative format	5.0
38. Address any additional questions requestor may have	5.0
39. Determine and clarify purpose and scope of consultation	5.0
40. Respond to questions posed by requesting agency	5.0
41. Provide requesting agency with SME knowledge regarding psychological concepts and terminology	5.0
42. Ensure that all questions have been adequately addressed	5.0

*Note: Five PIs are repeated across CWFs and KAs and are not listed more than once.

SECURITY-TRAINED CLINICIAN PROGRAM IMPLEMENTATION

SMEs provided input regarding implementation methods for a training or credentialing program for clinicians. SMEs described their D&A's current engagement with mental health professionals, potential benefits of a security-training program for clinicians, preferences for training or credentialing, anticipated costs of such a program, and compensation for clinicians.

Current Engagement with Mental Health Professionals

SMEs who provided input regarding program implementation reported that their D&As currently consult or employ clinicians as military, government civilian, or contracted clinicians within their personnel security process. These PSP consultations address a subject's mental and emotional stability as it pertains to trustworthiness and the protection of national security. Questions about a subject's mental or behavioral health can arise as part of an initial background investigation, during periodic reinvestigation, or following an incident that calls into question the mental health of the subject (e.g., Guideline I Psychological Condition incident reports). Many SMEs indicated that their agencies contract clinicians to perform psychological assessments for clearance determinations. These SMEs indicated that they frequently receive reports from clinicians that are not adjudicatively useful because they do not directly address judgment, reliability, and trustworthiness.

Potential Benefits of a Security-Training Program for Clinicians

In SME discussions among investigators, adjudicators, and personnel security psychologists, SMEs explained the challenges they face when they encounter cases with a mental health component. All three groups generally agreed that a program providing consistent access to security-trained clinicians, who are available to assist

with cases that have a mental or behavioral health component, would improve the quality and timeliness of background investigations and adjudications.

Investigator SMEs indicated that they need assistance with interpretation of mental health records and terminology. Additionally, investigators noted difficulty engaging with ambivalent or unresponsive clinical treatment providers. Because the treating providers' primary concern is for the health and well-being of their patients, many are unwilling to risk the patient-provider relationship by providing potentially unfavorable assessments of their patients' judgment, reliability, or trustworthiness. SMEs indicated that, in addition to conducting psychological assessments, security-trained clinicians may be able to facilitate constructive communication between investigators and treating providers. They may also give treating providers an understanding of the purpose of investigations and guidelines for disclosure during the personnel security vetting process.

Adjudicator SMEs also reported challenges with interpretation of records and psychological terminology; however, the difficulty they most often mentioned was access to mental health clinicians who can perform a comprehensive psychological assessment with the investigation subject. DoD CAF psychologists provide adjudicators with consultations regarding medical record review and interpretation of terminology, but they do not provide psychological assessments. As a result, assistance from external clinicians outside of DoD CAF is needed. Unfortunately, SMEs reported that external clinicians who are unfamiliar with the personnel security vetting process have contributed to delays in investigation and adjudication of mental health cases. These clinicians often prepare reports for DoD CAF adjudicators that do not yield the information necessary to reach a clearance determination and, therefore, require follow-up and guidance from DoD CAF psychologists. Delays also happen when a request for a psychological assessment involves a subject located in a remote area. Psychological assessments must be performed in person, but finding mental health clinicians for subjects who reside in remote areas can be difficult. SMEs stated that access to a cadre of security-trained clinicians with adequate regional coverage would address the issue of remote service requests. A current initiative within DoD CAF is designed to address these issues by engaging approximately 40 (DoD CAF-vetted) qualified clinicians to conduct psychological assessments for several hundred National Industrial Security Program cases.

Process Considerations for Program Implementation

SMEs generated ideas and recommended steps that D&As should consider when implementing a program for a cadre of security-trained clinicians. These suggestions and recommendations are outlined here.

Access

The two options for course delivery are online or in-person training. CDSE has a charter to train government security professionals (beyond DoD) and is well positioned to host security training or credentialing for clinicians if sustainable program funding

were to be provided. CDSE SMEs noted that access to their courses requires a .mil or .gov email address, but access can be granted if course participants are employed or contracted by the Government.

