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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: June 19, 2019 ) Case No.: PSH-19-0033  
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Issued: September 27, 2019

**Administrative Judge Decision**

Steven L. Fine, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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, “Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material.”<sup>1</sup> For the reasons set forth below, I conclude that the Individual’s security clearance should not be granted.

**I. BACKGROUND**

In December 2017, the Individual admitted himself to an inpatient mental health and addiction treatment program, in order to address his “cycle of depression and anxiety that prompted [him] to self-medicate with alcohol.” Ex. 6 at 4, Ex. 5 at 1. This derogatory information raised concerns about the Individual’s alcohol use and psychological state, which led to the LSO asking the Individual to answer a series of written questions set forth in a Letter of Interrogatory (LOI). The Individual submitted his responses to the LOI on January 22, 2019. Ex. 5 at 1. Because the Individual’s responses to the LOI did not resolve the concerns raised by the Individual’s hospitalization, the LSO requested that the Individual undergo a forensic psychological evaluation by a DOE Psychologist (the DOE Psychologist). The DOE Psychologist conducted a clinical interview (the Clinical Interview) of the Individual on February 28, 2019, and on March 11, 2019, she issued a report concluding that the Individual met the criteria for Alcohol Use Disorder, Severe (AUD) and Posttraumatic Stress Disorder (PTSD) set forth in the *Diagnostic and Statistical Manual of the American Psychiatric Association, Fifth Edition (DSM-5)*. Ex. 6 at 11. Accordingly, the LSO began the present administrative review proceeding by issuing a Notification Letter to the

<sup>1</sup> Under the regulations, “Access authorization” means 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.

Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility for a security clearance. *See* 10 C.F.R. § 710.21.

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 June 21, 2019. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e) and (g), I took testimony from the Individual, his supervisor, and the DOE Psychologist. *See* Transcript of Hearing, Case No. PSH-19-0033 (hereinafter cited as "Tr."). The LSO submitted eight exhibits, marked as Exhibits 1 through 8 (hereinafter cited as "Ex."). The Individual submitted one exhibit, marked as Exhibit A.

## **II. 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. That information pertains to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). Specifically, the LSO alleges that the Individual has been diagnosed with AUD, Severe. The LSO further alleges that the Individual was arrested for Driving Under the Influence of Alcohol (DUI) on June 6, 2009, had admitted an inability to control his drinking, and had admitted self-medicating his depression and anxiety with alcohol. Ex. 5 at 1, 4. This information adequately justifies the LSO's invocation of Guideline G and raises significant security concerns.

The Adjudicative Guidelines state: "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. Among those conditions set forth in the Guidelines that could raise a disqualifying security concern in the present case are (1) "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" (Guideline G at § 22(a)); (2) diagnosis by a duly qualified medical or mental health professional (e.g., . . . clinical psychologist . . .) of alcohol use disorder" (Guideline G at §22(d)); (3) "The failure to follow treatment advice once diagnosed (Guideline G at §(22(e)); and (4) "alcohol consumption which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder" (Guideline G at §22.(f)). These allegations adequately justify the LSO's invocation of Guideline G.

Under Guideline I, Psychological Conditions, the LSO alleges that the Psychologist has diagnosed the Individual with PTSD, and that the Individual has been hospitalized for that condition. The Guidelines provide that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." Guideline I at ¶ 28. Guideline I further provides that "an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness" may raise a security concern and be disqualifying, and that hospitalization for mental health issues can raise a disqualifying security

concern. Guideline I at ¶ 28(b) and §28(c). The LSO further alleges that the Individual was not complying with his mental health care providers' treatment recommendations. Guideline I at §28(d). These allegations adequately justify the LSO's invocation of Guideline I.

### **III. REGULATORY STANDARDS**

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. The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

### **IV. FINDINGS OF FACT**

On June 6, 2009, police arrested and charged the Individual with DUI. Ex. 6 at 1; Ex. 5 at 4.

On June 8, 2018, the Individual submitted an Electronic Questionnaire For Investigations Processing (e-QIP) to the LSO. Ex. 8 at 12. The Individual reported his DUI arrest to the LSO in this e-QIP. The Individual further reported that he had received treatment for his "use of alcohol" from November 2017 to December 2017, which he had successfully completed. Ex. 8 at 44.

