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**United States Department of Energy  
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing )  
Filing Date: July 3, 2012 ) Case No. PSH-12-0080  
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Issued: November 29, 2012

**Hearing Officer Decision**

Diane DeMoura, Hearing Officer:

This Decision concerns the eligibility of XXXXXXXXXXXX (“the Individual”) to hold a Department of Energy (DOE) access authorization.<sup>1</sup> This Decision will consider whether, based on the testimony and other evidence presented in this proceeding, the Individual’s suspended DOE access authorization should be restored. For the reasons detailed below, I find that the DOE should restore the Individual’s access authorization.

**I. BACKGROUND**

The Individual is employed by a DOE contractor in a position that requires him to hold a DOE access authorization. DOE Exhibit (“Ex.”) 3. In February 2012, the Individual timely reported to the Local Security Office (LSO) that he was arrested for Aggravated Battery, False Imprisonment, and Interference with Communication/Domestic Violence following an altercation with his wife (hereinafter referred to as “the February 2012 incident”). DOE Ex. 5 (Incident Report); *see also* DOE Ex. 6 (Criminal Complaint). Based on this information, the LSO requested that the Individual participate in a Personnel Security Interview, the purpose of which was to discuss the circumstances resulting in his February 2012 arrest. DOE Ex. 10. After the PSI, the Local Security Office (LSO) referred the Individual to a DOE consultant-psychologist (“the DOE psychologist”) for an evaluation. The DOE psychologist evaluated the Individual in April 2012 and issued a report. DOE Ex. 4. After reviewing the Individual’s personnel security file, the LSO informed the Individual in a June 2012 Notification Letter that there existed derogatory information that raised security concerns under 10 C.F.R. §§ 710.8 (h),

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<sup>1</sup> Access authorization, also known as a security clearance, is an administrative determination that an individual is eligible for access to classified matter or special nuclear material. 10 C.F.R. § 710.5.

(j) and (l) (Criteria H, J and L, respectively).<sup>2</sup> See DOE Ex. 1 (Notification Letter, June 14, 2012). The Notification Letter also informed the Individual that he was entitled to a hearing before a Hearing Officer in order to resolve the security concerns. *Id.*

The Individual requested a hearing on this matter. DOE Ex. 2. The LSO forwarded his request to the Office of Hearings and Appeals, and I was appointed the Hearing Officer. At the hearing, the DOE counsel introduced ten exhibits into the record (DOE Exs. 1-10) and presented the testimony of one witness, the DOE psychologist. The Individual submitted nine exhibits and presented his own testimony, as well as the testimony of seven witnesses: his wife, his father-in-law, his friend, his supervisor, his Alcoholics Anonymous (AA) sponsor, the site psychologist who currently treats the Individual (“the treating psychologist”), and a psychologist who evaluated the Individual for the purposes of providing testimony during this proceeding (“Individual’s psychologist”). See *Indiv. Exs. A-I; Transcript of Hearing, Case No. PSH-12-0080* (hereinafter cited as “Tr.”).

## II. REGULATORY STANDARD

The regulations governing the Individual’s eligibility for access authorization are set forth at 10 C.F.R. Part 710, “Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material.” The regulations identify certain types of derogatory information that may raise a question concerning an individual’s access authorization eligibility. 10 C.F.R. § 710.10(a). Once a security concern is raised, the individual has the burden of bringing forward sufficient evidence to resolve the concern.

In determining whether an individual has resolved a security concern, the Hearing Officer considers relevant factors, including “the nature, extent, and seriousness of the conduct; the circumstances surrounding the conduct, to include knowledgeable participation; the frequency and recency of the conduct; the age and maturity of the individual at the time of the conduct; the voluntariness of participation; the absence or presence of rehabilitation or reformation and other pertinent behavioral changes; the motivation for the conduct; the potential for pressure, coercion, exploitation, or duress; the likelihood of continuation or recurrence; and other relevant and material factors,” and the impact of the foregoing on the relevant security concerns. 10 C.F.R. § 710.7(c). In considering these factors, the Hearing Officer also consults adjudicative guidelines that set forth a more comprehensive listing of relevant factors. See Revised Adjudicative Guidelines for Determining Eligibility for Access to Classified Information (issued on December 29, 2005 by the Assistant to the President for National Security Affairs, The White House) (Adjudicative Guidelines).