Special Qualifications

SMEs indicated that a security-trained clinician may require eligibility to access sensitive or classified information to perform duties within the personnel security process. Specifically, they need to review the subject's Report of Investigation to gain a whole-person understanding of the case at hand to inform their assessment of judgment, reliability, and trustworthiness as it pertains to national security.⁴ Some SMEs also suggested that a pre-existing security clearance may be necessary to prevent the possibility of an individual clinician opting into the system for nefarious purposes such as to conduct an intelligence operation. Other SMEs confirmed that their organizations would require clinicians to obtain and maintain a TS clearance upon joining the cadre.⁵

A few SMEs indicated that they require the clinicians they consult to have organization-specific knowledge to ensure the accuracy and appropriateness of their services (e.g., mitigation strategies). Specific knowledge largely consists of process and procedure education, organization-specific policy training, and Code of Federal Regulation awareness. These SMEs indicated that a requirement for organization-specific knowledge would be most relevant during consultations related to incident reporting because the subject of investigation would be an employee or contractor already working within an organization. Some SMEs also reported that their agencies currently require clinicians to have specific certifications, such as those associated with the DoE's Human Reliability Program, before they can perform consultations and assessments.

Although a few SMEs expressed a preference for billeted clinician positions within D&As, most SMEs expressed a preference for contracted positions, noting that clinicians are needed across the United States and that this structure would reduce costs and improve access to clinicians in locations where full-time employees are not necessary. SMEs indicated that an initial approach might involve training clinicians who already hold a security clearance.

Program Training and Credentialing Process

SMEs from CDSE provided information on the training and credentialing processes that CDSE offers and the steps that D&As need to consider when implementing a training or credentialing program. Using the information provided by CDSE,

⁴ Ultimately, the clinician's opinion will apply to the mental health issue at hand only; the adjudicator is still needed to examine the full subject case using all 13 adjudicative guidelines (e.g., foreign influence, financial considerations) in conjunction with one another.

⁵ The subject of security clearance requirements for cadre clinicians is an on-going topic of debate. The Phase III (Clinician Curriculum) project will revisit this need and seek OUSDI policy input on the matter.

researchers suggested three options (see Figure 2) for implementing a training program. SMEs reviewed these suggestions and expressed a preference for a graduated approach to training implementation. This approach would begin with a one-time training and move toward a full credentialing process (i.e., certification) as the program develops.

