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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: September 27, 2019)	Case No.: PSH-19-0056
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_____)	

Issued: January 30, 2020

Administrative Judge Decision

Steven L. Fine, Administrative Judge:

This Decision concerns the eligibility of XXXXXX (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 and Special Nuclear Material.”¹ 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 not be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires her to hold access authorization. On August 29, 2018, the Individual submitted a personnel security information report (PSIR) to the local security office (LSO) disclosing that she had been arrested and charged with Assault (on a family member) and that an emergency protective order had been issued against her. Exhibit (Ex.) 6. The Individual further disclosed to the LSO that she and her boyfriend had an altercation after drinking and that her boyfriend had called the police after the Individual threw various objects at him. Ex. 7 at 1.

In October 2018, the local security office (LSO) issued the Individual a Letter of Interrogatory (LOI) concerning the circumstances leading to her arrest for assault. Ex. 8. In her response to the LOI, the Individual estimated that she had consumed five or six beers over five hours prior to the altercation. *Id.* at 1. The Individual reported that, on average, she consumed eight to ten drinks weekly and consumed alcohol to intoxication one to three times each month. *Id.* at 1–2.

¹ The regulations define access authorization 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). This Decision will refer to such authorization as access authorization or security clearance.

The Individual's responses to the LOI did not resolve the security concerns, and the LSO recommended that the Individual undergo an evaluation by a DOE-contracted psychiatrist (Psychiatrist). Ex. 4 at 1. The Psychiatrist met with the Individual for a clinical interview and prepared a psychiatric assessment (Report) documenting his conclusions. Ex. 9. In his Report, the Psychiatrist opined that the Individual habitually consumed alcohol to the point of impaired judgement. *Id.* at 8. The Psychiatrist also determined that the Individual met the diagnostic criteria for Other Specified Disruptive, Impulse-Control, and Conduct Disorder (OSDICD) under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, and that this condition could impair the Individual's judgement, reliability, stability, or trustworthiness. *Id.* at 9.

The Individual's alcohol-related arrest and the findings of the Psychiatrist raised significant security concerns. Accordingly, the LSO informed the Individual, in a notification letter dated July 16, 2019 (Notification Letter), that it possessed reliable information that created substantial doubt regarding the Individual's eligibility to hold a security clearance. In an attachment to the Notification Letter, the LSO explained that the derogatory information raised security concerns under "Guideline G, Alcohol Consumption" and "Guideline I, Psychological Conditions" of the Adjudicative Guidelines. Ex. 1.

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 September 27, 2019. At the hearing that I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from a forensic psychologist contracted by the Individual (Psychologist), the Individual, and the Psychiatrist. *See* Transcript of Hearing, Case No. PSH-19-0056 (hereinafter cited as "Tr."). The LSO submitted eleven exhibits, marked as Exhibits 1 through 11. The Individual submitted twenty-eight exhibits marked as Exhibits A through AB.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) as the first basis for denying the Individual a security clearance. Ex. 1.

Excessive alcohol consumption often leads to the exercise of questionable judgement or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness. Adjudicative Guidelines at ¶ 21. The Notification Letter cited the Individual's habitual consumption of alcohol to the point of impaired judgement, arrest for Assault after consuming alcohol, as well as the Individual's admissions that she consumed alcohol to the point of intoxication one to three times each month.. Ex. 1 at 1. The LSO's allegations regarding the Individual's alcohol-related incidents away from work and habitual alcohol consumption to the point of impaired judgement justify the LSO's invocation of Guideline G.² Adjudicative Guidelines at ¶ 22(a), (c).

The LSO cited Guideline I (Psychological Conditions) as the other basis for denying the Individual a security clearance. Ex. 1.

² At the Hearing, both the Psychiatrist and the Psychologist agreed that the Individual meets the criteria for Alcohol Use Disorder, Mild as set forth in the DSM-5.

