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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: July 18, 2018) Case No.: PSH-18-0057
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Issued: November 16, 2018

Administrative Judge Decision

Katie Quintana, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (hereinafter referred to as “the Individual”) to hold an access authorization¹ under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, Subpart A, entitled “General Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material.” As discussed below, after carefully considering the record before me in light of the relevant regulations and 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), I conclude that the individual’s access authorization should be restored.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. In late August of 2017, the Individual self-reported that he was arrested for Driving Under the Influence (DUI). Ex. 7. Subsequently, the Local Security Office (LSO) held a Personnel Security Interview (PSI) with the Individual in December 2017. Ex. 10. In response to information gathered at the PSI, a DOE consulting psychologist (the Psychologist or DOE Psychologist) evaluated the Individual in February 2018. Ex. 8.

Because the Psychologist’s evaluation raised unresolved security concerns, the LSO informed the Individual, in a Notification Letter dated June 13, 2018 (Notification Letter), that his security clearance had been suspended. The Notification Letter also stated that the LSO possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. In an attachment to the Notification Letter, the LSO explained that the derogatory information raised

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 be referred to variously in this Decision as access authorization or security clearance.

security concerns under Guideline G (alcohol consumption) and Guideline I (psychological conditions) of the Adjudicative Guidelines. Ex. 1.

Upon receipt of the Notification Letter, the Individual exercised his right under the Part 710 regulations by requesting an administrative review hearing. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me the Administrative Judge in the case, and I subsequently conducted an administrative hearing in the matter. At the hearing, the DOE Counsel submitted 11 numbered exhibits (Exhibits 1-11) into the record and presented the testimony of the DOE psychologist. The Individual tendered 17 exhibits (Exhibits A-Q) and presented the testimony of six witnesses, including himself. The exhibits will be cited in this Decision as “Ex.” followed by the appropriate alphabetical or numeric designation. The hearing transcript in the case will be cited as “Tr.” followed by the relevant page number.

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. Notification Letter and Associated Security Concerns

As previously mentioned, the Notification Letter included a statement of derogatory information that raised concerns about the Individual’s eligibility for access authorization. The information in the letter specifically cites Guidelines G and I of the Adjudicative Guidelines. Guideline G relates to security risks arising from alcohol consumption. 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. Guideline G at ¶ 21. In citing Guideline G, the LSO stated that it relied upon the DOE Psychologist’s February 2018 conclusion that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, by the American Psychiatric Association, Fifth Edition* (DSM-5) criteria for a diagnosis of Alcohol Use Disorder, Moderate,

without adequate evidence of rehabilitation or reformation. Ex. 1. Additionally, the LSO cited an August 2017 incident in which the Individual was arrested and charged with Driving Under the Influence. *Id.* The LSO noted that during the December 2017 PSI, the Individual acknowledged that: (1) prior to driving, he had consumed 24 ounces of wine and felt intoxicated, (2) since 2014, he consumes “a couple bottles of wine or a couple of 6-packs of beers over every weekend, and (3) he drinks to intoxication 8 to 10 times per year. *Id.* The LSO additionally noted that during the February 2018 psychological evaluation, the Individual stated that, prior to the incident, he consumed 1¼ bottles of wine and had a breath alcohol content of .099. *Id.*

Guideline I relates to certain emotional, mental and personality conditions that can impair judgment, reliability, or trustworthiness. Guideline I at ¶ 27. An opinion by a duly qualified mental health professional that an individual has a condition that may impair judgment, stability, reliability, or trustworthiness can raise a security concern under Guideline I. *Id.* at ¶ 28(b). With respect to Guideline I, the LSO relied upon the DOE Psychologist’s conclusion that the Individual meets the DSM-5 criteria for a diagnosis of Other Specified Personality Disorder – Trait Specific, with Detachment and Antagonism. Ex. 1. The LSO additionally cited the Psychologist’s opinion that this condition can impair the Individual’s judgment, stability, reliability, or trustworthiness. *Id.*

IV. Findings of Fact

I have carefully considered the totality of the record in reaching the findings of fact set forth below.

Following the December 2017 PSI, the Individual was evaluated by a DOE Psychologist in February 2018. Ex. 8. During the Psychologist’s clinical interview, the Individual reported that on the night of the DUI, he consumed over a bottle of wine before going to bed. *Id.* at 3. After approximately three hours of sleep, the Individual stated that he awoke from a nightmare and wanted “a dip,” but did not have any tobacco. *Id.* He felt that sufficient time had elapsed after his alcohol consumption that he could safely drive to the store for more tobacco. *Id.* On his drive back home from the store, he was stopped by law enforcement as one of his headlights was not functioning. *Id.* The law enforcement officer noticed signs of intoxication and administered three field sobriety tests, which the Individual failed. *Id.* The Individual was arrested, and his blood-alcohol content (BAC) registered as 0.099. *Id.* at 4.

