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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: February 5, 2021)	Case No.: PSH-21-0012
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Issued: April 7, 2021

Administrative Judge Decision

Katie Quintana, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "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 security clearance should be restored.

I. Background

The Individual is employed by a DOE contractor in a position that requires her to hold a security clearance. In August 2018, the Individual reported to the Local Security Office (LSO) that she admitted herself into a treatment facility as she was using alcohol to cope with her mental health issues. Ex. 5. As a result, the LSO provided the Individual with a Letter of Interrogatory (LOI), which she completed in February 2019. Ex. 6. She later underwent a psychological evaluation by a DOE consultant psychologist (Psychologist) in March 2019. Ex. 8. The Psychologist conducted a second psychological evaluation of the Individual in August 2019, after the Individual self-reported in May 2019, that she had again admitted herself into an inpatient treatment center for anxiety. Ex. 7 at 2.

Due to unresolved security concerns, the LSO informed the Individual, in a Notification Letter dated January 13, 2020 (Notification Letter), that it possessed reliable information that created

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.

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.

Upon receipt of the Notification Letter, the Individual exercised her right under the Part 710 regulations by requesting an administrative review hearing. Ex. 1. The Director of the Office of Hearings and Appeals (OHA) appointed me the Administrative Judge in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted eleven numbered exhibits (Exhibits 1-11) into the record and presented the testimony of the Psychologist at the hearing. The Individual submitted eight lettered exhibits (Exhibits A-H) into the record, and presented the testimony of four witnesses, including her own testimony. The exhibits will be cited in this Decision as "Ex." followed by the appropriate 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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. 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), 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 her eligibility for an access authorization. The Part 710 regulations are drafted 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 Guideline G and Guideline I of the Adjudicative Guidelines. Guideline G relates to security risks arising from excessive 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. 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).

In citing Guideline G, the LSO relied upon the Psychologist's determination that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) criteria for Alcohol Use Disorder, Moderate, in Early Remission, without adequate evidence of rehabilitation or reformation, which the Psychologist opined could impair the Individual's judgment, stability, reliability, and trustworthiness. Ex. 1. The LSO further cited the Individual's admission that: (1) she used alcohol in excess in order to cope with anxiety and post-traumatic stress disorder (PTSD); (2) she attempted suicide in April 2017; (3) she became intoxicated regularly over a six to nine month period from approximately August 2016 to April 2017. *Id.* The LSO additionally relied upon a February 1999 charge of Possession of Alcoholic Beverages as a Minor and the Individual's admission, during a personal subject interview in February 2010, that she attended a party where alcohol was present when she was under 21 years old. *Id.*

In citing Guideline I, the LSO relied upon the Psychologist's conclusion that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) criteria for Generalized Anxiety Disorder with Panic Attacks and Alcohol-Induced Depressive Disorder. *Id.* The LSO additionally cited the Psychologist's opinion that these conditions can impair the Individual's judgment, stability, reliability, and trustworthiness. *Id.*

IV. Findings of Fact

As stated above, following the Individual's 2018 self-report that she admitted herself to an alcohol treatment facility and her subsequent responses to the February 2019 LOI, the Psychologist conducted an evaluation of the Individual in March 2019. Ex. 5, 6, 8. During the evaluation, the Individual reported that her anxiety levels first began increasing in 2007, when she was involved in a child custody battle. *Id.* at 3. Starting in March 2014, the Individual revealed that she began experiencing severe panic attacks, which she attempted to abate through alcohol consumption. *Id.* In April 2017, the Individual explained that she attempted suicide, after which, she completed a four-week long inpatient program in July 2017. *Id.* The Individual noted that the program not only addressed her alcohol consumption, but additionally, treated her for PTSD. *Id.* The Individual admitted to the Psychologist that she had consumed alcohol on four occasions since her treatment program ended in July 2017. *Id.* at 9. The Psychologist noted that the Individual reported that she no longer enjoyed alcohol, and the Psychologist found this statement to be credible. *Id.* The Psychologist ultimately diagnosed the Individual with Alcohol Use Disorder in Sustained Remission, which she concluded did not impair the Individual's judgment. *Id.* at 10. However, the Psychologist noted that should another alcohol-related incident occur, the Individual's case "should be reviewed and reconsidered." *Id.*

