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

In the Matter of: Personnel Security Hearing)
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Filing Date: March 14, 2018) Case No.: PSH-18-0022
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Issued: May 31, 2018

Administrative Judge Decision

Gregory S. Krauss, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXX (hereinafter referred to as “the individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material.”¹ For the reasons set forth below, I conclude that the individual’s security clearance should be restored.

I. Background

The individual is an employee of a DOE contractor in a position that requires him to hold a security clearance. In May 2017, he reported to the DOE that he had been cited for Driving Under the Influence (DUI). In July 2017, the Local Security Office (LSO) conducted a personnel security interview (PSI) with the individual. Because the individual’s conduct raised security concerns that the PSI did not resolve, the LSO referred the individual for an evaluation by a DOE-consultant psychologist (“DOE psychologist”). After an evaluation, the DOE psychologist determined that the individual met the *Diagnostic and Statistical Manual of the American Psychiatric Association, 5th Edition (DSM-5)* criteria for Alcohol Use Disorder, Severe, and that the individual had not demonstrated adequate evidence of rehabilitation or reformation.

Accordingly, the LSO began the present administrative review proceeding by issuing a Notification Letter to the individual informing him that information in the DOE’s possession had created a substantial doubt concerning his eligibility for a security clearance. The Notification Letter also informed him that his security clearance had been suspended and that, pursuant to 10 C.F.R. § 710.21, he was entitled to a hearing before an Administrative Judge.

¹ “Access authorization” is defined as “an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material.” 10 C.F.R. § 710.5(a). Such authorization will also be referred to in this Decision as a security clearance.

The individual requested a hearing and the LSO forwarded the individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as the Administrative Judge in this matter on March 5, 2018. On April 19, 2018, I convened a hearing pursuant to 10 C.F.R. § 710.25(d), (e) and (g). At the hearing, I took testimony from the individual, his wife, his psychologist, a co-worker and friend, his sponsor in his recovery, and a coordinator for his aftercare program. I also took testimony from the DOE psychologist. The LSO submitted 18 exhibits, marked as DOE Exhibits 1 through 18. The individual submitted nine Exhibits, marked as Exhibits A through I.

II. Regulatory Standard

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990), cert. denied, 499 U.S. 905 (1991) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R. § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

III. The Notification Letter and the Associated Security Concerns

As indicated above, the Notification Letter informed the individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. The LSO described its security concerns in a "Summary of Security Concerns" attached to the Notification Letter. In that document, the LSO indicated that its concerns pertained to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) ("Adjudicative Guidelines").

Guideline G of the Adjudicative Guidelines is titled "Alcohol Consumption." This Guideline provides that "[e]xcessive 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." Guideline G at ¶ 21. As support for its application of Guideline G, the LSO relied upon the DOE psychologist's diagnosis of the individual with Alcohol Use Disorder, Severe, under the DSM-5. Exhibit ("Ex.") 1 at 1. The LSO also alleged, citing evidence it had collected,

that the individual had been involved in several alcohol-related incidents. First, the LSO asserted that on May 11, 2017, the individual was charged with a DUI after drinking three 24 ounce beers and then crashing his vehicle. *Id.* Second, the LSO stated that the individual was hospitalized in March 2017 due to a blackout caused partly by consuming alcohol while taking blood thinner medication. *Id.* Third and fourth, the LSO referred to two separate incidents, in March 2014 and May 2015, in which the individual tested positive for alcohol while at work. *Id.*

Under Guideline G, diagnosis of an alcohol use disorder by a duly qualified mental health professional can raise a security concern. *See* Guideline G at ¶ 22(d). Conduct such as driving under the influence or reporting to work in an intoxicated or impaired condition can also raise a security concern. Guideline G at ¶ 22(a), 22(b). In light of the information available to the LSO, the LSO properly invoked Guideline G.

IV. Findings of Fact

A. History of Alcohol Use

The individual consumed alcohol rarely or infrequently for most of his adult life. *See* Ex. 8 at 3, 11. Aside from consuming about two beers around 2011 or 2012, he does not recall consuming any alcohol between 1993 and 2013. *Id.* at 3. Around 2013, he began courting his second wife. Ex. 15 at 68; Ex. 8 at 3. When they went out together during their courtship, he started drinking about two glasses of wine approximately two to three times per month. Ex. 15 at 72-73; Ex. 8 at 3.