The LSO issued the LOI to the Individual. The Individual responded to the LOI on January 22, 2019. In this response, the Individual indicated that the treatment he received from November 2017 until December 2017, occurred during a voluntary inpatient hospitalization. Ex. 5 at 1. The LOI asked the Individual to "Explain the reasons for the counseling and/or treatment." The Individual responded by stating: "I was struggling with a cycle of depression and anxiety that prompted me to self-medicate with alcohol. I sought treatment in an effort to seek healthy ways of coping with stress." Ex. 5 at 1. The Individual further reported that after his release from the hospital, he met with a psychiatrist on a weekly basis for the next three months, and then once a month thereafter. Ex. 5 at 3. The Individual also met with counselors at his local Veterans Affairs facility (the VA). Ex. 5 at 3. The LOI asked the Individual if he had received a diagnosis during

his treatment, and the Individual responded by stating that he had been diagnosed with PTSD. Ex. 5 at 4. The Individual further admitted that he had been arrested for DUI in June 2009. Ex. 5 at 4. The Individual described his current alcohol use as “very minimal” and stated “I rarely drink any alcohol and if I do it is never more than one drink.” Ex. 5 at 5. The Individual stated that his last alcohol consumption had occurred approximately three weeks earlier, when he had a glass of champagne. Ex. 5 at 4.

Because the Individual’s responses to LOI did not resolve all of the significant security concerns raised by the Individual’s DUI arrest and hospitalization, the Individual was evaluated by the DOE Psychologist on February 28, 2019, at the LSO’s request. Ex. 6 at 2. The DOE Psychologist also contacted two of the Individual’s treating mental health providers in order to obtain relevant information concerning the Individual. Ex. 6 at 2. The DOE Psychologist issued a report on March 11, 2019, reporting her conclusions. Ex. 6 at 12. During the Clinical Interview, the Individual reported that he had consumed alcohol in order to self-medicate symptoms of combat-related PTSD. Ex. 6 at 3. The Individual further reported that he used alcohol to cope with PTSD-related anxiety, depression, paranoia, and “passive suicidal ideation.” Ex. 6 at 4. The Psychologist’s report described the events leading to the Individual’s hospitalization as follows:

A little over one year ago (late November 2017), [the Individual] voluntarily presented to [the Hospital] for inpatient mental health and addiction treatment. Earlier on the day of admission. He described feeling hopeless and helpless with respect to controlling his alcoholism and symptoms of PTSD and he was not under the influence of alcohol. He was highly distressed and recalls sitting in his car thinking of ways to kill himself. He had decided he was either going to hang or shoot himself. That was when he decided to call the Veterans Affairs suicide hotline from his car in the parking lot of the community college he was attending at the time. The person he spoke with on the phone instructed him to go to [the Hospital] immediately and remained on the phone with [the Individual] until he arrived. His initial complaint/reason for treatment as documented in the treatment record was as follows: “subject reported problems with anger, depression, and anxiety merging with paranoia and is worsening by a pattern of binge alcohol use.”

Ex. 6 at 4. The DOE Psychologist’s report further states that the Individual’s “treatment record acknowledged him having ‘thoughts of harming himself and having random acts of violence that included shooting into a crowd.’” Ex. 6 at 5. The DOE Psychologist’s report indicates that after the Individual was discharged from the Hospital, he initially complied with the Hospital’s recommendations for outpatient treatment. Ex. 6 at 5. However, the Individual eventually discontinued taking the medications prescribed by a VA psychiatrist and had established a pattern of failing to show up for his appointments. Ex. 6 at 6. After the Clinical Interview, the Individual’s treating Psychiatrist (the Treating Psychiatrist) informed the DOE Psychologist that the Individual had reported “a relapse on alcohol” and that the Individual “had stopped all of his psychotropic medications and was feeling very anxious and irritable with anger outbursts, underlying dysphoric mood, and social avoidance.” Ex. 6 at 6. The Treating Psychiatrist also reported that he had recommended that the Individual participate in a cognitive behavioral therapy group and obtain individual counseling at the VA. Ex. 6 at 6. The Individual did not act upon the Treating Psychologist’s (and his Treating Counselor’s) recommendations, however. Ex. 6 at 6. During the Clinical Interview, the Individual reported that he continued to use alcohol, albeit in a controlled

manner. Ex. 6 at 7. The Individual informed the DOE Psychologist that he considers himself to be an “alcoholic.” Ex. 6 at 8. The DOE Psychologist diagnosed the Individual with AUD, Severe. Ex. 6 at 8. The DOE Psychologist also diagnosed the Individual with PTSD, noting that three other mental health providers had come to the same conclusion. Ex. 6 at 9. She further concluded that the Individual’s PTSD continues to cause him to “experience dissociative and marked physiological reactions related to the traumatic events he witnessed more than 13 years ago. . . [and] to experience intense affective expression . . . which could suggest a propensity to make significant misjudgments.” Ex. 6 at 9. The DOE Psychologist further stated that:

It is not surprising that an individual with such a long-standing history of co-occurring illness (Alcohol Use Disorder and PTSD) of this severity (suicidality, homicidality, and paranoid delusions) experienced a relapse of both alcohol misuse and acute PTSD symptoms given that he has not been engaged in ongoing treatment or recovery support. Furthermore, given his initial resistance to seeking mental health and/or substance use treatment followed by a premature discharge from treatment, it is also not surprising that [the Individual] did not consistently follow his psychiatrist's recommendations and waited until DOE raised concerns about his psychological condition and alcohol misuse to begin to actively address his recurring issues this time around. In sum, it is not a diagnosis of a formal mood and/or anxiety disorder that *in and of itself* warrants DOE's concern about [the Individual's] judgment, stability, reliability or trustworthiness. Rather, it is his reluctance to fully comply with treatment recommendations despite his acknowledgment of his history of excessive alcohol use related to PTSD, even when faced with the threat of losing his job, and his minimization/denial of recent alcohol use that warrants DOE's concerns about his Judgment, stability, reliability, and trustworthiness.

Ex. 6 at 10. The DOE Psychologist further found that the Individual’s co-occurring disorders, AUD and PTSD, are likely to cause significant defects in his judgment and reliability, as long as they go untreated. Ex. 6 at 11. The DOE Psychologist recommended that the Individual abstain from alcohol use for at least 12 months and participate in Alcoholics Anonymous (AA) or a similar program on a weekly basis. The DOE Psychologist further recommended that the Individual return to individual counseling to address his PTSD symptoms and to follow the recommendations of his treatment providers, noting that his “prognosis is good when he is actively and continuously engaged in treatment and following treatment recommendations.” Ex. 6 at 12.

On August 28, 2019, the Individual submitted a letter from a treating Psychologist (the Treating Psychologist) reporting that she has been treating the Individual since May 22, 2019. Ex. A at 1. The Treating Psychologist further stated:

I helped [the Individual] develop various healthy strategies for identifying and managing chronic and acute stressors stemming from both his diagnosis of PTSD and various challenges presented by his daily life. In my professional opinion, he has made stable progress with medication, symptom reduction, and sobriety.

He has regularly attended sessions and demonstrated consistency and commitment to treatment. Treatment includes techniques such as medication counseling,

EMDR, relaxation exercises, coping strategies and therapeutic conversations, I have helped [the Individual] build a successful approach toward a state of mental and physical health that no longer includes the use of alcohol in any form.

Ex. A at 1.

At the hearing, the Individual attempted to mitigate the security concerns set forth in the Statement of Security Concerns, stating that “I have stayed sober and am on regimented medication and I've made significant strides and sticking to a plan that's keeping me in a healthy lifestyle.” Tr. at 6.

The Individual's direct supervisor (the Supervisor) testified on his behalf at the hearing. The Supervisor testified that he has known the Individual since the fall of 2018. Tr. at 11. The Supervisor testified that approximately two months before the hearing, “it was brought to my attention that several of [the Individual's] coworkers had observed some behavior in him, as well as there was some reports of him talking to himself and things.” Tr. at 13. The Supervisor reported the coworker's concerns, which led to the plant's Psychologist (the Plant Psychologist) interviewing the Individual. Tr. at 13. The Plant Psychologist concluded that the Individual was not a threat. Tr. at 13-14.