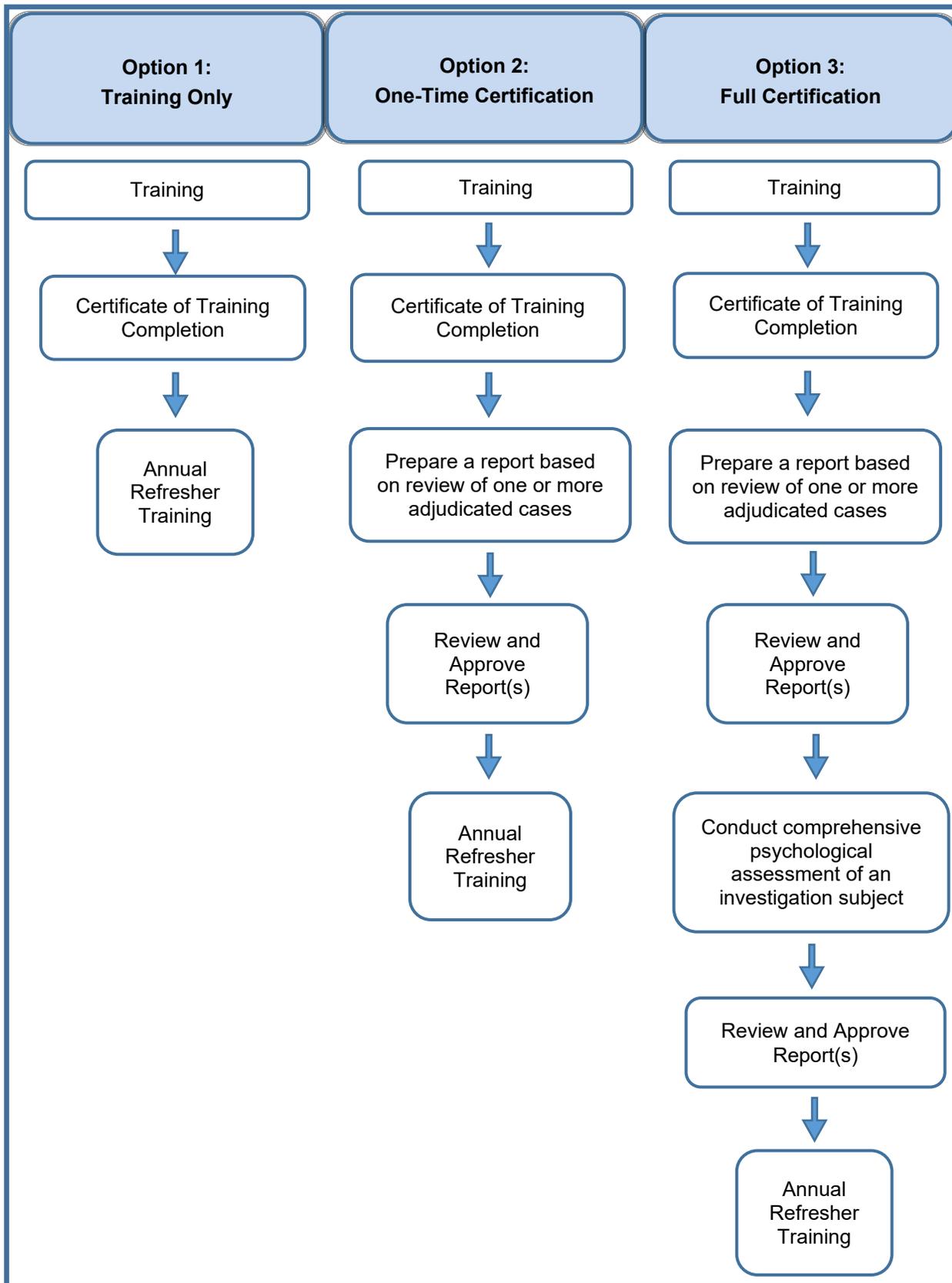


Figure 2 Training and Credentialing Options

Training

CDSE provides a platform that can deliver training as a stand-alone product or as the first step in a credentialing process (see Figure 2). A stand-alone training includes instruction delivered in person, online, or through webinars, seminars, podcasts, and toolkits.

Option 1. Training

All training must be designed to align with previously identified skill standards. At the conclusion of a training course, participants take an online test to demonstrate they have knowledge and mastery of the topic by achieving a predetermined cut-off score. Participants receive a certificate of completion as proof of success course completion.

For security-trained clinicians to receive a training completion certificate, they would attend a training delivered in person and/or online. At the conclusion of the course, participants would take an online post-test and achieve a predetermined cut-off score to demonstrate they have knowledge and mastery of the topic. The program could include an annual refresher course requirement to maintain program eligibility.

Credentialing

CDSE supports two types of credentialing options: a one-time certification and full certification (see Figure 2). Both types of certification require training to be aligned with previously identified skill standards as part of course curriculum and both provide a path to credentialing a cadre of security-trained clinicians. The distinctions between these credentialing options are described here.

Option 2. One-Time Certification

One-time certification is less rigorous than full certification. In general, to receive a one-time CDSE certification, course participants must complete the designated curriculum and demonstrate knowledge and concept mastery by achieving a predetermined cut-off score on a post-test of course material. Participants would then receive a certificate of completion as proof they have sufficiently completed all course requirements. Courses can be instructor-led or delivered online through webinars, seminars, podcasts, and toolkits. Courses are designed to align with previously identified skill standards.

For security-trained clinicians to receive a one-time certification, competence could be demonstrated through a case study and preparation of a report or multiple reports based on DoD CAF cases file that have previously been evaluated and fully adjudicated. Results of any case studies, written reports, and evaluator conclusions would be compared to actual case outcomes. Requirements might include an annual refresher course to ensure clinicians retain the knowledge and understanding of the relationship between mental health and national security. To demonstrate continued competence and maintain certification and program eligibility, a cadre of security-

trained clinicians would complete and pass an annual refresher course. The course delivery may be online and/or in person.

Option 3: Full Certification

To receive a full certification from CDSE, course participants generally must complete the designated curriculum and demonstrate knowledge and concept mastery by achieving a predetermined cut-off score on a post-test of course material. Participants would then receive a certificate of completion at the conclusion of the course. A full CDSE certification requires certification maintenance in the form of ongoing participation in activities that satisfy predetermined requirements. Proof of participation is required. Courses can be instructor-led or delivered online through webinars, seminars, podcasts, and toolkits. All courses must align with previously identified skill standards.

For security-trained clinicians consulting on clearances adjudicated at DoD CAF to receive a full certification, they would need to demonstrate additional competence by conducting one or more comprehensive psychological assessments of a subject and producing written reports of findings. These reports would be vetted by the psychologists at DoD CAF or another duly qualified clinical expert to ensure that they effectively addresses any concerns related to judgment, reliability, or trustworthiness.