In August 2019, following the Individual's report that she had again admitted herself into a treatment program, this time for anxiety, the Psychologist conducted a second evaluation. Ex. 7 at 2. During the evaluation, the Individual reported that, after her July 2017 discharge from the first

in-patient program, she “felt fantastic” and was pleased to be off her medications. *Id.* at 3. However, she noted that her anxiety gradually increased over time, and she used alcohol to decrease the symptoms. *Id.* The Individual explained that in May 2019, after taking her child to urgent care for an illness, her anxiety increased, and she began consuming alcohol daily for a few days. *Id.* at 3-4. At that time, she decided to return to pursue additional in-patient treatment. *Id.* at 4.

While in treatment, the Individual reported to the Psychologist that she experienced a suicidal ideation and was hospitalized for three days, where she was treated with medication, before being discharged back to the treatment center. *Id.* at 4. Following the hospitalization, the Individual explained that she requested to be transferred from the addiction program to a Partial Hospitalization Program (PHP), where she felt she could address the underlying cause of her alcohol use, her anxiety. *Id.* at 4-5. She stated that she subsequently completed a four-week program at the PHP. *Id.* at 5. The Individual reported that she was following all aftercare recommendations, and the Psychologist verified the Individual’s compliance with her psychiatrist, psychologist, and individual therapist. *Id.*

As a result of the second evaluation, the Psychologist diagnosed the Individual with Alcohol Use Disorder, Moderate, in Early Remission, and she concluded that the Individual had not yet demonstrated adequate evidence of rehabilitation or reformation. Ex. 7 at 8. The Psychologist recommended that the Individual attend alcohol rehabilitation counseling, either on an individual basis with a therapist who specialized in alcohol abuse counseling or by attending Alcoholics Anonymous (AA) meetings weekly with support from a sponsor. *Id.* She additionally suggested that the Individual undergo random alcohol testing not less than six times throughout nine months of her treatment. *Id.*

The Psychologist additionally diagnosed the Individual with Generalized Anxiety Disorder with Panic Attacks and Alcohol-Induced Depressive Disorder. *Id.* She concluded that when the Individual “becomes highly anxious and/or experiences a panic attack, [her] judgement has been impaired, leading to suicidal ideation, plans, and attempts.” *Id.* She further stated that the Individual’s “use of alcohol to decrease her anxiety exacerbates her lack of judgment and creates emotional and behavioral problems with her stability.” *Id.* The Psychologist opined that the Individual’s prognosis is good, if she continues her aftercare program of medication and individual therapy. *Id.*

At the hearing, the Individual presented the testimony of four witnesses, including herself. The Individual’s husband (Husband), her coworker and friend (Friend), and her prior supervisor all testified on her behalf. Tr. at 10-29, 49-55, 62-69. The Husband testified that, in the spring of 2017, he noticed that the Individual was struggling with anxiety and was consuming alcohol. *Id.* at 12. He further testified that after researching treatment programs together, the Individual completed a six-week program in 2017. *Id.* at 13. He asserted that although the treatment program addressed several necessary issues, the couple did not realize until later that the “root cause” of the Individual’s alcohol use was her anxiety. *Id.* at 14.

The Husband recalled that after the Individual completed the 2017 treatment program, she consumed alcohol on four occasions, and it “didn’t go well.” *Id.* at 17. He noted that he and the

Individual were going through a “learning experience,” and they did not “understand completely” why the Individual consumed alcohol. *Id.* at 17. In 2019, however, the Individual reentered a treatment program, and they learned “quite a bit of...the situation and how...to better address it going forward.” *Id.* at 18.