After arriving at work on the morning of March 19, 2014, the individual was required to take a Breathalyzer test for alcohol and submit a urine sample. Ex. 6 at 1. His blood alcohol concentration (BAC) registered at 0.073, above his employer's limit of 0.04.² *Id.* He has explained that he was experiencing cold-like symptoms and had taken a home remedy of "Indian root juice." Ex. 17 at 25. Ex. 6 at 1. The home remedy consisted of moonshine and a mixture of roots and herbs. Ex. 17 at 12; Ex. 6 at 1. He stated that he took the home remedy the evening before coming to work and again around 3:30 a.m. that morning. Ex. 6 at 1; Ex. 17 at 23-24. After his alcohol test, he was placed on administrative leave, without pay, for over a month. Ex. 6 at 1; Ex. 17 at 37. In a PSI in 2014, he stated that he would never again consume the home remedy prior to coming to work. Ex. 17 at 79-80. He further stated that his alcohol consumption had been "zero" for over 16 years.³ Ex. 17 at 47.

On May 21, 2015, the individual took another test for alcohol consumption and registered a BAC of 0.008. Transcript ("Tr.") at 178; Ex. 16 at 6; Ex. 13 at 1. In a subsequent PSI, he stated that he had taken the home remedy at around 10:30 p.m. the night before to help him with his allergies. Ex. 16 at 11-12. This home remedy contained about six ounces of moonshine mixed with honey. Ex. 16 at 9, 13. He has explained that he took the home remedy assuming that the alcohol would be out of his system by the next morning. Ex. 16 at 20-21; Tr. at 190-191. His belief was that he

² There is some discrepancy in the record regarding the exact result of the testing. An NNSA case evaluation sheet states that his BAC was 0.073 but also states that his BAC was "around 0.072." Ex. 6 at 1; *see also* Ex. 15 at 120. The distinction is minor, and not relevant to the outcome of this case.

³ This statement was inconsistent with his subsequent acknowledgement in 2017 that he regularly consumed wine with his wife, beginning around 2013. Ex. 15 at 72-73; Ex. 8 at 3.

had tested positive for alcohol in March 2014 mainly because he had consumed the remedy in the morning, closer to work. Ex. 16 at 21.

The individual married his wife in February 2015. Ex. 15 at 94. Sometime after their marriage, possibly around mid-2016, his alcohol consumption began to increase. Ex. 15 at 141. He and his wife would consume about one or two bottles of wine together per week. *Id.* at 95-96. He also began to drink lemonade-flavored beers (“lemonade beers”). *Id.* at 13; Ex. 8 at 4. He drank the tall size, 24 ounces, or the equivalent of about two beers. Ex. 15 at 105; Ex. 8 at 4. On days that he drank the lemonade beers, he would consume around three of the drinks over about five hours, often while working outdoors on his property. Ex. 15 at 100-102. He sometimes drank as many as five or six in a day. Ex. 8 at 5. Ex. 15 at 104. He would consume these drinks mostly on Thursdays, Fridays, and Saturdays. Ex. 15 at 98-99, 104; Ex. 8 at 5. The frequency of his consumption varied. At least once per month, he did not drink any of the lemonade beers on a Thursday, Friday, or Saturday. *See* Ex. 15 at 99. However, in many weeks, he drank the lemonade beers on more than one day. Ex. 15 at 104; Ex. 8 at 5.

Sometime in early 2017, the individual and his wife began experiencing marital difficulties. Tr. at 219-220; Ex. 8 at 8. In January 2017, the individual had pneumonia and went to the emergency room in a state of panic. *Id.* at 9. Complications related to his treatment led to a blood clotting issue. *Id.* The individual was prescribed blood thinning medication to address the blood clots he had developed, as well as a medication to help prevent problems with panic. *Id.*

On March 29, 2017, a Wednesday, the individual was doing strenuous work outdoors, moving hay bales and tires. Ex. 8 at 5. In addition to taking the blood thinner medication, he had consumed about two or three of the lemonade beers and some of the home remedy.⁴ Ex. 8 at 5; Ex. 15 at 135. Suddenly, he blacked out. Tr. at 176; Ex. 15 at 135. He was flown by helicopter to a hospital where he was diagnosed with sepsis, influenza, and intoxication. Ex. 8 at 5, 9. A blood test found a BAC of 0.234. Ex. 8 at 5; Tr. at 178.