Developing a New Credentialing Program

According to SMEs from CDSE, developing a new credentialing program is a costly and lengthy process. A one-time certification can take approximately 3 years to develop and implement, whereas full certification can take approximately 5 years to develop and implement. CDSE SMEs indicated that developing an initial training course, on the other hand, would be significantly less time intensive and would meet the immediate need for security-trained clinician support. However, clinician SMEs discounted training alone as a long-term solution because its degree of rigor is inadequate given the weight and importance of the clinician's role. Clinician SMEs expressed that credentialing should have more requirements and additional opportunities to demonstrate competence. Furthermore, clinician SMEs indicated a more desirable approach would be to take on a "crawl, walk, run" tactic. This approach would include training and refresher courses (i.e., crawl) during the initial implementation stage of the program and increase requirements toward credentialing (i.e., walk, run) as the program matures.

The complexities of establishing a security-training credential include specific requirements such as a governance board guiding course development and providing sustaining funds. CDSE SMEs explained that full certification may or may not involve formal accreditation. Accreditation offers the advantage of national recognition, identifying a security-trained clinician as qualified to perform according to accepted standards across other institutions with similar functions. However, the costs and fees associated with accreditation can be high. CDSE SMEs stated that accreditation is not necessary; instead, credentialing programs can be designed to follow accreditation

standards in the event that accreditation becomes desirable in the future. Other SMEs agreed that accreditation is not necessary.

Consulting Costs and Compensation

SMEs discussed compensation for clinicians as well as other anticipated costs of program administration. Compensation is the primary cost associated with engaging clinicians as participants in the security vetting process; other costs include overhead, contracting, and administrative costs. SMEs noted that compensation should be sufficient to attract qualified candidates, competitive with other available assessment and consulting work, and cost-effective for the Federal Government. SMEs acknowledged that costs associated with obtaining clearances for clinicians would be significant but did not specifically address who should cover these costs. One cost-effective approach suggested by SMEs was to begin by engaging clinicians who already hold an active security clearance.

Current Costs for Psychological Assessment

Two SMEs shared general information about the costs that their D&As have incurred in sourcing psychological assessment services from clinicians to support personnel security vetting. These SMEs noted total costs per assessment (during 2017-2018) in the range of \$2,200 to \$2,500 per case. These costs included not only clinician compensation but also overhead expenses (e.g., business administrative functions). Until the exact mechanism of hiring is determined (e.g., Government employment, contract, and/or independent subcontract), it will be difficult to specify exact costs. However, these data points provide an initial estimate to inform future decisions.

Locality-Based Compensation

Identifying appropriate compensation is complex because security-trained mental health clinicians are needed in locations across the country and compensation for the services of an established mental health professional varies widely by location. SMEs noted that one possible model for compensation involves the use of locality-specific pay, similar to the model used by the Federal Government to determine compensation for clinicians who provide services to Medicare and Medicaid patients.⁶ These locality-specific pay rates are designed to account for regional differences in pay to engage clinicians in areas where demand and competition for clinicians is high, without overpaying for services in areas where demand and competition for available clinicians is lower. Table 7 provides several examples of locality pay for clinicians conducting

⁶ CMS (www.cms.gov) developed and implemented a Physician Fee Schedule (PFS) locality structure in 1997. The PFS comprised 89 localities across the United States, some of which are statewide while others apply to more circumscribed areas. Psychologists and psychiatrists who provide assessment services to Medicare and Medicaid patients are reimbursed by the Federal Government with rates that vary by locality. For instance, the rate for 1 hour of psychiatric diagnostic assessment without medical services (Current Procedural Terminology [CPT] code 90791) ranges from \$142.86 (in Mississippi) to \$209.92 (in Alaska).

psychological assessments in localities across the country and extrapolates these rates to identify the cost of engaging a clinician at those rates for a typical 8-hour day.

SMEs also noted that, although a locality pay model for reimbursement such as that used by the Centers for Medicare and Medicaid Services (CMS) effectively addresses the need for locality-specific compensation, adopting the pay rates used by CMS is not likely to be adequate to attract the experienced assessment experts needed for this cadre. Furthermore, this approach does not take international locations into consideration. Clinicians who choose to participate in the program will be required to complete training on personnel security and will be performing a function with higher stakes and potentially greater liability than a CMS assessment. Some SMEs suggested that a modified, more competitive compensation model (e.g., 120% of CMS rates) may be sufficient to attract qualified candidates to perform this work, however, others indicated that even these rates may be insufficient. Finally, one SME noted that regions with lower locality pay often have shortages of licensed or board-certified clinicians, which may make recruitment more difficult in these areas.