The Husband testified that the Individual had been abstinent from alcohol since the date she entered treatment prior to Memorial Day in 2019, and she has made a lifelong commitment to never consume alcohol again. *Id.* at 23-24. He noted that they no longer keep her alcoholic beverages in the house, and she exhibits no physical desire to consume alcohol. *Id.* at 24, 27. The Husband explained that, since completing the 2019 inpatient program, the Individual manages her anxiety through therapy, medication, and understanding and applying the strategies she has learned to effectively cope with her anxiety. *Id.* at 23. He noted that she has met with her therapist every week, participated in random alcohol testing multiple times per week for the past 20 months, and met with an onsite psychologist at her workplace regularly. *Id.* at 18-20. The Husband indicated that in the past, the Individual’s anxiety was triggered during stressful times because she felt that she had to handle all of her burdens independently, without asking for assistance. *Id.* Now, however, their communication has improved in that she asks him for help whenever she needs relief. *Id.*

The Individual did not dispute the allegations stated in the Summary of Security Concerns but sought to demonstrate that she had mitigated the security concerns. *Id.* at 34-42, 70-74. The Individual testified that she has been abstinent from alcohol since May 26, 2019. *Id.* at 42. She admitted that the first time she completed a treatment program, she did not consider herself to be an alcoholic, however, she stated that she now “absolutely” considers herself to be an alcoholic and realizes that she “can never drink again, period.” *Id.* at 41-42. She noted that she has no physical desire to consume alcohol and is fully committed to “never touch[ing] it again. *Id.* at 46. She explained that her employer conducted random alcohol testing at least once every week for one year, and all of her tests were negative for the presence of alcohol. *Id.* at 58–60; *see* Ex. H.

The Individual recounted that immediately upon completing her 2019 treatment program, she pursued counseling with multiple therapists until she found her current therapist.² *Tr.* at 42. She explained that she tried several therapists because she felt that it was important to find a therapist she could “jive with” to effectively address both her anxiety and her alcohol use disorder. *Id.* at 42-43. She testified that she continues to meet with this therapist on a bi-weekly basis and intends to continue to seek treatment from her. *Id.* at 80. The Individual reiterated the importance of her therapist in her life, saying “if I need to, I can call her or text her and say, hey, I’m having a tough time and she will...fit me into her schedule.” *Id.* The Individual noted that although her therapist cannot prescribe her medication for her anxiety, she is under the treatment of a psychiatrist, with whom she meets every three months to manage her medications. *Id.* at 44-45.

To illustrate her progress since her 2019 treatment, the Individual testified regarding two recent incidents that she found to be highly stressful, which she successfully handled without consuming

² In addition to meeting with a therapist, the Individual testified that after completing her 2019 treatment program, she received psychotherapy services, regularly, for one year with an onsite psychologist at her workplace. *Id.* at 58; Ex. D.

alcohol. *Id.* at 46-47, 81-82. The Individual explained that when these situations arose, instead of consuming alcohol, she drew upon the tools in her “toolbox” and performed her deep breathing exercises, engaged logical thinking, asked her husband and neighbor for help, and changed her environment. *Id.* at 81-82. The Individual testified that she recognizes that her anxiety is an ongoing issue, but she knows she has the tools to effectively deal with it. *Id.* at 84. Moreover, she testified to concrete actions she has taken to preemptively reduce her anxiety, including hiring a tutor to help her children with their school work, hiring a housecleaner, resigning from her volunteer work, developing a support network people she can call on for assistance, and attending church *Id.* at 75-76, 90-91, 105.

The Psychologist testified after observing the hearing and listening to the testimony of the witnesses. She concluded that, at the time of the hearing, the Individual showed adequate evidence of rehabilitation or reformation for both her alcohol use disorder and mental health conditions. *Id.* at 99. With regard to her alcohol use disorder diagnosis, the Psychologist explained that the Individual is now in “sustained remission.” *Id.* at 102. Turning to the Individual’s mental health diagnoses, the Psychologist testified that “the alcohol-induced depressive disorder is no longer applicable as long as she is not drinking.” *Id.* She further opined that her diagnosis of generalized anxiety disorder with panic attacks “is not the kind of condition that we say is cured, but as long as she is doing all that she’s doing, those things allow her to manage it satisfactorily.” *Id.* at 103.

The Psychologist explained that the Individual’s anxiety, while sometimes due to external pressures, is also equally due to her self-expectation that she should be able to handle everything simultaneously and by herself. *Id.* at 103-04. The Psychologist concluded that the Individual has demonstrated an important achievement of developing insight into those self-expectations, which is another important factor in being able to manage her anxiety. *Id.* at 104. Lastly, the Psychologist opined that the Individual has a good prognosis in both her mental health and in her commitment to abstinence, and she concluded that she has no reason to doubt the Individual’s judgment and reliability. *Id.* at 100-01.