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<sup>2</sup> Criterion H concerns information that a person has “an illness or mental condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist causes, or may cause, a significant defect in judgment or reliability.” 10 C.F.R. § 710.8(h). Criterion J relates to conduct indicating that the Individual has “been, or is, a user of alcohol habitually to excess, or has been diagnosed by a psychiatrist or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse.” 10 C.F.R. § 710.8(j). Criterion L pertains to circumstances tending to show that the Individual is “not honest, reliable, or trustworthy, or which furnishes reason to believe that the individual may be subject to pressure, coercion, exploitation, or duress which may cause the individual to act contrary to the best interests of the national security.” 10 C.F.R. § 710.8(l).

Ultimately, the decision concerning eligibility is “a comprehensive, common-sense judgment made after consideration of all relevant information, favorable and unfavorable . . . .” 10 C.F.R. § 710.7(a). In order to reach a favorable decision, the Hearing Officer must find that “the grant or restoration of access authorization to the individual would not endanger the common defense and security and would be clearly consistent with the national interest.” 10 C.F.R. § 710.27(a). “Any doubt as to an individual’s access authorization eligibility shall be resolved in favor of the national security.” *Id.* See generally *Dep’t of the Navy v. Egan*, 484 U.S. 518, 531 (1988) (the “clearly consistent with the interests of national security” test indicates that “security clearance determinations should err, if they must, on the side of denials”).

### III. FINDINGS OF FACT

The Individual lived in a troubled and abusive household until the age of 16. DOE Ex. 4 at 6. The Individual’s parents had severe alcohol abuse problems, were often violent with each other, and were physically and psychologically abusive toward the Individual. *Id.* The Individual remained in their home until age 16, when he went to live with his grandmother. *Id.* Due to his difficult childhood and adolescence, the Individual struggled with depression throughout high school and college. He became aware that something was wrong while in graduate school, but did not seek help at that time. *Id.* In late 2011, while already employed by the DOE contractor, the Individual met with a physician to seek treatment for severe insomnia. *Id.* The physician referred the Individual to counseling. *Id.* The Individual had an initial consultation with the treating psychologist in late 2011, but did not actively pursue counseling at that time. Tr. at 247. Over the holidays in December 2011, the Individual had strained visits with each of his parents, from whom he remains estranged. Tr. at 248. These visits were emotionally difficult for the Individual, and ultimately prompted him to seek therapy from the treating psychologist. *Id.* In January 2012, the treating psychologist diagnosed the Individual with Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder. Individ. Ex. C; Tr. at 17, 249. Shortly thereafter, the Individual was actively engaged in treatment for his mental health conditions. His treatment consisted of psychotherapy and the medications Sertraline, for depression, and Ambien, for severe insomnia. Tr. at 57-58. The focus of the psychotherapy was on addressing the Individual’s issues regarding his abusive childhood. Tr. at 20-21.

A few weeks later, in February 2012, the Individual learned in the midst of a stressful day that his rental home was to be sold and he and his wife had a short period of time to locate another residence. Tr. at 221. After work that afternoon and into early evening, the Individual consumed three beers. Tr. at 68-69, 222. Three or four hours later, the Individual took his usual dosage of Ambien. Tr. at 222. Shortly after taking the Ambien, the Individual became very disoriented and confused. *Id.*, DOE Ex. 4 at 3. The Individual’s wife called an ambulance and the Individual was transported to a local hospital. Tr. at 72; DOE Ex. 4. at 3. The Individual’s wife went to the hospital a short while later. As she arrived, the Individual was already leaving the hospital, so she took him home. *Id.* The Individual was highly agitated and still disoriented. *Id.* When they arrived home, the Individual attempted to consume alcohol, and his wife tried to prevent him from doing so because she was concerned that the alcohol could cause him additional harm. Tr. at 74. The incident escalated when the Individual’s wife attempted to keep the Individual from drinking from a bottle of cooking liquor. *Id.* The Individual and his wife struggled over the bottle and he ultimately struck her and blocked her attempts to call for help.