Table 7
CMS Locality Pay and Extrapolated Rates (Examples for 5 of 89 U.S. Localities)

Location	Non-Facility Limiting Charge* (\$)	8 Hours of Assessment at CMS Rates (\$)	8 Hours of Assessment at 120% of CMS Rates (\$)
Mississippi	142.86 (lowest)	1,142.86	1,371.43
Alaska	209.92 (highest)	1,679.36	2,015.23
Washington, DC	160.98	1,287.84	1,545.41
San Francisco, CA	165.67	1,325.36	1,590.43
Houston, TX	151.46	1,211.68	1,454.02

*The maximum amount of reimbursement

Time of Engagement

SMEs indicated that, to administer this program effectively, each CWF should be assigned an estimated/anticipated time commitment per type of engagement (i.e., comprehensive assessment, medical record review, consulting assistance with psychological concepts). For example, comprehensive psychological assessments are time intensive and could take a day to several days to complete, depending on the complexity of the case. Providing consulting services regarding psychopharmacology, psychological concepts, and terminology would likely take substantially less time to perform. Clinicians may devote more or less time to any individual assessment, but SMEs indicated that providing a standard time allotment could facilitate compensation for contracted clinicians.

EVALUATION OF INTEREST IN A SHARED SERVICE

SMEs discussed interest and lack of interest in, and perceived advantages and disadvantages of, sharing a cadre of security-trained clinicians across the Federal Government.

Perceived Advantages of a Shared Service

SMEs, from D&As within and outside of DoD, who were interested in sharing a cadre of security-trained clinicians across the Federal Government, identified seven perceived advantages of sharing this service. SMEs believe that a cadre of security-trained clinicians will:

- meet the needs of multiple D&As at less expense to each D&A, and the Federal Government overall.
- give smaller D&As, and those with limited budgets, access to security-trained clinicians when they cannot cover the cost themselves.
- provide services in remote locations where it is difficult to find mental health professionals other than the subject's own treating clinician (which creates a situation of potential bias or conflict of interest).
- be readily available to provide services to investigators and adjudicators who are assigned cases with mental health components.
- act as mediators and facilitate meetings between the subject's clinician and the investigator when consultation with a treating provider is deemed necessary.
- assist in reducing the clearance backlog by decreasing wait times for comprehensive psychological assessments and facilitating timely responses to assessment requests.
- improve the quality of services provided by mental health professionals who assist in clearance vetting through standardization of professional qualifications and assessment methodology across the Federal Government.

Perceived Disadvantages of a Shared Service

SMEs who did not see the value of a shared cadre for their agencies, or even viewed the idea as counterproductive, cited six perceived disadvantages of establishing or using such a service. Although some of these concerns would apply to any engagement of clinicians (shared or not), these concerns were raised in response to evaluation of interest in a shared service. These SMEs believe that a shared cadre of clinicians:

- is of no interest to D&As that already have access to security-trained clinicians.
- could be adopted as a cost-cutting measure by Federal Government PSPs, displacing internal clinicians who provide responsive services in conjunction with organizational security and clearance adjudication components.
- could decrease the quality of psychological services by cadre clinicians lacking the organization-specific knowledge of internal clinicians, especially in cases where a current employee is the subject of investigation.
- could enable subjects with unfavorable psychological assessments to "doctor-shop" a desired outcome from clinicians who have completed the security-training program.

- could represent an unwise use of Government funds, which could otherwise be disbursed to agencies needing to hire or contract their own security-trained clinicians.
- could be an opportunity for individuals with nefarious purposes to infiltrate the Federal Government and, therefore, will necessitate additional security clearance requirements.

DISCUSSION AND RECOMMENDATIONS

The aim of this study was three-fold: (1) to develop pre-selection qualifications and recommended skill standards for security-trained mental health clinicians who will assist in the personnel security clearance vetting process, (2) to explore training program implementation options for this need at DoD CAF, and (3) to assess interest in establishing the cadre of clinicians as a shared Government resource. This section discusses findings, provides recommendations based on SME feedback, describes study limitations, and identifies future directions for this work.