Certain emotional, mental, and personality conditions can impair judgement, reliability, or trustworthiness. Adjudicative Guidelines at ¶ 27. The Notification Letter cited the Psychiatrist's opinion that the Individual met the diagnostic criteria for OSDICD under the *DSM-5*. Ex. 1 at 2. The Psychiatrist's opinion that the Individual has a condition that may impair judgement, stability, reliability, or trustworthiness justifies the LSO's invocation of Guideline I in the Notification Letter. Adjudicative Guidelines at ¶ 28(a).

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. Adjudicative Guidelines at ¶ 22(a), (c)–(d).

IV. FINDINGS OF FACT

The Individual submitted the PSIR on August 29, 2018, and disclosed that she had been arrested for Assault after an argument with her boyfriend "got out of hand . . ." Ex. 6 at 1. According to the Individual, her boyfriend called the police because she was throwing household objects at him. *Id.* The Individual admitted that she had thrown the household items at her boyfriend because she lost her temper. Ex. 8 at 1. The Individual further admitted that she had consumed approximately five or six beers over five hours prior to this altercation. *Id.* The Individual reported that she consumed approximately eight to ten alcoholic beverages per week and became intoxicated approximately one to three times each month prior to the altercation, but that she had subsequently reduced her alcohol consumption. *Id.* at 1–2.

The Individual met with the Psychiatrist for a clinical interview (CI) on February 12, 2019. Ex. 9 at 1. During the CI, the Individual reported that, prior to the altercation, she had consumed alcohol to intoxication "a couple of times per month" and that she had "probably" experienced hangovers and vomiting after drinking in the twelve months prior to the altercation. *Id.* at 2. The Individual indicated that she had refrained from alcohol consumption for several months after her arrest, but resumed drinking up to four drinks per day from November 2018 to January 2019, and then

discontinued alcohol use on January 17, 2019. *Id.* at 2. The Individual explained that she began abstaining from alcohol on January 17th because she was required to do so as a condition of participation in anger management treatment, but that she did not intend to abstain from alcohol permanently. *Id.*

During the CI, the Individual described the circumstances leading to the altercation. The Individual reported that she had consumed five or six beers prior to this altercation. *Id.* at 3. The Individual became upset when her boyfriend began recording her on video while sitting on the couch. *Id.* The Individual indicated that her boyfriend had previously recorded her when he “didn’t like the way [she] was acting.” *Id.* at 3–4. According to the Individual, after she grabbed the camera from her boyfriend, an argument ensued, during which she “lost it” and began throwing household objects, including six-packs of soda, a small television set, and a coat rack, at him. *Id.* at 4. The Individual expressed uncertainty as to why she became so angry on this occasion, but speculated that her consumption of alcohol may have contributed to her behavior. *Id.*

The Individual reported that she had allowed her anger to get out of control in the past, and recounted, to the Psychiatrist, several incidents in which she threw objects or damaged property, including one occasion in 2001 when she was arrested for Felony Criminal Damage to Property and Reckless Driving after an altercation with a prior boyfriend. *Id.* at 4–5. The Individual acknowledged that she had “yelled and screamed” at her current boyfriend on numerous occasions, since the altercation, but denied engaging in any other physical altercations with her current boyfriend. *Id.* The Individual reported that she was attending court-ordered anger management therapy as a condition of her probation for the 2018 Assault, and that she intended to continue attending therapy after completing the minimum ten weeks of treatment. *Id.* at 5.

At the request of the Psychiatrist, the Individual obtained a Phosphatidylethanol (PEth) test on February 13, 2019, to assess her recent alcohol consumption. *Id.* at 6. The Individual tested positive for the PEth biomarker at 94 ng/mL. *Id.* at 76. According to the Psychiatrist, the results of the PEth test suggested that the Individual had engaged in at least moderate alcohol consumption during the previous four weeks. The Psychiatrist noted that the Individual had claimed that she had not consumed alcohol since January 17, 2019, approximately 27 days prior to the PEth test. *Id.* at 6.

Based upon the Individual’s self-reported consumption of alcohol to the point of intoxication on an at least monthly basis prior to the altercation, and her admission that she would consume as many as four drinks per sitting even after being arrested and charged with Assault, the Psychiatrist concluded that the Individual habitually consumed alcohol to the point of impaired judgement. *Id.* at 7–8. The Psychiatrist recommended that the Individual demonstrate her rehabilitation or reformation by refraining from engaging in binge drinking, either through abstinence or light drinking, for at least six months and to document her modified behavior through periodic PEth testing. *Id.* at 8–9.