Tr. at 74-75. The Individual's wife managed to go to their neighbors, who then called the police. Tr. at 76-77. The Individual was arrested and transported to jail, where he was charged with Aggravated Battery, False Imprisonment, and Interference with Communication/Domestic Violence. DOE Ex. 6. The Individual has no recollection of the events that occurred after he took the Ambien. Tr. at 84, 222. He remembers waking up in jail the following day. Tr. at 224.

The day after the February 2012 incident, the treating psychologist opined that the Individual had an adverse reaction to the Ambien, a medication well-known for potential side effects including "behavioral changes, hyper-excitability, nervousness, and amnesia in patients." *See* Indiv. Ex. C. The treating psychologist further stated that the Individual was very motivated in his treatment, that he had discontinued use of Ambien, and that the February 2012 incident was "an isolated behavioral outburst" unlikely to recur. *Id.*

The DOE psychologist evaluated the Individual in April 2012, after which she diagnosed the Individual with Post-Traumatic Stress Disorder (PTSD), Dysthymic Disorder (a depression-based disorder), and Alcohol-Related Disorder Not Otherwise Specified (NOS). DOE Ex. 4. With respect to the both the diagnoses of Dysthymic Disorder and PTSD, the DOE psychologist determined that the Individual exhibited several symptoms of the disorders which have caused him "significant distress." *Id.* at 8. As to the PTSD, the DOE psychologist added that, "when triggered, some of his symptoms affect his perception or interpretation of an event, and thus impact his judgment, decision-making, and response." *Id.* Therefore, the DOE psychologist characterized these disorders as conditions which cause, or may cause, a significant defect in the Individual's judgment or reliability. *Id.* at 11. In addition, after considering the Individual's self-reported history of alcohol consumption, as well as the role alcohol played in the February 2012 incident, the DOE psychologist diagnosed the Individual with Alcohol-Related Disorder NOS because "even if [the Individual] does not drink on a frequent basis, when he consumes alcohol he does so to the point of intoxication." *Id.* at 9. She also found clinically significant the fact that the Individual chose to take Ambien after consuming alcohol, despite knowing that the two substances should not be combined. *Id.* She noted that the Individual's PTSD, Dysthymic Disorder, and Alcohol-Related Disorder NOS "fused" on the night of the February 2012 incident, and the Individual's consumption of alcohol resulted in "very poor judgment and decisions about how to cope with his situation and emotions." *Id.*

The DOE psychologist concluded that the Individual's three diagnoses impact him to a "moderate to severe degree." *Id.* at 10. She recommended that, in order to demonstrate adequate evidence of rehabilitation or reformation, the Individual should (1) continue in weekly therapy with the treating psychologist as long as he and the treating psychologist deem necessary to adequately address his issues, (2) maintain abstinence from alcohol for a period of twelve months from the date of the February 2012 incident, and (3) engage in alcohol rehabilitation counseling such as participating in the AA program or an equivalent program. *Id.* at 11.

#### **IV. DEROGATORY INFORMATION AND ASSOCIATED SECURITY CONCERNS**

To support its Criteria H, J, and L security concerns, the LSO cites the Individual's February 2012 altercation with his wife, his ensuing arrest, and the DOE psychologist's opinion that the Individual meets the diagnostic criteria for PTSD, Dysthymic Disorder, and Alcohol-Related

Disorder NOS. DOE Ex. 1. It is well-established that a diagnosis of a mental health disorder raises security concerns under Criterion H. *See* Adjudicative Guidelines, Guideline I, ¶ 27 (“Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.”); *see also* *Personnel Security Hearing*, Case No. TSO-0903 (2010); *Personnel Security Hearing*, Case No. TSO-0880 (2010).<sup>3</sup> In this case, given the Individual’s above-referenced diagnoses, I find that the LSO properly invoked Criterion H. Similarly, there is no question that excessive use of alcohol raises security concerns because “excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines, Guideline G, ¶ 21. *See also* *Personnel Security Hearing*, Case No. TSO-0678 (2008). In light of the DOE psychologist’s diagnosis of Alcohol-Related Disorder NOS, based on the Individual’s self-reported pattern of alcohol consumption, I conclude that the LSO appropriately cited Criterion J. Finally, criminal conduct unquestionably raises security concerns. Specifically, “criminal activity creates doubt about a person’s judgment, reliability, and trustworthiness. By its very nature, it calls into question a person’s ability or willingness to comply with laws, rules and regulations.” *See* Adjudicative Guidelines, Guideline J, ¶ 30; *see also* *Personnel Security Hearing*, Case No. PSH-12-0063 (2012). Given the events that occurred in the February 2012 incident, and the Individual’s resulting arrest, I find that the LSO properly applied Criterion L.