INVESTIGATORS AND ADJUDICATORS NEED ACCESS TO SECURITY-TRAINED CLINICIANS

Finding 1: SMEs interviewed for this study identified a need for mental health clinicians who have both expertise in psychological assessment and an understanding of the personnel security vetting process for clearances adjudicated at DoD CAF. Investigators and adjudicators expressed that they need, but do not currently have, consistent access to such professionals. Investigator and adjudicator SMEs described a multitude of challenges related to the current practice of relying on treating providers to provide recommendations regarding a subject's reliability, judgment, and trustworthiness. In addition to experiencing significant obstacles in obtaining responses from treating providers, SMEs expressed concern that treating providers may provide uninformed or even biased feedback. Further, SMEs indicated that enlisting the support of unbiased (i.e., non-treating) clinicians is only helpful insofar as these individuals have a solid foundational understanding of personnel security. These results mirror the findings of prior research that identified a need for unbiased, security-trained clinicians to be involved in the PSP (Dickerhoof et al., 2017; Senholzi et al., 2016).

Recommendation 1: DoD should continue to pursue the development of a cadre of security-trained clinicians for clearances adjudicated at the CAF. The initial training for this cadre should be made available to existing Federal Government and contracted clinicians who provide these services to standardize and professionalize current practices. Mental health clinicians with security training need to be involved in the PSP, as demonstrated through interviews with investigators, adjudicators, and other SMEs.

LEVERAGING JOB ANALYSIS RESULTS AS GUIDELINES FOR TRAINING PROGRAM CURRICULUM

Finding 2: One of the primary goals of this study was to conduct a job analysis to identify the pre-selection qualifications and recommended skill standards necessary to operate as a security-trained clinician within the PSP. SMEs who participated in job analysis workshops identified and validated a set of CWFs, KAs, and PIs for this role. They indicated that, in addition to providing comprehensive and targeted psychological assessments, security-trained clinicians are needed to provide consultations regarding

medical record review (i.e., no direct examination of subjects), psychopharmacology, and psychological terminology and concepts. SMEs advised that these additional services are critically important to ensuring that investigators and adjudicators have sufficient access to accurate information and assistance in interpreting psychological mental-health related data.

Recommendation 2: DoD should use the results from the job analysis as guidelines for establishing the position of the security-trained clinician. The job analysis findings should also be used to develop the curriculum for a training and/or credentialing process.

LIMITING PROGRAM PARTICIPATION TO CLINICIANS WITH SPECIFIC PROFESSIONAL CREDENTIALS

Finding 3: Workshop SMEs unanimously agreed that clinician participation in the PSP should be limited to doctoral-level, licensed psychologists and board-certified psychiatrists with expertise in psychological assessment. SMEs indicated that these clinicians should be experienced professionals, with a minimum of 5 years of experience post-licensure or post-certification. Further, SMEs agreed that clinicians should be experts in psychological assessment and should use well-validated, objective assessment instruments (e.g., the Minnesota Multiphasic Personality Inventory [MMPI-II], the Personality Assessment Inventory [PAI]) to evaluate subjects. Although defining what constitutes “well-validated, objective assessment instruments” was not further examined for the purposes of this effort, SMEs did note that assessment use varies considerably among mental health professionals. SMEs also indicated that, although standardization is desirable, allowing discretion in the selection of assessment instruments is preferable.

Within those D&As that currently have access to consulting clinicians, many SMEs indicated that these clinicians require an active security clearance. Workshop SMEs generally agreed that clinicians must be able to obtain and maintain a TS security clearance to function properly within the role. These SMEs noted that clinicians typically need access to Reports of Investigation and investigative systems and some could come into contact with classified material. SMEs also noted the possibility of an individual clinician opting into the system for nefarious purposes such as to conduct counterintelligence. Although this concern was meant to support implementation of a clearance requirement, one SME countered that granting a TS requirement could also result in the opposite effect (i.e., providing access to a potential CI threat).

Recommendation 3: DoD should limit program participation to doctoral-level, licensed psychologists and board-certified psychologists with expertise in psychological assessment who have a minimum of 5 years of experience post-licensure or post-certification. At this time, it is thought that these clinicians will need to be able to maintain a TS security clearance to participate in the program and to provide services to the Federal Government.

ENGAGING CLINICIANS AND STRUCTURING THE WORK

Finding 4: SMEs discussed several potential mechanisms for engaging clinicians, ranging from creating billets within D&As to establishing contracts for the hiring of clinicians on an as-needed basis. SMEs suggested Military Treatment Facilities, government civilians, and contracted mental health clinicians as possible sources for hiring. Although determining the mechanism for future hiring was beyond the scope of the current research project, SMEs did identify pros and cons related to these various hiring mechanisms. A few SMEs indicated a preference for billeted positions within D&As, noting that employment within an organization would provide the clinician with agency-specific knowledge that may be useful in instances where a concern has arisen regarding an individual already holding a sensitive position. Most SMEs indicated a preference for contracted positions, noting that clinicians are needed across the United States and that this structure would reduce costs and improve access to clinicians in remote locations. Importantly, both approaches—billeted and contracted positions—are not mutually exclusive and will likely continue to co-exist with one another as necessity permits.