In addition, in light of the Individual’s recurrent outbursts of anger, two of which resulted in her arrest, and the Individual’s perception that she had an underlying problem controlling her temper and would benefit from anger management counseling, the Psychiatrist concluded that the Individual met the diagnostic criteria for OSDICD (With Recurrent Behavioral Outbursts of Insufficient Frequency to Warrant the Diagnosis of Intermittent Explosive Disorder) under the *DSM-5*. *Id.* at 7–8. The Psychiatrist recommended that the Individual address this condition by continuing to attend weekly anger management therapy, and opined that he would deem the

Individual in remission if she avoided episodes of uncontrollable anger for a period of eight months as measured from the date of the Individual's arrest for Assault in 2018. *Id.* at 9.

On April 3, 2019, the Individual completed her court-ordered anger management therapy, including testing negative on all drug and alcohol screens required under the treatment program. Ex. N. On August 20, 2019, the Individual began individual counseling with a marriage and family therapist and attended four sessions between August 20 and October 28, 2019. Ex. R. The Individual also obtained PEth tests on September 12, 2019, October 9, 2019, November 7, 2019, and December 5, 2019, all of which were negative for traces of the PEth biomarker. Ex. P; Ex. Q; Ex. X; Ex. Y.

On November 29, 2019, the Individual met with the Psychologist for a psychological evaluation in advance of the hearing. Ex. W at 1–2. The Individual reported to the Psychologist that she had been consuming two to five alcoholic beverages once or twice per week until she enrolled in court-ordered anger management therapy. *Id.* at 5. The Individual reported that she resumed consuming alcohol after she completed her court-ordered therapy, but limited herself to three alcoholic beverages per occasion. *Id.*

According to the Individual, she recognized that she had a problem with alcohol after receiving the Report in July 2019, and began abstaining from alcohol use on August 12, 2019. *Id.* The Individual told the Psychologist that she began attending Alcoholics Anonymous (AA) on November 12, 2019, attended AA meetings twice each week, had obtained a sponsor, and had not consumed alcohol since August 12, 2019. *Id.* at 6. The Psychologist determined that the Individual met the diagnostic criteria for Alcohol Use Disorder, (AUD) Mild, under the *DSM-5*, but concluded that the Individual was in sustained remission because she did not report any behaviors or symptoms corresponding to the diagnostic criteria for AUD during the prior twelve months. *Id.*

The Psychologist further opined that the Psychiatrist's diagnosis of the Individual with OSDICD is "unusual." Ex. W at 7. The Psychologist further opined:

This diagnosis lies outside the usual DSM-5 diagnostic criteria. In the DSM-5, almost every diagnosis is determined by a set of specified criteria. However, there are a small number of diagnoses that can be assigned without meeting any criteria. These are diagnoses that are similar to those with stated criteria but are assigned when the individual fails to meet the rigorous criteria. [The Psychiatrist's] diagnosis of [the Individual] is one of these. Based on the absence of specific diagnostic criteria, this diagnosis might as well be defined as follows: "she gets angry at times."

Ex. W at 7.

The Psychologist further claimed that there is no indication that the Individual displayed problems controlling her temper in the absence of alcohol. *Id.* at 8. The Psychologist further speculated that the Individual's problems with controlling her temper would therefore be resolved by her treatment for AUD. *Id.*

The Hearing

At the hearing, the Psychologist reiterated his opinion that the Individual meets the DSM-5 criteria for AUD, Mild. Tr. at 14. He further opined that her AUD was in sustained remission. In the Psychologist's opinion, the sustained remission qualifier was appropriate because the Individual had not met any of the *DSM-5* diagnostic criteria in the 12 months prior to his evaluation. Tr. at 14–15. The Psychologist opined that the Individual's prognosis was "very good." Tr. at 16. The Psychologist noted that the Individual recognized that she had an alcohol problem and has taken actions to address it. Tr. at 15. The Psychologist claimed that the Individual's decisions to abstain from alcohol use, obtain an AA sponsor, and to regularly attend AA meetings, demonstrated a "real commitment personally to sobriety." *Id.* at 15–16. The Psychologist further opined that the Minnesota Multiphasic Individual Personality (MMPI) test that he administered to the Individual "scored in the normal range" indicating that she does not currently have a substance use problem." Tr. at 14.