The Psychologist’s evaluation reports that the Individual stopped consuming “hard liquor...a couple of years ago” as his wife felt that after consuming it, he became belligerent and angry. *Id.* The Psychologist also noted that the Individual reported “compulsive” drinking behavior. *Id.* Specifically, the Individual stated that “[o]nce he started..., he would crave more and not stop until the alcohol available at home was gone.” *Id.* The Individual claimed that this behavior “was a form of [his] addiction.” *Id.* The Psychologist noted that the Individual’s wife began “to be watchful” of his alcohol consumption. *Id.* Further, the Individual reported that on some occasions after consuming alcohol, he drove his vehicle when he “should not have been driving.” *Id.* at 5. The Psychologist’s evaluation noted that prior to the DUI, the Individual’s physician found his liver enzymes to be elevated, and, in response, the Individual chose to minimize his alcohol consumption. *Id.* However, the Psychologist concluded that the Individual’s decision to consume a bottle of wine on the night of the DUI, “illustrates a breakdown in [the] efforts to scale back.” *Id.*

The Individual told the Psychologist that following the DUI in August 2017, he became abstinent from alcohol for forty days, but relapsed in October. *Id.* At the time of the evaluation, he reported that he consumed his last alcoholic beverage on November 30, 2017, and on the advice of a physician, he enrolled in an Intensive Outpatient Program (IOP) in early December 2017. *Id.* The IOP consisted of eight weeks of treatment, four days per week for several hours per day. *Id.* Upon beginning the IOP, the Individual was diagnosed with Alcohol Use Disorder, Mild, and he successfully completed the program. *Id.* The IOP recommended that he remain abstinent from alcohol, attend aftercare meetings and a three to five 12-Step meetings per week, utilize his sponsor, and attend individual therapy. *Id.* The Psychologist reported that the Individual was engaging in all of the IOP recommendations, with the exception of individual therapy. *Id.* The Individual asserted that the IOP was “probably the best thing that ever happened.” *Id.*

To assess the extent of the Individual’s substance abuse, the Psychologist administered four tests. *Id.* at 9. The Individual’s scores indicated that he had an alcohol use disorder and that alcohol may have caused difficulties in relationships or at work. *Id.* However, the Individual’s scores also indicated “his willingness to be very frank about alcohol-related problems.” *Id.* The Psychologist noted that the tests further demonstrated that the Individual acknowledges that he has problems related to alcohol, has made positive changes with regard to his alcohol consumption, and intended to continue with these changes. *Id.* at 9-10. Nonetheless, the Psychologist concluded that the efforts the Individual had made as of the date of the evaluation were “of too short a duration to ensure rehabilitation.” *Id.* at 12. She ultimately concluded that the Individual met five of the required four diagnostic criteria for Alcohol Use Disorder, Moderate, under the DSM-5. *Id.* at 13.

With regard to showing adequate evidence of rehabilitation or reformation, the Psychologist noted that although the Individual had taken admirable steps toward recovery, the Individual had only been abstinent from alcohol for three months and had completed his IOP only a few weeks prior to the evaluation. *Id.* at 15. As such, in order to demonstrate adequate evidence of rehabilitation or reformation, she concluded that the Individual needed to document his abstinence from alcohol for a minimum of twelve months beginning from his IOP admission date to be demonstrated by random alcohol testing. *Id.* She further recommended that the Individual follow all of the IOP recommendations, including attending individual therapy, for a period of twelve months, with a licensed mental health provider. *Id.* at 15-16.

In addition to evaluating the Individual’s alcohol consumption, the Psychologist noted that during her evaluation, the Individual “made numerous references to personality traits that can cause problems in relationships at home and at work.” *Id.* at 6. The Psychologist noted that the IOP Admission summary stated that the Individual reported “having problems controlling his violent behaviors.” *Id.* The Individual disclosed to the Psychologist that he has engaged in physically violent behaviors with his wife and son. *Id.* However, he additionally reported that since his IOP, he is “learning to handle anger differently” and no similar incidents had occurred since his treatment. *Id.*