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. After due deliberation, I have determined that the Individual has sufficiently mitigated the security concerns with regard to Guidelines G and I. Therefore, I conclude that the Individual's security clearance should be restored. The specific findings that I make in support of this decision are discussed below. Due to the interconnected nature of the Guideline G and Guideline I security concerns, I will analyze them together.

Diagnosis by a duly qualified medical or mental health professional of alcohol use disorder is a condition that could raise a security concern and may disqualify an individual from holding a security clearance. Guideline G at ¶ 22(d). An individual may be able to mitigate such security concerns by acknowledging a pattern of maladaptive alcohol use, providing evidence of actions taken to overcome this problem, and demonstrating a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. *Id.* at ¶ 23(b). Additionally, an individual may also be able to mitigate the security concern by successfully completing a treatment program, along with any required aftercare, and demonstrating a clear and

established pattern of modified consumption or abstinence in accordance with treatment recommendations. *Id.* at ¶ 23(d). An individual may also be able to mitigate Guideline G security concerns if so much time as passed, 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. *Id.* at ¶ 23(a).

Furthermore, certain personality conditions 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, or trustworthiness can serve as a disqualifying condition for a security clearance. *Id.* at ¶ 28(b). An individual may be able to mitigate the security concerns if a mental health professional opines that an individual's previous condition is under control and has a low probability of recurrence or exacerbation. *See id.* at ¶ 29 (c). Additionally, 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, the individual may be able to mitigate the security concerns. *Id.* at ¶ 29(b).

Turning first to the Guideline I security concerns, the Psychologist initially diagnosed the Individual with Generalized Anxiety Disorder with Panic Attacks and Alcohol Induced Depressive Disorder. However, I find that the Individual has taken admirable steps in treating her mental health disorders. She not only voluntarily entered an inpatient treatment program and is seeking specialized treatment for her anxiety, but she has actively and consistently engaged in therapy, both with her personal therapist and a workplace psychologist, and she has sought pharmaceutical treatment through a psychiatrist. *See id.* at ¶ 29(a), (b). Additionally, the Individual was able to credibly explain, in detail, the tools she has learned, and how she implements them, to cope with her anxiety, testimony that was supported by her husband. Finally, the Psychologist concluded that the Individual is taking the proper actions to satisfactorily manage her anxiety disorder, such that she has demonstrated adequate evidence of rehabilitation or reformation and has a favorable prognosis. *See id.* at ¶ 29(c).

As to the alcohol-related security concerns, the Individual was consuming alcohol in excess in an attempt to manage her anxiety and other mental health problems. As noted above, the Individual is successfully managing her anxiety disorder without the use of alcohol. The Psychologist noted that the Individual's diagnosis of Alcohol Induced Depressive Disorder is not applicable so long as the Individual is not consuming alcohol. Here, the Individual has readily acknowledged that she has an alcohol use disorder, completed an inpatient treatment program, continues to engage in consistent and regular therapy, and has been abstinent from alcohol for nearly two years without any indication of relapse. *See id.* at ¶ 23(b)-(d). Furthermore, the Psychologist concluded that the Individual is now in sustained remission from her Alcohol Use Disorder and has demonstrated adequate evidence of rehabilitation or reformation such that her judgment, reliability, and trustworthiness is no longer in doubt. Regarding the alcohol-related security concerns that arose prior to the Individual reaching the age of 21, I note that the Individual is no longer consuming alcohol, nor does she intend to, and these incidents occurred over 20 years ago. *See id.* at ¶ 23(a).

It is clear, based upon the evidence in the record and the testimony presented at the hearing, that the Individual has taken substantial steps to overcome the concerns regarding her alcohol

consumption and psychological conditions. Additionally, given the Individual's ability to explain in great detail how she now copes with her anxiety without the use of alcohol, I find that the Individual has adequately established that restoring her security clearance will not endanger the common defense and security, and that doing so is clearly consistent with the national interest. Thus, I conclude that the Individual has sufficiently resolved the security concerns set forth in the Notification Letter with respect to Guideline G and Guideline I.

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 Guideline G and Guideline 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