The Psychologist contended that he did not find the DOE Psychiatrist's diagnosis of the Individual with OSDICD appropriate for two reasons. First, the Psychologist in essence, questioned whether the OSSICD diagnosis should have been included in the DSM-5. Tr. 16-18. According to the Psychologist, the OSDICD diagnosis lacks diagnostic criteria and is so vague "that pretty much anybody could get it." *Id.* at 16–18. Second, the Psychologist further opined that the altercation between the Individual and her boyfriend was caused by alcohol intoxication, rather than an underlying OSDICD, (inaccurately) alleging that the Individual had not exhibited poor impulse control when she was sober. *Id.* at 18–19, 22. The Psychologist subsequently acknowledged that the Psychiatrist had identified other examples in his Report in which the Individual allowed her anger to get out of control, but noted that the cited occasions were separated by years at a time and were "not examples of antisocial behavior or behavior that's extreme enough to give a diagnosis simply based on her getting mad at times." *Id.* at 37–38, 42.

The Individual testified that her arrest following the altercation with her boyfriend had an "extreme impact" that had left her a "different person." *Id.* at 58. The Individual asserted that spending a night in jail, as well as seeing the consequences of alcohol abuse for participants in AA meetings, had frightened her and led her to take steps to ensure that she did not have similar experiences in the future. *Id.* at 58–59. The Individual indicated that she had decided to stop drinking alcohol permanently after receiving the DOE Psychiatrist's Report and came to understand that her usual pattern of drinking, which she had previously understood to be "a normal social thing to do," was excessive and that she was a binge consumer of alcohol. *Id.* at 60–62. The Individual also indicated that all of the charges against her had been dropped and that there were no pending criminal charges against her. *Id.* at 70; *see also* Ex. AA (indicating that the Individual's case was closed effective December 6, 2019, and that the Individual had completed all requirements of her probation).

The Individual testified that she last consumed alcohol on August 12, 2019. Tr. at 62. The Individual also testified that AA meetings, which she recently began attending, had been "grounding" and a resource to help her relieve stress in addition to supporting her abstinence from alcohol. *Id.* at 63–64; *see also* Ex. Z (reflecting the Individual's attendance at 12 AA meetings during the month of December 2019). The Individual noted that she had an AA sponsor with whom she spoke daily for the first 30 days after joining AA and then transitioned to being available whenever the Individual needed support. *Id.* at 65; *see also* Ex. AB at 3–4 (affidavit of the Individual's AA sponsor concerning the Individual's participation in AA). However, the Individual indicated that she was primarily trying to "get comfortable" in AA meetings and was not actively working AA's 12 Step Program. *Id.* at 89–90. The Individual also testified that many of her co-

workers were aware of her actions to address her problems with alcohol, were supportive, and had confidence in the Individual and her professional abilities. *Id.* at 71–72; *see also* Ex. S; Ex. T; Ex. U; Ex. V; Ex. AB (supporting letters from colleagues of the Individual as to her professional qualities, trustworthiness, and reliability).

The Individual reported that her boyfriend, with whom she resides, generally supports her attendance of AA. Tr. at 94–95. However, the Individual testified that her boyfriend thinks that she goes to AA meetings too frequently and has been unwilling to go to AA meetings or counseling with her. *Id.* at 95–96. The Individual’s boyfriend also keeps alcohol in their home, which the Individual asserted did not bother or tempt her. *Id.* at 95, 97. Notably, the Individual’s boyfriend did not appear at the hearing to testify on her behalf, although she did submit an affidavit from her boyfriend in which he opined that the August 2018 altercation between them was an isolated incident, and also that the Individual had abstained from alcohol since mid-August 2019 and had told him that she felt healthier and happier since she began abstaining. Ex. AB at 1–2

