

SUBJECT:	MORTER, John S.	FILE NO:	10-1003416
SSN:	xxx-xx-██████████	RANK:	CIV/USSOCOM/GG-13
REVIEWER:	Jill A. Tucillo, Psy.D./██████████ Tucillo Jill ██████████ <small>Digitally signed by Tucillo Jill Date: 2014.08.07 14:25:28 -04'00'</small>	DATE:	6 August 2014

NARRATIVE:	<p>Reason for Referral: John Morter (SUBJECT), a 53-year old SOCOM employee, was referred for psychological consultation at the request of Chief, SEC-5 due to SUBJECT's distraught emotional condition following HIS fifth failed Counterintelligence Scope Polygraph Examination (CSP). The purpose of our meeting with SUBJECT was to attempt to assuage HIS acute distress prior to HIS departing DIA HQ and to determine whether HE has a condition that is amenable to treatment. No review of SUBJECT's TITAN dossier was conducted prior to our meeting due to the urgency of the situation. The undersigned and Dr. ██████████ met with SUBJECT via Tandberg for approximately 45 minutes on 5 August 2014. Also present with SUBJECT at DIA HQ was SA Herb ██████████</p> <p>To the best of our ability to assess via Tandberg, SUBJECT presented as an appropriately dressed and well-groomed male who appeared HIS stated age. A highly anxious mood with congruent affect was apparent. Throughout our conversation, HE was intermittently tearful, hyperventilating and shaking. At times HE seemed to be on the verge of a panic attack, however, SUBJECT was able to collect HIMself and meaningfully participate in the conversation. HE was cooperative and seemed appreciative for the opportunity to decompress. Initially, HIS thought process seemed "catastrophic" -- a common cognitive distortion associated with anxiety-related disorders whereby a setback is viewed as having far-reaching and unrealistically disastrous consequences. Upon learning more about HIS history of failed CSP's and HIS current employment situation, it seems that HIS appraisal of HIS situation is grounded in reality. HE denied suicidal ideation, but cited a concern that HE might accidentally die due to having a panic attack while driving.</p> <p>SUBJECT reported feeling "terrified of failure" on the "mishandling classified" CSP question due to HIS repeated failures. HIS previous "mishandling" activities primarily related to cross domain transfers and in the post-9/11 timeframe, reportedly with inconsistent guidance from SSO. HE denied withholding additional derogatory information. Adding to SUBJECT's anxiety is HIS report that HIS wife lost her job as a government contractor because of <i>her</i> inability to pass a polygraph. She was reportedly unemployed for 1½ years until she found a job making 1/3 of her former salary. "Polygraph has ruined both of our lives," HE stated.</p> <p>Per SUBJECT's report, HIS anxiety became severe 10 months ago when HIS "clearance was taken," HE was removed from JWICS and SIPR, and relocated to a non-SCIF area at SOCOM where HE's had no meaningful work. HIS command has reportedly "lost confidence in HIM." HE stated HE has been characterized as an "insider threat" on the basis of HIS failed CSP alone. Subsequently, HE has experienced extreme anxiety, insomnia, chest pains, panic attacks, feelings of helplessness, and constant rumination about the polygraph. HE reportedly wakes up in the middle of the night thinking about polygraph. SUBJECT stated that in HIS 30+ years of military and government service, HE has</p>
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never had a security violation or faced any disciplinary action, thus HE feels unfairly treated due to HIS CSP failures.

Since October 2013, HE has reportedly engaged with three mental health professionals (2 therapists, 1 psychiatrist) and said HE has been diagnosed with "anxiety and PTSD" related to the failed CSP's. SUBJECT was prescribed Atarax, which is an antihistamine infrequently used to treat anxiety, but HE did not like the medication and stopped taking it after a short time. We did not have access to any medical records. SUBJECT has been participating in psychotherapy with Tampa psychologist, Dr. Rothberg, who has been using cognitive behavioral techniques and biofeedback. SUBJECT likes HIS therapist and believes therapy has been helpful, but "not helpful enough." HIS next session is scheduled for Thursday 8 Aug. SUBJECT reported HE obtained a doctor's note documenting HIS extreme anxiety and recommending that HE be permitted to use medical leave if HE is feeling too anxious to report for work. HE stated this has been helpful and HE has burned 200+ hours of sick leave. SUBJECT denied any significant lifetime history of anxiety, but acknowledged a history of psychotherapy when HIS first wife left HIM and their six young children.

SUBJECT reported in May 2014 HE was issued a PCS order by HIS command and DIA OHR to relocate to the NCR from Tampa. Because HE and HIS wife are "upside down" on their mortgage in Tampa, they cannot sell their home and she cannot relocate. Finances are tight (NFI, no credit report). HE envisions a depressing scenario of renting a room somewhere in the NCR, away from HIS wife and the work that HE loves. HE fears a PCS will exacerbate HIS already precarious mental health problems. HE has engaged with EO and DoDIG due to HIS perceived discrimination / unfair treatment due to HIS psychological condition. SUBJECT envisions workers' comp, disability or early retirement in HIS future due to the severity of HIS condition. These looming consequences were very much on HIS mind as HE undertook HIS 5th CSP today.

Recommendations: SUBJECT's anxiety is acute and appears genuinely debilitating. Psychotherapy is a good start, but it appears insufficient to address anxiety of this proportion. HE was educated on the benefits of psychotropic medication and was encouraged to consider seeking another consultation with a psychiatrist. The sum of the available information suggests that SUBJECT is not likely to be a suitable candidate for future CSP examination.