On Thursday, May 11, 2017, the individual was working outside again while consuming alcohol. He has admitted that he consumed about three of the lemonade beers between 6 p.m. and 8 p.m. Ex. 15 at 11, 14-18. According to the individual, around 8:15 p.m., when his elderly mother did not phone him as she usually did, he decided to drive to her residence to check on her. *Id.* at 13, 17-18, 22-23; Tr. at 152. On his way, he swerved to avoid a parked truck, went into a ditch, and was knocked unconscious. Ex. 15 at 18; Ex. 11 at 1. The authorities responded, and he was taken to the hospital. Ex. 11 at 1. His injuries included a broken nose, a fractured shoulder, and a cut on his arm. Ex. 15 at 26; Ex. 8 at 9. He was later charged with DUI.⁵ Ex. 10 at 1, 4; Ex. 15 at 41.

B. Initial Recovery Period

⁴ During the hearing, the individual mentioned only the home remedy, and not the lemonade beers, when asked about his alcohol consumption that day. Tr. at 176, 186-187.

⁵ The individual indicated in October 2017 that the legal case against him was either delayed or not prosecuted. Ex. 8 at 9. His hearing testimony did not address the status of this court case. In any event, the individual has acknowledged that he drove while under the influence of alcohol. Ex. 4 at 2.

The individual began abstaining from alcohol on May 12, 2017, one day after the accident for which he was charged with DUI. Tr. at 148; Ex. 15 at 110. On May 15, 2017, he reported his traffic accident to his LSO and admitted that he had been drinking alcohol prior to the accident. Ex. 12 at 1. On or around May 16, 2017, the individual began treatment at an alcohol treatment center. Ex. A at 1; Tr. at 153. Although he entered an outpatient program, he chose to live at the treatment center due to its proximity to his workplace. Tr. at 153-154; Ex. 10 at 1. While in the outpatient program, he received daily treatment at the center and began attending Alcoholics Anonymous (AA) meetings. Ex. D at 1; Tr. at 155.

The individual was discharged from the treatment center on July 13, 2017. Ex. A at 1. He then began attending weekly aftercare meetings organized by the treatment center while also attending AA meetings at least three times a week. Tr. at 40; Ex. D at 1-11. After about three weeks in the aftercare program, he obtained a sponsor to assist him in his recovery. Tr. at 90.

On October 6, 2017, the DOE psychologist evaluated the individual. Ex. 8 at 2. In her report, dated October 16, 2017, the DOE psychologist diagnosed the individual with Alcohol Use Disorder, Severe, under the DSM-5.⁶ Ex. 8 at 1, 14. She further concluded that there was “not adequate evidence of rehabilitation or reformation.” *Id.* at 14. In her report, she observed that the individual had a history of minimizing or underreporting his alcohol consumption. *Id.* at 11-12. She noted, for instance, that he stated in his 2014 PSI that he had consumed “zero” alcohol for over 15 years, even though by that point he had begun regularly consuming wine with his future wife. *Id.* at 12. She found “vestiges of denial” as well as “emerging personal awareness and understanding of his alcohol problem and its repercussions.” *Id.* at 3.

Although she believed that the individual had maintained abstinence since May 2017, she recommended that he maintain abstinence for 12 months in order to show that his recovery was “sturdy enough to withstand risk of relapse.” *Id.* at 14. Other recommendations included attendance at three to five AA meetings per week, participation in his treatment center’s aftercare program, and regular contact with his sponsor. *Id.* at 15. The DOE psychologist also recommended counseling with an outpatient mental health provider for no less than 12 months, both to address issues related to anxiety and life stresses, and to support him in his recovery from alcohol use disorder. *Id.* at 14-15.