## **V. ANALYSIS**

The facts in this case are essentially undisputed, and clearly raise security concerns. The only remaining question is whether the Individual has presented sufficient to fully resolve those concerns. In making a determination regarding the Individual’s eligibility for DOE access authorization, I have thoroughly considered the record in this proceeding, including the hearing testimony and the documentary evidence. For the reasons set forth below, I find that restoring the Individual’s suspended DOE access authorization would not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a).

### **A. Criteria H and J - The Individual’s Alcohol Use**

#### **1. Mitigating Evidence**

The Individual testified that he was never was a “heavy drinker.” Tr. at 223. He stated that his definition of intoxication was when he felt he should not drive after drinking, approximately after consuming two beers. Tr. at 221. According to the Individual, he has been abstinent from alcohol since the night of the February 2012 incident, approximately eight and one-half months as of the date of the hearing. Tr. at 263. He intends to never drink alcohol again and is confident that he can maintain his abstinence indefinitely. Tr. at 234. In addition to his period of abstinence, the Individual has been an active participant in AA. He stated that because the February 2012 incident involved alcohol, and reminded him of incidents between his alcoholic parents throughout his childhood, he believed that seeking help from AA was “a good idea.”

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<sup>3</sup> Decisions issued by the Office of Hearings and Appeals (OHA) are available on the OHA website located at <http://www.oha.doe.gov>. The text of a cited decision may be accessed by entering the case number of the decision in the search engine located at <http://www.oha.doe.gov/search.htm>.

Tr. at 232, 245-46. He began attending meetings in February 2012, several months before the DOE psychologist diagnosed him with Alcohol-Related Disorder NOS. *Id.*; DOE Ex. 4. He has found AA to be very beneficial to him. According to the Individual, the AA program is not only about alcohol, it also helps him with “life issues.” Tr. at 246-47. He is actively engaged with a sponsor, is working the program’s twelve steps, and attends several meetings per week. Tr. at 238-39, 246-47; Indiv. Ex. I. He intends to remain involved in AA “forever.” Tr. at 236.

The Individual’s testimony regarding his abstinence was corroborated by his wife, his father-in-law, his friend, and his AA sponsor. Tr. at 86, 139, 160, 180. In addition, the Individual’s wife testified that AA has been a “saving grace” for the Individual because he has found the members to be very supportive and relatable, and he connects well with them. Tr. at 86-87, 104-05. The Individual’s wife further testified that she is very supportive of the Individual’s decision to be abstinent from alcohol. Tr. at 103. They no longer have any alcohol in their home, she herself no longer drinks, and she has begun attending meetings of Al-Anon, a support group for family members of people struggling with alcohol problems, in order to better understand the important issues. Tr. at 104-05. The Individual’s sponsor noted that the Individual has “a lot of enthusiasm” for the program and attends many meetings. Tr. at 135. He also added that the Individual actively engages with other members and is willing to seek help when he needs it. Tr. at 136.

The treating psychologist did not initially diagnose the Individual with an alcohol-related condition, but he believes the DOE psychologist’s diagnosis of Alcohol-Related Disorder NOS was appropriate. Tr. at 43. He noted that the Individual was at risk for an alcohol disorder due to his positive family history of alcoholism. Tr. at 48. Nonetheless, the treating psychologist believed that the Individual had demonstrated rehabilitation and reformation from his alcohol disorder. Tr. at 43. He based his opinion on the fact that the Individual had demonstrated over eight months of abstinence, he has sought treatment, and has all of the right supports in place. Tr. at 47-48. Therefore, he believed that the Individual’s prognosis is “excellent,” and his risk of relapse is “extremely low.” Tr. at 44.

