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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 2, 2022	)	Case No.: PSH-22-0049
	)	
	)	

Issued: May 19, 2022

Administrative Judge Decision

Steven L. Fine, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXX(hereinafter referred to as "the Individual") to hold an 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

On November 28, 2020, the Individual was hospitalized for alcohol-induced liver disease. Exhibit (Ex.) 5 at 1; Ex. 9 at 2. Her medical providers advised her to abstain from alcohol use. Ex. 5 at 1. She abstained from using alcohol for four months, but then relapsed. Ex. 5 at 1; Ex. 9 at 5. On April 25, 2021, the Individual voluntarily admitted herself to an inpatient rehabilitation program (the IRP) whose staff diagnosed her with Alcohol Use Disorder, Severe (AUD). Ex. 5 at 1; Ex. 6 at 5; Ex. A at 33. She was released from the IRP on May 30, 2021, and began attending Alcoholics Anonymous (AA) meetings where she obtained a sponsor. Ex. 5 at 1; Ex. 9 at 2-3. On June 7, 2021, her employer conducted a return-to-work interview with her which revealed that she had not reported her participation in the IRP to the Local Security Office (LSO) or to her employer.[2] Ex. 4 at 1-2.

[1] An access authorization is defined as "an administrative determination that an individual is eligible for access to classified mater 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 an access authorization or security clearance.

[2] The Individual requested disability leave in order to attend to medical issues, but did not reveal that she was entering the IRP to her employer.

Because of the Individual's hospitalization for AUD treatment, the LSO requested that she undergo an evaluation by a DOE-contracted Psychiatrist (Psychiatrist), who conducted a clinical interview (CI) of the Individual on September 2, 2021.[3] Ex. 9 at 2. During the CI, the Individual acknowledged that that she suffered from AUD and needed treatment. Ex. 9 at 8. She reported that she last used alcohol on April 25, 2021. Ex. 9 at 3. The Individual also reported that she had been attending Individual counseling sessions on a bi-weekly basis, attending five to six AA meetings a week, and communicating with her AA sponsor daily. Ex. 9 at 5. While the Individual denied using alcohol at her workplace, she admitted that she had consumed alcohol during working hours while she was working from home. Ex.9 at 4. The Individual also admitted that her alcohol use "decreased her energy, the quality of her work performance and made her less prepared for work presentations." Ex. 9 at 4.

The Psychiatrist issued a report of his findings (the Report) on September 10, 2021. Ex. 9 at 1. In the Report, the Psychiatrist concluded that the Individual met the criteria for AUD, Severe, set forth in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5). Ex. 9 at 9. The Psychiatrist further found that the Individual met the DSM-5 criteria for Generalized Anxiety Disorder which, he opined, negatively affected her prognosis, and increased her likelihood of relapse. Ex. 9 at 9-10. The Psychiatrist further opined that, although the Individual was receiving the appropriate treatment for her AUD, she was not yet rehabilitated or reformed from her AUD. Ex. 9 at 9. The Psychiatrist recommended that the Individual continue maintaining her sobriety and participating in her current programs for one year to demonstrate reform or rehabilitation. Ex. 9 at 9.

After receiving the Report, the LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual, informing her that her security clearance was suspended and that she was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding her eligibility to hold 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. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from four witnesses: the Individual, her Psychotherapist (the Psychotherapist), her former supervisor (the Supervisor), and the Psychiatrist. *See* Transcript of Hearing, Case No. PSH-22-0049 (hereinafter cited as "Tr."). The LSO submitted 11 exhibits, marked as Exs. 1 through 11. The Individual submitted 22 exhibits, marked as Exs. A through V.

The only relevant exhibits submitted by the Individual are Exhibits A, C, D, L, M, N, O, P, Q, and V.

The Individual's Exhibit A is a copy of the Individual's treatment records from the IRP.

[3] In addition to interviewing the Individual, the Psychiatrist reviewed the Individual's personnel security file including the Individual's medical records and records from the IRP, and provided for the administration of three tests to the Individual: the Personality Assessment Inventory (a standardized psychological assessment); a Ethyl Glucuronide (EtG) urine test (which detects alcohol consumption up to 80 hours prior to the test); and a Phosphatidylethanol (PEth) blood test (which detects alcohol use during the previous 28 days). Ex. 9 at 2-3, 11. Both the EtG and PEth test results were negative. Ex. 9 at 8.

Exhibit C consists of records from an Intensive Outpatient Program (IOP) which the Individual began attending on January 10, 2022. Ex. C at 4. In a progress note dated January 19, 2022, an IOP employee (Employee A) leading a group therapy session reported that the Individual left the group meeting early and speculated that the Individual might have been consuming alcohol "because she swayed a little and her eye contact was off." Ex. C at 14. Employee A also indicated that the Individual stated that she has been sober since December 8, 2021. Ex. C at 16. On February 4, 2022, an IOP therapist (Employee B) reported that during her group therapy session, the Individual "appeared intoxicated" and that the "therapist observed [the Individual] fall out of her chair and struggle to stand up." Ex. C at 34. Employee B further stated that the Individual appeared to be uncharacteristically "loud" and "excited" and left before the session was finished. Ex. C at 34. On February 9, 2022, Employee B reported that the Individual indicated that she last used alcohol on December 8, 2021. Ex. C at 36.