In order to analyze the Individual’s psychological functioning, the Psychologist administered various tests during her evaluation. *Id.* at 10. The Psychologist’s report concluded that the testing did not indicate severe emotional distress, but did show “clinically significant, problematic personality traits.” *Id.* at 11. She noted that the Individual has “functional impairment at a Moderate level, creating significant interpersonal tensions at home and at work.” *Id.* Based upon her testing

and interview, the Psychologist opined that the Individual has “problematic personality traits that coalesce to form a Personality Disorder.” *Id.* at 13. Pursuant to the DSM-5, she diagnosed him with Other Specified Personality Disorder, and specified it using the Alternative Model for Personality Disorder (AMPD). *Id.* at 16. She noted that his personality disorder was most accurately diagnosed as Personality Disorder-Trait Specific with Detachment and Antagonism. *Id.* The Psychologist determined that the Individual requires treatment for the personality disorder as it “reflects very poor judgment” and “in a person with Alcohol Use Disorder has the potential to add to relapse risk.” *Id.* at 14. Ultimately, she opined that the Individual’s “openness to working on problematic personality traits contributes to a good prognosis if he abides by the recommended rehabilitation measures” described above. *Id.* at 16.

V. Analysis

I have thoroughly considered the record of this proceeding, including the submissions tendered in this case and the testimony of the witnesses presented at the hearing. In resolving the question of the Individual’s eligibility for access authorization, I have been guided by the applicable factors prescribed in 10 C.F.R. § 710.7(c) and the Adjudicative Guidelines. After due deliberation, I have determined that the Individual has sufficiently mitigated the security concerns noted by the LSO with regard to Guidelines G and I. I find that restoring the Individual’s DOE security clearance will not endanger the common defense and security, and is clearly consistent with the national interest. 10 C.F.R. § 710.27(a). Therefore, I have determined that the Individual’s security clearance should be restored. The specific findings that I make in support of this decision are discussed below.

As an initial matter, I note that legitimate security concerns, under Guidelines G and I, exist as a result of the Individual’s DUI and psychological evaluation.

At the hearing, the Individual presented the testimony of six witnesses, including himself. The Individual’s wife, a longtime friend, his IOP aftercare facilitator, his Alcoholics Anonymous (AA) sponsor, and his therapist all testified on his behalf. Tr. at 12, 21, 45, 90, 17. Both the aftercare facilitator and the Individual’s sponsor testified that the Individual is motivated, consistently attends aftercare and AA meetings, and makes positive contributions to the group. *Id.* at 27, 37, 95, 112. The Sponsor further testified that the Individual seeks their help and support in times of need, and the Facilitator indicated that he is also aware that the Individual utilizes the help and support of the Sponsor. *Id.* at 36, 99-100. The Individual’s aftercare attendance documentation indicates that the Individual attends an aftercare meeting once per week, and the Individual’s sponsor testified that he and the Individual attend AA meetings together twice per week and additionally participate in informal “guys-type AA meeting and events” with a small group of men from AA. *Id.* at 95-96; Ex. K.

The Individual’s wife also testified on his behalf. She testified that prior to the DUI, the Individual would consume about 4 beers or one bottle of wine approximately four to five days per week and would become intoxicated two to three times per month. *Id.* at 74. She indicated that she was concerned about his alcohol consumption as he would get mean and yell. *Id.* at 75-76. She stated that after the DUI, the Individual “quit drinking cold turkey,” but did consume alcohol three to four times before starting AA or the IOP. *Id.* at 47-48. However, since seeking treatment, the Wife testified that the Individual is more personable, more interactive and less selfish. *Id.* at 57. She also

feels that the Individual listens better, is more thoughtful, and has a stronger relationship with their son. *Id.* at 51-52, 55-56.

The Wife explained that the Individual has been fully utilizing his AA meetings in order to help him remain abstinent. She observed that the Individual attends meetings in anticipation of a stressful circumstance, during a situation where he would usually cope by consuming alcohol, and after engaging in a stressful event. *Id.* at 58-60. She noted that on occasion, she has seen the Individual attend two meetings in one day: one to prepare for a stressful trigger and one to recover from the stressful trigger. *Id.* at 58-59. The Wife explained that the Individual even committed to attending AA meetings every day during a family vacation. *Id.* at 62. She affirmed that she fully supports her husband's decision to abstain from alcohol and testified that his intention is to remain forever abstinent from alcohol. *Id.* at 61, 63.

The Individual testified that he had been abstinent from alcohol since December 1, 2017. *Id.* at 113. Since the DUI, the Individual has undergone approximately seven alcohol tests, none of which detected the presence of alcohol. *Id.* at 158-159; Ex. J. The Individual explained that his weekly routine consists of two AA meetings, one aftercare meeting, and one session with his individual therapist. Tr. at 130. He estimated that between his aftercare requirements and his personal studies, he spends approximately ten to twelve hours per week maintaining his recovery. *Id.* at 159. The Individual explained that he has been working with his individual therapist on "acceptance integration," which he described as "if I can't accept certain situations sometimes, they'll drive me absolutely crazy." *Id.* at 138. He noted that through engaging in his treatment, he has seen the relationship with his wife and children improve and has learned to handle stressful events better through the use of skills and techniques he has learned through the experience. *Id.* at 138, *see id.* at 140-147.