⁶ Although the DOE psychologist diagnosed him with a “severe” alcohol use disorder, the treatment center attended by the individual diagnosed his alcohol use disorder as “moderate.” Ex. 8 at 7; Ex. A at 1. This difference in diagnosis could be related to the information available to the treatment center; the DOE psychologist observed in her report that the individual did not provide the treatment center with some relevant facts about his history of alcohol use. Ex. 8 at 12. Regardless, the individual has not challenged the DOE psychologist’s diagnosis.

C. Additional Recovery and Rehabilitation

At the hearing on April 19, 2018, the individual testified that he had remained sober since May 12, 2017. Tr. at 148, 153. His claim of abstinence is supported by testimony from his witnesses, including his wife and his sponsor. Tr. at 84, 122. The individual also tested negative for alcohol on six random alcohol tests between June 15, 2017, and March 22, 2018. Ex. B at 1-6. The individual has maintained his sobriety despite some acute stresses in his life, particularly the death of his brother. Tr. at 216. When processing that death, he turned for support to his sponsor and to the members of his aftercare group. Tr. at 81, 111. The individual testified that he has not been tempted to drink since his abstinence began, even when others around him have been drinking. Tr. at 215, 217. His wife supported this assertion, testifying that the individual has expressed on several occasions that he does not have a desire to drink. *See* Tr. at 134, 145-146.

Since July 2017, the individual has consistently attended aftercare meetings on a weekly basis and about three AA meetings a week. Ex. D at 1-6. In total, he has attended over 170 meetings. *See* Ex. D at 1-6; Tr. at 40. The coordinator for his treatment center's aftercare program testified that the individual has missed only one or two aftercare meetings and has a "99.9 percent" attendance record. Tr. at 106. The individual is an active participant in his aftercare program. He openly shares what is happening in his life, listens to others, and offers constructive feedback. Tr. at 105, 109. Many of the young adults who receive help from the treatment center look to the individual for support. Tr. at 166-167. At AA meetings, the individual has begun to assume a leadership role by chairing meetings. Tr. at 165-166.

The individual has worked all 12 steps of the 12-step program. Tr. at 169. Because those steps are never fully completed, he and his sponsor continue to review the steps. Tr. at 76, 169-170. The individual testified that his support network includes his sponsor, his friends, and his wife. *See* Tr. at 222. The individual and his sponsor have a close relationship; his sponsor stated that he and the individual are "good friends." Tr. at 86. At the hearing, a long-time friend of the individual testified that he would do anything he could to support the individual's recovery. Tr. at 67. The individual and his wife testified that his progress in recovery has helped them become better at listening to one another and resolving conflict. Tr. at 135, 181, 222. The individual stated that, should problems in their relationship arise again, he could turn to his wife for support and they could work together to find solutions. Tr. at 222.

The DOE psychologist indicated at the hearing that, in December 2017, the individual received a copy of her October 2017 report.⁷ Tr. at 222. As noted, the report recommended that he receive counseling from an outpatient mental health care provider. In his hearing testimony, the individual explained that he did not immediately begin seeing a psychologist because he believed that the care he received from his alcohol treatment center, including aftercare, was sufficient to comply with this recommendation. *See* Tr. at 223. When preparing for the hearing, his attorney raised the idea of obtaining treatment from a psychologist. Tr. at 223. The individual subsequently obtained his own psychologist and began weekly therapy sessions on February 27, 2018. Ex. E at 1. The individual had met with his psychologist for six therapy sessions as of April 9, 2018. *Id.*

⁷ The DOE psychologist stated that the individual received the report in "December 2007." Tr. at 222. I will assume that the DOE psychologist intended to say that the individual received it in December 2017.

The individual plans to continue abstaining from alcohol. Tr. at 149, 175. He does not believe he can drink again responsibly. Tr. at 149. He has obtained new medications for his allergies and does not plan to use the home remedy to address allergy issues. Tr. at 224. He intends to continue attending AA meetings, aftercare meetings, and therapy. Tr. at 173, 197. He envisions AA being part of his life for the rest of life. Tr. at 173.