The Individual also described the court-ordered alcohol assessment and anger management program that she completed in April 2019. The Individual testified that her participation in the anger management program had taught her that she had control over her actions and how to detect signs of escalating anger. *Id.* at 67. According to the Individual, since completing the anger management program, she has learned to recognize when her anger is escalating and has acquired tools that allow her to appropriately manage her anger, such as declaring “time outs” and leaving the room when she felt that her anger was escalating. *Id.* at 67–68. The Individual indicated that she continued to meet with a counselor who she met through the anger management program to help her analyze her thoughts and as an outlet to communicate her problems. *Id.* at 69.

The Psychiatrist testified after observing each of the other witnesses’ testimony. The Psychiatrist testified that, based on the information available to him at the time that he prepared his Report, the Individual did not endorse sufficient behaviors or symptoms for him to diagnose her with AUD under the *DSM-5*. *Id.* at 105. However, based on the information he obtained after he had issued his Report from the Individual’s treating counselor (who did not appear at the hearing)³ and the Psychologist, he now agreed that the Individual met the diagnostic criteria for AUD, Mild, under the *DSM-5*. *Id.* at 106–10. However, the Psychiatrist opined that the Individual’s AUD is not in sustained remission because the Individual continued to engage in problematic drinking, and had attempted to conceal that drinking from him, within the prior twelve months. *Id.* at 110–12. The Psychiatrist opined that the Individual’s prognosis was more positive than at the time that he prepared his Report, but that his ability to provide a more detailed prognosis was limited because he had no information besides the Individual’s self-reporting as to how much alcohol she consumed up to August 2019 and because the Individual was still in the early stages of recovery and had only established four and one-half or five months of abstinence as of the date of the hearing. *Id.* at 122–26, 128.

Regarding his diagnosis of the Individual with OSDICD, the Psychiatrist asserted that the condition was neither infrequently diagnosed nor overly vague as the Psychologist had stated. *Id.* at 113. To the contrary, the Psychiatrist asserted that, in his experience, forensic psychiatrists often diagnose

³ The Individual submitted a letter from her counselor indicating that she actively participated in her anger management treatment and successfully completed the program. Ex. N.

the persons who they evaluate with “other specified diagnoses” and that these diagnoses had existed for many years in prior editions of the *DSM. Id.* at 114.

Furthermore, the Psychiatrist explained that diagnosing OSDICD requires the person diagnosed with the condition to have symptoms of an enumerated disruptive, impulse-control disorder, or conduct disorder and to experience clinically significant distress or impairment in social, occupational, or other important areas of functioning as a result of those symptoms. *Id.* at 115. According to the Psychiatrist, the Individual’s self-admitted problems controlling her temper, recognition that she would benefit from anger management therapy, interpersonal issues with her boyfriend, and history of arrests and childhood behavioral issues suggested that his diagnosis better explained the Individual’s issues controlling her anger than a loss of impulse control due to alcohol. *Id.* at 115–17. However, the Psychiatrist further opined that the Individual’s prognosis for her OSDICD was favorable based on her improved impulse control and insights into the triggers that caused her to lose her temper. *Id.* at 124–25.

V. ANALYSIS

A. Guideline G (Alcohol Consumption)

The Individual’s alcohol-related incident away from work and the LSO’s allegations that she has engaged in binge consumption of alcohol to the point of impaired judgement raise security concerns under Guideline G of the Adjudicative Guidelines. Moreover, both of the experts that testified at the hearing agreed that she meets the DSM-5 criteria for AUD, Mild. Adjudicative Guidelines at ¶ 22(a), (c), (d). An individual may mitigate security concerns under Guideline G if:

- (a) so much time has passed, or the behavior was 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;
- (b) 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;
- (c) 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; or,
- (d) 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.

Adjudicative Guidelines at ¶ 23(a)–(d).