Additional considerations for implementing a program for security-trained clinicians are costs and compensation. SMEs indicated that pay should be competitive to attract qualified professionals to the position, but that it must also be cost effective. SMEs identified a locality pay model (where pay varies by location), akin to the compensation model used by CMS, as one option to facilitate a base hiring rate for consulting clinicians in areas where significant competition for services exists. Also, if the position is developed as a contracted position, SMEs stated that it would be important to standardize the time allotments for certain key activities. For instance, the time needed to perform a comprehensive psychological assessment can vary, however, clinicians could be engaged to perform this activity with the expectation that an assessment would take 8 hours to complete, on average. Other psychological consulting services could be performed on an hourly basis (e.g., specific psychological testing, medical record review and interpretation, terminology clarification with adjudicators). At the current time, these ideas remain initial thoughts and will require deeper inquiry to define and flesh out in greater detail.

Recommendation 4: To manage costs and increase access, DoD should continue to explore the establishment of a system for engaging clinicians (e.g., billeted or contracted). The current initiative under way at DoD CAF will provide valuable information regarding the effectiveness of a contract-based approach.

TRAINING AS A SHORT-TERM STRATEGY AND CERTIFICATION AS A LONG-TERM STRATEGY FOR CLINICIANS

Finding 5: SMEs discussed a wide variety of options for training and credentialing clinicians to participate in the PSP. Overall, SMEs predominantly supported the concept of an evolving program, with training and credentialing accomplished through a series of graduated steps. The first step is the development of a stand-alone training

program for clinicians. This training program could be hosted by CDSE and could be delivered online so that it is accessible to clinicians across the country and internationally. The training would include a post-training knowledge assessment, and clinicians who complete the training would receive a certificate of training completion. A refresher course could be an annual requirement.

The second and third steps are what CDSE terms “credentialing.” The second step is the development of a one-time certification. For this option, clinicians seeking to participate would receive training and also be required to conduct a record review of a previously adjudicated DoD CAF case, concluding with a written report that would be evaluated by a DoD CAF psychologist. Successful completion of this report would lead to certification as a security-trained clinician. A refresher course could be an annual requirement. SMEs also expressed a desire for a third step involving development of a full certification. A full certification would require the clinician to receive training and demonstrate competence through a DoD CAF-guided comprehensive assessment and preparation of a written report. This requirement would be similar to that of a one-time certification but would also require the clinician to perform a comprehensive psychological assessment of an investigation subject rather than review records from a previously adjudicated case. Clinicians who successfully complete a “live” report documenting a comprehensive psychological assessment that effectively addresses questions regarding judgment, reliability, and trustworthiness would earn full certification pending review and approval by an appointed senior clinician. To maintain this certification, re-training and psychological assessment case reviews could be required as deemed appropriate. Given CDSE’s charter to train security professionals and its ability to host training and credentialing programs, it is also well positioned to host this program. CDSE indicated that any developed training must meet CDSE training standards (e.g., Section 508 compliance) and be compatible with their technical requirements. CDSE would also required a sustainable funding source to host and maintain any training or credentialing programs.

Recommendation 5: As a short-term strategy to address the immediate need for security-trained clinician assistance, DoD should develop a PSP training program and host it at CDSE. The training should be as accessible as possible to encourage participation. When the training program is in place, DoD should develop its long-term strategy for a credentialing program (i.e., one-time or full certification).

EVALUATING INTEREST AND POTENTIAL BARRIERS TO A SHARED SERVICE

Finding 6: SMEs held a wide variety of opinions on the utility, feasibility, and desirability of establishing a cadre of security-trained clinicians as a shared resource. SMEs from organizations currently without access to security-trained clinicians (e.g., DOE, DOTR) expressed interest in participating. These SMEs stated that access to a shared service would be very helpful to them; their primary concern was related to the potential cost of sharing this service. SMEs from organizations that do not have access currently but are attempting to develop a similar capability internally for their own

organizations (e.g., FBI) expressed interest but indicated that they would not need the resource if they are able to develop it themselves. Similarly, SMEs from organizations that already have access to security-trained clinicians (e.g., DOS) expressed that they do not need this, but they offered no objections to the development of the resource for other D&As.