Some of the individual's hearing testimony suggested that he may not fully appreciate the role of alcohol in the incident on March 29, 2017, when he was hospitalized. The individual testified that, although alcohol was a factor in the incident, the "root cause" of the hospitalization was the blood clots. Tr. at 206. He wondered aloud whether the hospitalization might have occurred if he had taken cold medication instead of alcohol.⁸ Tr. at 177. When asked to describe the problems that alcohol had caused him in his life outside of work, he identified the DUI incident but not the March 2017 hospitalization. He seemed unaware that his BAC had been 0.234. *See* Tr. at 187.⁹

With respect to his two positive alcohol tests at work, the individual stated, as he did during his PSI, that the two dates when he tested positive for alcohol were the only dates when he took the home remedy on an evening or morning before coming to work. Tr. at 192-193; Ex. 15 at 121. The individual testified that he took about four to six random alcohol tests per year. Tr. at 192. I find that it stretches credulity to believe that two of the random tests happened to fall on the only workdays when the individual had taken the home remedy that morning or the previous evening.

Despite some possible minimization of his past alcohol use, the individual stated a few times that he recognizes that he had a problem with alcohol. Tr. at 182, 194, 211. He acknowledges that he made a bad decision by driving under the influence of alcohol. Tr. at 152. He introduces himself at AA and aftercare meetings as an alcoholic. Tr. at 86, 203. His sponsor agreed that the individual had accepted his problem with alcohol. Tr. at 87. The individual asserted that he has a desire to turn a negative chapter in his life into a positive. Tr. at 211. He stated: "I choose not to [drink], because I have seen the problems I choose not to go back. I choose to go forward." Tr. at 158.

D. Expert Testimony

At the hearing, the individual's psychologist agreed with the DOE psychologist's diagnosis of the individual with a "severe" alcohol use disorder. *See* Tr. at 43. However, he asserted that the individual had been rehabilitated and had "made a remarkable transition to sobriety." Tr. 19.

The individual's psychologist observed that the individual prefers not to characterize himself as having a "severe" alcohol use disorder. Tr. at 45. Nevertheless, in the psychologist's assessment, the individual recognizes that his drinking was a problem and that he needs to continue to abstain from alcohol. Tr. at 17, 35. He noted that the individual has a "very strong identification with the principles of recovery." Tr. at 16-17. According to the individual's psychologist, the individual has a low chance of relapse, particularly because the individual would likely seek support if he had an

⁸ The individual stated: "But it's not just – one focus is he had alcohol in his system. That's just like taking cold medication. If I had cold medication in my system, instead of root juice, what would it still mean?" Tr. at 177.

⁹ The individual was asked at the hearing whether anyone had told him that his BAC was 0.234 or whether he had ever seen documentation about his BAC. The individual answered, "Not to the best of my recollection, no." Tr. at 187.

impulse to drink. Tr. at 23-24; *see also* Ex. E at 2. He further testified that it should not be regarded as significant that the individual had only completed 11 months of sobriety as of the date of the hearing, rather than a full year. Tr. at 52.

The DOE psychologist was present for the entire hearing and testified at the end. In her testimony, she concluded that the individual's actions demonstrate adequate evidence of rehabilitation and reformation. Tr. at 232. She indicated that a year of sobriety is necessary to meet the criteria for a sustained remission, but that as of the date of the hearing he had essentially reached that milestone. *See* Tr. at 232. She concluded that the individual's chances of relapse are low and described a number of factors that support her conclusion. Tr. at 235, 249. These include the individual's strong support system, his high motivation to stay sober, and his compliance with treatment recommendations including AA attendance and abstinence. Tr. at 236-238. She described his attendance at AA meetings as "one of the best I've ever seen in terms of frequency." Tr. at 238. The DOE psychologist also cited the individual's lack of cravings for alcohol, his infrequent alcohol consumption for most of his adult life, and his ability to cope with stress as demonstrated by his continued sobriety following the death of his brother. Tr. at 236-239.

The DOE psychologist identified a number of factors that could increase the individual's risk of relapse such as the severe nature of his alcohol use disorder, his problems with anxiety, and his lack of therapy for 12 months as she had recommended in her report. Tr. at 239-243. However, she stated that the severity of his disorder is mitigated by his abstinence for nearly a year and the depth of his commitment to his recovery. Tr. at 240. She asserted that his anxiety issues are mitigated by his willingness to seek treatment for that problem. Tr. at 241. Finally, she testified that the short duration of his time in therapy should not be regarded as a significant risk factor because his failure to initially follow this treatment recommendation was inadvertent and because of his willingness to continue in therapy. Tr. at 242-243.