The Individual’s psychologist also believed that the Individual is unlikely to resume drinking alcohol in the future. However, he disagreed that the Individual met the criteria for Alcohol-Related Disorder NOS. Tr. at 273. He based this opinion on the fact that the Individual’s definition of intoxication was very “tight” and he simply did not believe, based on the Individual’s reports of the frequency and amount of his past alcohol consumption, that the Individual was intoxicated as often as he believed. *Id.*, Tr. at 283-84. Nonetheless, the Individual’s psychologist believed that the Individual’s engagement in the AA program has been very therapeutic for him. Tr. at 276-77. In this regard, he opined that, even if the Individual did, indeed, meet the diagnostic criteria for Alcohol-Related Disorder NOS, he has since established rehabilitation and reformation through his abstinence and active participation in AA. Tr. at 291. Therefore, he believed the Individual’s risk of relapse was low. Tr. at 292.

Despite the disagreement of Individual’s psychologist with the diagnosis, the DOE psychologist did not change her opinion at the hearing that the Individual met the criteria for Alcohol-Related Disorder NOS when she evaluated him in April 2012. Tr. at 297. However, she did change her recommendations regarding rehabilitation and reformation. Specifically, she concluded that the

Individual had “done all the right things” to address the condition and had “exceeded [what is] required” in terms of treatment. Tr. at 299. Considering his established period of more than eight months of abstinence, and his very active participation in AA in the interim, the DOE psychologist opined that there was little to be gained from requiring that the Individual establish the twelve months of abstinence that she originally recommended in order to demonstrate rehabilitation. *Id.* Based on the hearing testimony, and her own observations of the Individual’s improvement, the DOE psychologist agreed with the testimony of the treating psychologist and the Individual’s psychologist that the Individual’s risk of relapse was low. Tr. at 300.

## **2. Hearing Officer Evaluation of Evidence**

Considering the hearing testimony regarding the Individual’s use of alcohol, and evaluating the record as a whole, I find that the Individual has mitigated the security concerns raised by his past consumption of alcohol. The Individual has developed substantial insight into the role alcohol has played in his life. He has been abstinent from alcohol for approximately eight and one-half months as of the date of the hearing, and has made a commitment to remain abstinent in the future. In addition, the Individual voluntarily engaged in the AA program, has established solid relationships in the program, and intends to remain in the program indefinitely. He also has the strong support of his wife, who not only chose to become abstinent as well, but also participates in a support group to better understand the issues with which her husband is faced. Given all of these factors, I am convinced by the opinions of the three mental health professionals in this case that the Individual’s risk of relapse regarding his alcohol use is low. Therefore, I find that the Individual has mitigated the Criterion H and J concerns raised by his use of alcohol. *See, e.g., Personnel Security Hearing, Case No. PSH-12-0088 (2012); Personnel Security Hearing, Case No., TSO-0853 (2010).*

### **B. Criterion H - The Individual’s PTSD and Dysthymic Disorder and the February 2012 Incident**

#### **1. Mitigating Evidence**

The Individual testified in detail regarding his abusive childhood and the issues that prompted him to seek therapy. Tr. at 228-30. He has found his treatment with the treating psychologist to be very helpful and believes that his issues with depression have significantly improved. Tr. at 235-37, 250-51. He also noted that largely due to his current medications his insomnia has improved, which also helps his overall mood. Tr. at 262-63. The Individual has worked with the treating psychologist to explore his past issues and learn how to put things in perspective. Tr. at 252. He intends to continue his treatment with the treating psychologist until they decide it that it is no longer necessary. Tr. at 237.

The Individual’s wife has also noted an improvement in the Individual since he began his treatment. She stated that he is compliant with his medication regimen, which no longer includes Ambien. Tr. at 85-86. She also noticed that the Individual is generally less depressed and anxious, communicates better, and sleeps better. Tr. at 87-88, 119-20. She stated that as a couple they are closer than ever. Tr. at 88. The Individual’s supervisor also noticed that the Individual is doing well. She stated that the Individual has been very forthright with her

regarding his treatment. Tr. at 199. She has observed that, while the Individual's work performance has always been solid, his ability to handle stress has improved since he has been in treatment. Tr. at 190, 201-02.