In contrast, a SME employed as a clinician within the IC and an SME from a law-enforcement agency indicated that their agencies already have internal psychologists and do not need this service. These SMEs did not support the development of a security credential for clinicians, indicating that clinicians with extensive personnel security knowledge who already function in these positions might be directed to obtain such a credential. They also opposed the use of the cadre across the Federal Government because they believe that these clinicians would lack agency-specific knowledge that may be important in cases of reinvestigation or adjudicative guideline incidents. These SMEs also expressed concern that future Federal cost-cutting efforts might lead to the elimination of in-house agency clinicians.

However, other SMEs indicated that these concerns were not sufficient reasons to oppose the development of this resource for those D&As that do not currently have access to security-trained clinicians. The IC and law enforcement SMEs suggested that a credentialed clinician may leave the cadre and attempt to market himself or herself directly to subjects of investigation as “acceptable to the government.” Finally, they also suggested that this would encourage subjects to seek competing assessments in cases where an assessment has a negative outcome. Some SMEs indicated that this scenario would be impossible as assessment requests would always be directly referred through the hiring agency (i.e., the subject would have no say in the clinician identification process). Notably, SMEs who currently contract independent clinicians to support their PSPs reported that they have never encountered this scenario.

Recommendation 6: DoD should develop a clinician security-training program for clearances adjudicated at DoD CAF only. Once established, the need for this service across the Federal Government (e.g., DOE, DOTR, FBI) should be reevaluated with the understanding that D&As with their own in-house capabilities would be encouraged to maintain them.

LIMITATIONS

A number of important limitations should be considered when interpreting the findings of this research study. Although contacted through official channels, SMEs did not necessarily represent the official position of their Department or Agency (i.e., their views were independent). Additionally, although researchers contacted a large number of D&As across the Federal Government, not all Federal D&As were contacted or participated in this research. As a result, there may be additional unidentified needs and opinions not presented in this report.

Finally, one of the most significant challenges involved in conducting this study occurred as a result of attempting to conduct the job analysis and evaluate interest in shared service concurrently. This approach was taken to ensure that, in the event that interest in a shared service was identified, any unique needs of non-DoD D&As could be addressed early in the development process. Unfortunately, this led to confusion about the goals of the project, which were intended to support previously identified DoD CAF clinician need rather than to impose a Federal Government-wide requirement to use these services. However, concurrent focus on establishing an active capability in conjunction with shared service discussions also led to the identification of potential barriers to implementing a Federal Government-wide security-training program for clinicians. Indeed, these barriers must be considered to ensure that existing psychological services in use at other agencies are not unintentionally undermined by the cadre proposal.

FUTURE DIRECTIONS

SMEs, particularly investigators and adjudicators, recognized the need for this service within the PSP. However, they expressed mixed support for the program as a resource to be shared by D&As. As a result, the recommendation of the study authors is to begin implementation by creating a program for clinicians to participate in centrally adjudicated DoD investigations only. With the creation of the Defense Vetting Directorate, to whom this research effort has been briefed, the scope of the vetting enterprise conducted by DoD appears poised to expand. Additional research will be needed to explore how best to involve security-trained clinicians in such efforts. As the structure and needs of organizations change over time, it will be important to perform a program evaluation to examine efficacy and to ensure a standard of quality.

The next step in developing a cadre of clinicians who can participate in the PSP is to develop a program of instruction (i.e., a curriculum) for participating clinicians, guided by the results of the FY18 job analysis. This curriculum will inform a clinician security-training program intended to standardize and professionalize use of clinician resources within the personnel security process.

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LIST OF ACRONYMS

AFOSI	Air Force Office of Special Investigation
CDSE	Center for the Development of Security Excellence
CMS	Centers for Medicare and Medicaid Services
CONUS	Continental United States
CWF	Critical Work Function
D&As	Departments and Agencies
DHS	Department of Homeland Security
DITMAC	Defense Insider Threat Management and Analysis Center
DOD CAF	Department of Defense Consolidated Adjudication Facility
DOE	Department of Energy
DOS	Department of State
DOTR	Department of Treasury
FBI	Federal Bureau of Investigation
IC	Intelligence Community
KA	Key Activity
MTF	Military Treatment Facility
NBIB	National Background Investigation Bureau
PAC	Performance Accountability Council
PERSEREC	Defense Personnel and Security Research Center
PI	Performance Indicator
PSP	Personnel Security Program
ROI	Reports of Investigation
SEAD	Security Executive Agent Directive
SME	Subject Matter Expert