The DOE psychologist observed that the individual "continues to minimize to some degree the role that the alcohol played" on the day of his hospitalization in March 2017.¹⁰ Tr. at 246. She stated that alcohol had played a "large part" in the incident and that the individual might wish to review his medical records to gain a better understanding of the role that alcohol had played in it. Tr. at 258-259. She asserted, however, that minimization of past alcohol use is not a risk factor for relapse that emerges in the academic literature and that it does not carry the same weight as the other risk factors she identified. Tr. at 257-258.

V. Analysis

The individual does not dispute the facts that led the LSO to invoke Guideline G. The DOE psychologist's diagnosis of the individual with Alcohol Use Disorder, Severe, as well as the individual's problems with alcohol at work and away from work, raise substantial security concerns. In particular, the individual's decision to drive under the influence of alcohol raises questions about his reliability and trustworthiness as of May 2017.

¹⁰ She also noted that it is possible that due to his illness that day, the individual lacks a clear memory of the amount that he drank prior to his hospitalization. Tr. at 246.

Nevertheless, Guideline G describes several conditions that can mitigate security concerns arising from alcohol consumption. One of those is when “the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.” Guideline G at ¶ 23(b).

This condition applies in the instant matter. The individual has acknowledged that alcohol was causing problems in his life. Although the individual may understate the degree to which alcohol played a role in at least one incident in March 2017, he recognizes that his pattern of alcohol consumption resulted in a DUI charge and other problems in his life. His outpatient treatment for alcohol use disorder, his attendance at aftercare and AA meetings, his initiation of therapy with his psychologist, and his abstinence for nearly a year are all evidence of actions taken to overcome his alcohol problem. Moreover, his abstinence has become a clear and established pattern. Although the DOE psychologist’s treatment recommendation was a year of abstinence, both the individual’s psychologist and the DOE psychologist concluded that his 11-month period of abstinence was long enough to demonstrate rehabilitation and recovery.

Guideline G describes other conditions that apply in this matter. One such condition arises when the individual “is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program.” Guideline G at ¶ 23(b). Guideline G also refers to successful completion of “a treatment program along with any required aftercare.” Guideline G at ¶ 23(c). As observed, the individual has participated in and completed a treatment program, followed by aftercare and regular AA meetings. He has begun counseling with a psychologist. He has made progress in his treatment, as demonstrated by his initial completion of the 12 steps and his open and active participation in AA and aftercare. Additionally, because this is the first time that the individual has sought treatment for an alcohol use disorder, he has no previous history of treatment and relapse.

Finally, a number of other factors described by the individual’s psychologist and the DOE psychologist demonstrate that the chances of a relapse are low and that the DOE’s security concerns have been mitigated. These include the individual’s identification with the principles of recovery, his intention to continue counseling and participation in AA and aftercare, his lack of craving for alcohol, his strong support system, and his maintenance of sobriety following the death of his brother. The DOE psychologist also persuasively argued that these factors are more important than any of the factors that could be viewed as increasing the chances of relapse. Given all the changes that the individual has made in his life and his motivation to stay sober, the evidence is persuasive that the individual will continue to abstain from alcohol and that his use of alcohol will not raise questions about his reliability and trustworthiness in the future. In short, I find that the individual has presented sufficient evidence to mitigate the security concerns raised under Guideline G.

VI. Conclusion

In the above analysis, I have found that the LSO had sufficient derogatory information to invoke Guideline G. However, after considering all of the evidence, both favorable and unfavorable, in a common sense manner, I find that the individual has sufficiently mitigated the security concerns that the LSO has raised. Accordingly, the individual has demonstrated that restoring his security clearance would not endanger the common defense and would be clearly consistent with the

national interest. Therefore, the individual's security clearance should be restored at this time. The parties may seek review of this Decision by an Appeal Panel under the procedures set forth at 10 C.F.R. § 710.28.

Gregory S. Krauss
Administrative Judge
Office of Hearings and Appeals