I find that the first mitigating condition is inapplicable in this case because of the recency of the Individual’s problematic alcohol consumption and the extent to which the Individual’s conduct raises doubts as to her trustworthiness. *Id.* at ¶ 23(a). The results of the PEth test provided to the Psychiatrist are evidence indicating a likelihood that the Individual had been engaging in binge consumption of alcohol as recently as February 2019. While the Individual asserts that she consumed alcohol moderately from April to August 2019, the record shows that she has been an unreliable historian concerning her past alcohol consumption. For example, the results of the

February 13, 2019, PEth test show that the Individual significantly underreported her alcohol consumption during the CI, when she perceived that her security clearance was at risk, and therefore I find that there is significant risk that the Individual has similarly underreported her alcohol consumption prior to August 2019. The PEth test results obtained by the Individual strongly support her claims to have abstained from alcohol since at least September 2019, but abstaining from alcohol for less than five months prior to the hearing is not a sufficient period of time for me to conclude that the concerns regarding the Individual's problematic alcohol consumption have been sufficiently addressed.

Likewise, I find that the remaining mitigating conditions are inapplicable because the Individual's efforts are too recent for her to fully satisfy the Psychiatrist's treatment recommendations or to convince me that she is not at risk of relapsing into problematic alcohol consumption. *Id.* at ¶ 23(b)–(d). As discussed above, the Individual's abstention from alcohol use for less than five months as of the date of the hearing fell short of the six months recommended by the Psychiatrist and is too short of a period of time for me to conclude that the Individual has established a pattern of abstinence and is unlikely to return to problematic alcohol consumption. The Individual's attendance at AA meetings, less than two months as of the date of the hearing, and her description of her participation as “getting comfortable” rather than working the twelve steps of the program, leads me to conclude that it is too early to make a determination as to the Individual's progress in this aspect of her recovery.

The Psychiatrist testified that it was too early in the Individual's recovery for him to confidently prognosticate as to the Individual's likelihood of returning to problematic alcohol consumption. I share the Psychiatrist's uncertainty, and, given the record before me, I must resolve my doubts in favor of national security and conclude that the Individual has not resolved the security concerns asserted by the LSO under Guideline G of the Adjudicative Guidelines. *Egan*, 484 U.S. at 531.

B. Guideline I (Psychological Conditions)

The Psychiatrist's diagnosis of the Individual with a condition that may impair judgement, stability, reliability, or trustworthiness raises security concerns under Guideline I of the Adjudicative Guidelines. Adjudicative Guidelines at ¶ 28(a). Guideline I provides that an individual can mitigate security concerns arising from a psychological condition if:

- (a) the condition is readily controllable with treatment and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) 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;
- (c) a duly qualified mental health professional provided an opinion that the individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) the past psychological condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; or,
- (e) there is no indication of a current problem.

Adjudicative Guidelines at ¶ 29(a)–(e).

While I am not persuaded by the Psychologist's opinions concerning the Individual's OSDICD diagnosis, I am convinced that Guideline I mitigating conditions described in paragraphs 29 (a) and (e) are applicable in this case. The Individual provided evidence that she satisfactorily completed her court-ordered anger management program and testified convincingly that the tools she learned in that program have helped her to exercise control over her temper. Moreover, the outbursts that led the Psychiatrist to diagnose the Individual with OSDICD were unusual events in the Individual's life separated by a number of years and the Individual has not manifested any signs that the condition presents a problem in her life since she completed the anger management program.

I find that under the circumstances presented in this case, the Individual's OSDICD has been controlled by the Individual's anger management program and does not present a current problem with respect to her judgement, stability, reliability, or trustworthiness. *Id.* at ¶ 29(a), (e). Therefore, I conclude that the Individual has resolved the security concerns asserted by the LSO under Guideline I of the Adjudicative Guidelines.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE that raised security concerns under Guidelines G and I of the Adjudicative Guidelines. 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 find that the Individual has resolved the security concerns asserted by the LSO under Guideline I but has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO under Guideline G. Accordingly, I have determined that the Individual's access authorization should not be restored. Either party may seek review of this Decision by an Appeal Panel pursuant to 10 C.F.R. § 710.28.

Steven L. Fine
Administrative Judge
Office of Hearings and Appeals