The Individual acknowledged that he is an alcoholic and intends to continue attending his aftercare meetings, with no end date in mind, as he enjoys them. *Id.* at 116, 147-148. When asked what factors would prevent him from consuming alcohol again, the Individual explained that seeing how he treated his wife and children for years and observing the way his behavior negatively impacted his son, stimulated him to change his behavior. *Id.* at 160. He noted that it is "very tiring, and it's just exhausting to be that angry all the time and just live life that way." *Id.*

The Individual's final witness, who was present for all of the testimony, was his therapist. *Id.* at 186. The Therapist testified that he first met and treated the Individual when the Individual began his IOP. *Id.* at 171-172. Later, in June of 2018, the Therapist began treating the Individual in his private practice setting. *Id.* at 177. The Therapist noted that he is working with the Individual in the areas of social isolation, emotional deprivation, negativity, pessimism, and unrelenting standards. *Id.* at 173-174. He further described that in his work with the Individual, he is utilizing acceptance and integration training, which helps an individual ease out of an unpleasant state and make better choices in a particular circumstance. *Id.* at 174-175. The Therapist affirmed that the work he has completed with the Individual provides the Individual with various tools to address the DOE Psychologist's diagnosis of a personality disorder. *Id.* at 174. The Therapist opined that with regard to the personality disorder, the Individual's prognosis is favorable as the Individual is making "great progress." *Id.* at 178. In addressing the alcohol use disorder, the Therapist testified that the Individual's risk of relapse is "very low." *Id.* at 187.

Lastly, the DOE Psychologist testified. *Id.* at 195-196. The Psychologist explained that after hearing all of the testimony and examining the Individual's exhibits, she did not find any change in her original diagnosis; however, she stated that she was persuaded that the Individual had been rehabilitated. *Id.* at 198. The Psychologist described the Individual's strengths, as were revealed during the hearing, namely that he is dedicated to his recovery, motivated, happier, and "changed." *Id.* at 198-199. She concluded that the Individual's alcohol use disorder is in early remission as the Individual had been abstinent from alcohol for approximately ten of the twelve months required for sustained remission. *Id.* at 199.

The Psychologist explained that although, she had "a couple of ongoing concerns," she felt the Individual had resolved them. *Id.* at 198. She also elaborated on how the Individual had addressed twelve various risk factors regarding relapse, including: severity, chronicity, self-awareness and insight, participation in a twelve step program, ongoing stressors, reliance on support system, coping skills, response when alcohol is present, family history of alcohol use disorder, cravings, co-occurring conditions, and ability to follow recommendations. *Id.* at 201-206.

The Psychologist explained that the risk of relapse associated with her initial assessment of the severity of the Individual's alcohol use disorder as moderate is diminished, and is no longer a concern. *Id.* at 201. Further, she did not find chronicity to be a risk factor. *Id.* She noted that the Individual has grown to demonstrate "exceptional...self-awareness and insight" and is "very, very invested in his Twelve Step work," making "use of the program as a life tool. *Id.* at 202-204. She noted that the Individual is learning to manage his ongoing stressors, relies on his support system, shows "good" coping skills, demonstrates restraint when alcohol is present, does not have a risk associated with a family history of alcohol use disorder, and does not have cravings for alcohol. *Id.* at 204-206. As such, she did not find a risk of relapse or a concern about the Individual's judgment or reliability based upon these risk factors. *See id.* at 201-206.

Turning to the final two risk factors, co-occurring conditions and the Individual's ability to follow the recommendations of his treatment providers, the Psychologist explained that the term "co-occurring conditions" refers to a condition, such as anxiety, depression, or a personality disorder, that co-occurs with the alcohol use disorder. *Id.* at 202. Suffering from a condition that co-occurs with an alcohol use disorder increases the risk of a relapse. *Id.* at 207. The Psychologist noted that although the Individual has some anxiety, it was no longer a concern as the Individual has not suffered from anxiety "for a long time" *Id.* at 202, 207. The Psychologist's greater concern was the Individual's personality disorder combined with the short duration of his individual counseling. *Id.* at 207-208. The Psychologist noted although the Individual was following the recommendations of his providers "very well," the Individual had only been undergoing individual counseling for approximately six months.² *Id.* at 203, 207-208. The Psychologist concluded that having less than one year of counseling is a "possible factor adding risk," especially given the diagnosis of the co-occurring personality disorder. *Id.* at 208. However, after observing the hearing, the Psychologist determined that given the "breadth and specificity of the behavioral and attitudinal changes" and the quality of the therapy the Individual was receiving, she was persuaded that the risks had been mitigated. *Id.* at 208-209.