The Individual does not dispute the DOE Psychologist's diagnoses of AUD, Severe, or PTSD. Tr. at 36. The Individual testified that he now complies with his treatment recommendations, and that he has been consistently using his medications since mid- to late-April 2019. Tr. at 23, 28-29. He stated that he has been seeing the Treating Psychologist on a weekly basis since May 22, 2019. Tr. at 30. The Individual further testified that, after realizing that continued social drinking would eventually result in his return to binge drinking, he completely stopped drinking. Tr. at 34. He has not used alcohol since April 2019 (approximately four months prior to the hearing). Tr. at 33. He stated that he does not currently have an alcohol problem, and that he no longer thinks the AUD diagnosis applies to him, since he is no longer drinking. Tr. at 41-42. The Individual further stated that he plans to abstain from alcohol use for the rest of his life, and to continue taking his medications for as long as they are prescribed. Tr. at 44. The Individual testified that the treatment he has been receiving has been effective,<sup>2</sup> Tr. at 43, 48, and he attributes this success to “not drinking.” Tr. at 48. He acknowledged that he has not received any therapy for his AUD since his hospitalization, Tr. at 47, nor has he been attending AA meetings. Tr. at 37-38. The Individual testified that he has been receiving social support from his friends and family. Tr. at 38-39. He acknowledged that he was treated for alcohol issues during his hospitalization. Tr. at 48. The Individual also testified that the medication has helped with the symptoms of the PTSD that he had been attempting to mask by using alcohol. Tr. at 49.

The DOE Psychologist observed the testimony of the other witnesses before she testified. She testified that the Individual met eight of the DSM-5 criteria for AUD. Tr. at 71-75. She noted that the Individual attempted to use alcohol to control his PTSD symptoms, but ended up exacerbating them instead. Tr. at 76. The DOE Psychologist testified that the Individual is now in early remission, from his AUD, since he has not used alcohol for the past four months. Tr. at 77. The DOE Psychologist stated that she still believes that the Individual needs to continue addressing his

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<sup>2</sup> As discussed below, this treatment has been specifically tailored to address his PTSD, rather than his AUD, and has not specifically addressed his AUD.

AUD by abstaining from alcohol use and attending AA or a similar program. Tr. at 78. Moreover, the DOE Psychologist does not believe that the Individual is currently receiving appropriate treatment for his AUD. Tr. at 88. She noted that while the Individual has received treatment for his PTSD, he has not received any treatment specifically addressing his AUD. Tr. at 78. She testified that Individual needs to treat his AUD as well as his PTSD and that his treatment for PTSD would not suffice to address his AUD. Tr. at 77-78. The DOE Psychologist testified that the Individual does not have a large support group. Tr. at 83. After discussing these factors, the DOE Psychologist opined that the Individual's prognosis for staying sober was "fair to poor" because he has not been sufficiently educated about the condition, has not developed the tools to maintain his sobriety, and does not have a sufficient support system. Tr. at 85-86. She testified that his prognosis for PTSD is "fair to good." Tr. at 86. However, she does not believe that he is seeing his psychiatrist often enough, and she does not believe that the Individual's PTSD is currently in remission, even though she opined that the Individual is currently receiving appropriate treatment for his PTSD, and that his PTSD is no longer currently affecting his judgment, reliability and stability. Tr. at 86- 88, 90-91. The DOE Psychologist stated that she found the events described by the Individual's Supervisor to be of concern; however, she stated that it did not change her ultimate conclusions concerning the Individual's PTSD. Tr. at 91-92.

## **V. ANALYSIS**

The Individual has been diagnosed with AUD and PTSD. The Individual has not challenged these diagnoses. Instead he believes that he has sufficiently mitigated the security concerns arising from both of these diagnoses.

### **AUD (Guideline G: Alcohol Consumption)**

Guideline G, Section 23, sets forth four conditions that "could mitigate security concerns" raised under Guideline G. I find that none of these conditions are sufficiently present in the instant case to mitigate the security concerns raised by the LSO under Guideline G regarding the Individual's AUD or his 2009 DUI.<sup>3</sup>

Section 23(a) provides that security concerns raised under Guideline G can be mitigated if: "so much time has passed or the behavior is so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment." Given the Individual's poor insight into his AUD, and his failure to engage in either AUD-specific counseling or a twelve-step program, I am not sufficiently convinced that the Individual will not return to his problematic alcohol consumption to support a conclusion that restoring his security clearance would not endanger the common defense and would be clearly consistent with the national interest. While the Individual's testimony shows that he now understands that he was using alcohol to self-medicate his PTSD, as discussed above, and realizes he needs to abstain from using alcohol, he has not yet taken the appropriate actions to address his AUD. Nor has enough time passed (the Individual had only been abstaining from

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<sup>3</sup> The Notification Letter also cites the Individual's admissions that he had been unable to control his drinking, and had self-medicated his depression and anxiety with alcohol as derogatory information that raised security concerns under Guideline G. Since I find that these concerns, and his 2009 DUI, are symptoms of his AUD, I have not considered them independently, since I find that their mitigation would require that the Individual's AUD, Severe, be addressed.

alcohol use for four months at the time of the hearing) for the Individual to sufficiently establish that he is able to maintain his sobriety.