The treating psychologist testified at length about the Individual's PTSD and Dysthymic Disorder, as well as his progress since entering treatment. The treating psychologist stated that he diagnosed the Individual with the two disorders based on his presentation of symptoms, as well as his family history. Tr. at 17. He noted that the Individual's symptoms were exacerbated when he visited his parents in December 2011 for the holidays. *Id.* According to the treating psychologist, the Individual has responded well to psychotherapy and medications. Tr. at 30-31. They meet every other week for therapy, and the Individual has always been very committed and active in his participation. Tr. at 29-30. The treating psychologist opined that the Individual's mental health conditions are stable, and his prognosis is excellent. Tr. at 44. He based his opinion on the Individual's increased insight and improved coping skills, his improved ability to connect with others, and his ability to maintain a good balance. Tr. at 51-53.

Both the Individual's psychologist and the DOE psychologist agreed with the treating psychologist's diagnoses, as well as his opinion of the Individual's prognosis. Tr. at 281, 299-300. In addition, they were satisfied by the Individual's treatment program, and impressed with the Individual's progress. Tr. at 282, 301. Moreover, all three mental health experts agree that the February 2012 incident was an isolated incident due to a convergence of events that is highly unlikely to recur in the future. Tr. at 294, 300. The treating psychologist, who has the most in-depth knowledge of the Individual's condition, attributed the Individual's behavior that night to an adverse reaction to the Ambien, a known side-effect of the medication, exacerbated by his recent visit with his parents and the fact that he was just beginning therapy. Tr. at 26-27; *see also* Tr. at 294. In that regard, he characterized the incident as an isolated lapse in otherwise good judgment attributable to a "confluence of events," which is unlikely to recur in the future. Tr. at 58-59. Finally, all three experts agreed that that the Individual's judgment was sound, and that he did not currently have a condition likely to cause a significant defect in his judgment or reliability. Tr. at 59, 289, 300-01.

## **2. Hearing Officer Evaluation of Evidence**

After considering the record as a whole, I find that the Individual has mitigated the Criterion H concerns raised by his mental health conditions. First, the Individual has clearly taken all necessary steps to manage his conditions. He recognized that he needed help and sought out treatment. He has been very active and engaged in his therapy, as has done everything that has been asked of him. Notwithstanding the February 2012 incident, the Individual has made significant progress since engaging in treatment. This progress has been evident to those who know him well, such as his wife, his supervisor, and his treating psychologist. Even the DOE psychologist observed a marked improvement in the Individual's demeanor at the hearing. Moreover, the Individual has established relationships that have created a strong support system to help him manage his conditions, ranging from his wife to his fellow AA members and his AA sponsor, to his treating psychologist. Finally, the three mental health experts in this proceeding concur that the Individual's judgment is sound, his prognosis is excellent, and there is a low probability of recurrence of future episodes. Taken together, these facts convince me that the



Individual has demonstrated adequate evidence of rehabilitation and reformation from a mental illness or condition which causes or may cause a significant defect in his judgment or reliability, and, consequently, he has mitigated the Criterion H concerns cited in the Notification Letter regarding his PTSD and Dysthymic Disorder. *See* The Adjudicative Guidelines, Guideline I, ¶ 29; *see also, e.g., Personnel Security Hearing*, Case No. TSO-1089 (2011) (individual who engaged in counseling consistently and complied with medications demonstrated low risk of relapse); *Personnel Security Hearing*, Case No. TSO-0428 (2007) (concerns raised by individual's mental health condition mitigated by evidence that individual's condition was under control and risk of demonstrating a defect in judgment or reliability in the future was low).

### **C. Criterion L – The Individual's February 2012 Arrest**

The only incident of unusual or criminal conduct cited in the Notification Letter under Criterion L is the February 2012 incident. That incident resulted directly from the Individual's mental health conditions, which I find have since been resolved and are unlikely to recur. Because I have found that the Individual has mitigated the underlying Criterion H mental health concerns, I find that the Criterion L security concerns have also been resolved.

## **IV. CONCLUSION**

Upon consideration of the entire record in this case, I find that there was evidence that raised doubts regarding the Individual's eligibility for a security clearance under Criteria H, J and L of the Part 710 regulations. I also find that the Individual has presented sufficient information to fully resolve those concerns. Therefore, I conclude that restoring the Individual's suspended DOE access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should restore the Individual's access authorization.

The parties may seek review of this Decision by an Appeal Panel, under the regulation set forth at 10 C.F.R. § 710.28.

Diane DeMoura  
Hearing Officer  
Office of Hearings and Appeals

Date: November 29, 2012