² The Psychologist noted that it did not appear to her that the IOP appropriately informed the Individual that it was recommended that he seek individual counseling. Tr. at 168. The Individual confirmed that this information was not conveyed to him when he successfully completed the IOP. *Id.*

The Psychologist summarized that she concluded the Individual's risk of relapse to be "very low" and determined that he has a "good prognosis." *Id.* at 212. She elaborated, stating that although the Individual had not been abstinent from alcohol for a period of twelve months, his willingness to continue through the twelve months is encouraging, and she does not have any concerns about the Individual's judgment, reliability, or trustworthiness. *Id.* at 212, 216.

A. Guideline G

Alcohol-related incidents away from work, such as driving while under the influence, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder, can disqualify an individual from holding a security clearance. Guideline G at ¶ 22(a). Additionally, diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder can raise security concerns and serve as a disqualifier to a security clearance. *Id.* at ¶ 22(c). An individual may be able to mitigate security concerns arising under Guideline G if the individual is participating in counseling or a treatment program, has no history of treatment and relapse, and is making satisfactory progress in a treatment program. *Id.* at ¶ 23(d).

Here, not only was the individual arrested and charged with a DUI, but the DOE Psychologist diagnosed the Individual with Alcohol Use Disorder, Moderate. Ex. 6; Ex. 8 at 13. The Individual has acknowledged that he has a problem with alcohol, has abstained from alcohol for approximately ten months, has successfully completed an IOP, has been consistently participating in his treatment recommendations, and has undergone multiple negative alcohol tests. *See* Guideline G at ¶ 23(b), (d). Further, the DOE Psychologist determined that the Individual demonstrated adequate evidence of rehabilitation. In light of the Individual's efforts to address the alcohol-related security concerns, his continued abstinence thus far, his dedication to his recovery, and the DOE Psychologist's determination that the Individual's judgment, reliability, and trustworthiness are not impaired, I conclude that the security concerns under Guideline G have been sufficiently mitigated. *See id.*

B. Guideline I

Certain personality conditions can impair judgment, reliability, or trustworthiness. *See* Guideline I at ¶ 27. An opinion by a duly qualified mental health professional that an individual has a condition that may impair judgment, stability, or trustworthiness can serve as a disqualifying condition for a security clearance. *Id.* at ¶ 28(b). An individual may be able to mitigate security concerns under Guideline I if, in relevant part, that individual obtains a recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation. *Id.* at ¶ 29 (c).

Here, the Psychologist diagnosed the Individual with Personality Disorder, Trait Specific, with Detachment and Antagonism. Ex. 8 at 16. She noted that the Individual had a "good prognosis" given his "openness to working on problematic personality traits if he abided by his rehabilitation recommendations, including twelve months of individual therapy." *Id.* As stated above, the Individual has shown considerable dedication to his recovery and treatment and made concerted efforts to change his concerning behaviors. *See* Guideline I at ¶ 29(a). Furthermore, both the Therapist and the DOE Psychologist concluded that the Individual has a good prognosis and is

making progress in his treatment. *See id.* at ¶ 29(c). Although, the Individual has not yet undergone twelve months of therapy at this time, the Psychologist noted that the Individual was not appropriately informed of this requirement, and she added that she believes the Individual has demonstrated adequate evidence of rehabilitation and does not have any concerns about the Individual's judgement, reliability, or trustworthiness. *Id.*

As the Psychologist indicated in her testimony, the concerns related to the Individual's personality disorder and his alcohol use disorder are closely intertwined. In light of the Psychologist's testimony regarding the Individual's progress and prognosis, along with my findings with regard to Guideline G, I find that the Individual has successfully mitigated the security concerns arising under Guideline I. *See id.* at ¶ 29 (a), (c).

VI. Conclusion

After considering all of the relevant information, favorable and unfavorable, in a comprehensive common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I have found that the Individual has brought forth sufficient evidence to resolve the security concerns associated with Guidelines G and I. Accordingly, I have determined that the Individual's access authorization should be restored. The parties may seek review of this Decision by an Appeal Panel under the regulations set forth at 10 C.F.R. § 710.28.

Katie Quintana
Administrative Judge
Office of Hearings and Appeals