Section 23(b) provides that security concerns raised under Guideline G can be mitigated if: “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.” The Individual has acknowledged his pattern of maladaptive alcohol use, and has begun to abstain from alcohol use. However, as discussed above, he has not taken any further steps, such as participating in a twelve-step program or undergoing counseling for substance abuse, to address his AUD. Nor has the Individual sufficiently demonstrated a clear and established pattern of modified consumption or abstinence, since he had only abstained from alcohol use for four months the time of the hearing.

Section 23(c) provides that security concerns raised under Guideline G can be mitigated if: “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.” The Individual is not currently participating in any substance abuse treatment program. Moreover, he has a previous history of treatment and relapse from his AUD, as he continued to engage in problematic alcohol consumption after his hospitalization.

Section 23(d) provides that security concerns raised under Guideline G can be mitigated if: “the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.” As discussed above, the Individual has not sufficiently established a pattern of modified consumption or abstinence.

I have found that no mitigating conditions for the Individual’s AUD, Severe, are present in the instant case. Accordingly, I find that the security concerns arising under Guideline G from the Individual’s AUD, Severe, have not been resolved.

### **PTSD (Guideline I: Psychological Conditions)**

Guideline I, Section 29, sets forth five conditions that “could mitigate security concerns” raised under Guideline I. I find that none of these conditions is sufficiently present in the instant case to mitigate the security concerns raised by the LSO under Guideline I regarding the Individual’s PTSD.

Section 29(a) provides that security concerns raised under Guideline I can be mitigated if: “The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan.” PTSD can often be controlled with treatment, and the Individual is currently receiving appropriate treatment. However, the Individual has a demonstrated history of non-compliance with his treatment plan during the past two years.

Section 29(b) provides that security concerns raised under Guideline I can be mitigated if: “The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional.” In the present case, the



Individual has submitted a letter from the Treating Psychologist. In this letter, the Treating Psychologist reported that the Individual was making “stable progress” and that the Individual had demonstrated a commitment to his treatment program. Ex. A at 1. However, the Treating Psychologist did not express any opinion on the Individual’s prognosis.<sup>4</sup> Unfortunately, the Treating Psychologist was not at the hearing, which would have provided an opportunity to elaborate upon these statements. The DOE Psychologist did offer an opinion at the hearing concerning the Individual’s prognosis. She described the Individual’s prognosis concerning PTSD as “fair to good.” However, as discussed above, she does not believe that he is seeing his psychiatrist often enough, and she does not believe that the Individual’s PTSD is currently in remission. Accordingly, I find that the Individual has not shown that his prognosis is sufficiently favorable.

Section 29(c) provides that security concerns raised under Guideline I can be mitigated if there is 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.” In the present case, the DOE Psychologist specifically testified that she does not believe that the Individual’s PTSD is in remission.

Section 29(d) provides that security concerns raised under Guideline I can be mitigated if: “The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability,” and Section 29(e) provides that security concerns raised under Guideline I can be mitigated if: “There is no indication of a current problem.” I find that neither of these mitigating conditions are present in this case, since the DOE Psychologist testified that PTSD was a life-long, permanent condition and that the Individual is not in remission.

Accordingly, I find that the Individual has not resolved the security concerns raised under Guideline I by the Individual’s PTSD.

## **VI. CONCLUSION**

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and I. After considering all of the evidence, both favorable and unfavorable, in a common sense manner, I find that the Individual has not sufficiently mitigated the security concerns raised under Guidelines G and I. Accordingly, the Individual has not demonstrated that granting 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 not be granted. The parties may seek review of this Decision by an Appeal Panel under the procedures set forth at 10 C.F.R. § 710.28.

Steven L. Fine  
Administrative Judge  
Office of Hearings and Appeals

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<sup>4</sup> The Treating Psychologist did, however, state his opinion that the Individual “would pose no threat to personnel or information of a sensitive nature.” Ex. A at 1.