Exhibit D consists of several documents, including a "To whom It May Concern" letter dated March 14, 2022, from the Psychotherapist, several progress notes prepared by the Psychotherapist, and the Psychotherapist's curriculum vita. The Psychotherapist's letter stated that she had been providing individual psychotherapy to the Individual for "management of anxiety symptoms and maintaining sobriety from alcohol" since June 2021. Ex. D at 1-2. She further reported that the Individual has been active in AA, was working on AA's Twelve Step Program with her sponsor, has built a strong sober support group, and has engaged in service work. Ex. D at 1. She further reported that the Individual had started the IOP after experiencing a relapse. Ex. D at 1. The Psychotherapist's letter described the Psychiatrist's Report as "an accurate assessment of [the Individual's] history of use and representation of [the Individual's] personality and capabilities." Ex. D at 1. The Psychiatrist notes that while the Individual has "multiple failed attempts to maintain sobriety" the Individual "never had the appropriate tools, desire, or support to maintain sobriety" prior to her enrollment in the IRP. Ex. D at 2. The Psychotherapist noted that that after the IRP, the Individual "has been more willing to maintain recovery" and "seems to be intrinsically motivated for sobriety and wellness." Ex. D at 2. A Progress Note dated December 3, 2021, indicates that the Individual reported that she had relapsed the previous day. Ex. D at 20.

Exhibits L, M, N, O, P, and Q are letters from character witnesses attesting to the Individual's good character.

Exhibit V is a laboratory report indicating that a urine specimen provided by the Individual on January 28, 2022, tested negative for alcohol.

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 substantial doubt concerning her eligibility for a security clearance. In support of this determination, the LSO cited Guidelines G and E of the Adjudicative Guidelines.

Under Adjudicative Guideline G (Alcohol Consumption), the LSO cited the Individual's inpatient treatment for AUD and the Psychiatrist's finding that she meets the DSM-5 criteria for AUD. This information adequately justifies the LSO's invocation of Adjudicative Guideline G. 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." Adjudicative Guideline G at ¶ 21. Among those conditions set forth in the Guidelines that could raise a disqualifying security concern, under Adjudicative Guideline G, are: "diagnosis by a duly qualified . . . psychiatrist . . . of alcohol use disorder," "the failure to follow treatment advice one diagnosed," and "alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder." Adjudicative Guidelines at ¶ 22(d), (e), and (f).

Under Adjudicative Guideline E (Personal Conduct), the LSO cites the Individual's consumption of alcohol during her working hours at home and the Individual's failure to report her inpatient treatment for AUD to the LSO and her employer until she concluded the IRP, and her misleading explanation to her employer indicating that she was requesting medical leave, rather than requesting leave for inpatient substance abuse rehabilitation.[4] This information adequately justifies the LSO's invocation of Adjudicative Guideline E. Adjudicative Guideline E (Personal Conduct) provides that "[c]onduct involving questionable judgement, lack of candor, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes." Adjudicative Guidelines at ¶ 15. Among the disqualifying conditions that can raise a security concern under Adjudicative Guideline E are "deliberately . . . concealing or omitting information, concerning relevant facts to an employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination. . .." and "significant misuse of Government or other employer's time or resources." Adjudicative Guidelines at ¶ 16(b) and (d)(4).

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 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) (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

[4] DOE Order 472.2 requires that individuals maintaining DOE access authorizations must report "[h]ospitalization for mental health or treatment for drug or alcohol abuse." DOE Order 472.2 at Attachment 4. Order 472.2 further provides that "[a]ll individuals have a specific obligation to report personnel security-related matters as they occur . . .." Order 472.2 at ¶ 4.v.

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 to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Hearing Testimony

At the hearing, the Individual testified that in August 2020 her primary care physician recommended that she reduce her alcohol consumption, so she switched from liquor to "hard seltzers." Tr. at 38, 84. However, she did not realize that she had an alcohol problem until November 2020 when she was hospitalized for low magnesium and elevated liver enzymes, which the doctors attributed to excessive alcohol consumption. Tr. at 43, 84. Her doctors advised her to discontinue her alcohol use. Tr. at 45. The Individual stopped using alcohol, but she did not seek any support to help her remain alcohol-free. Tr. at 45-46. She resumed using alcohol in March 2021. Tr. at 45, 48. She then decided to attend the IRP. Tr. at 49. She called her manager and told him she needed to take four weeks of disability leave "implying that I had a medical need to be off of work for approximately a month." Tr. at 50, 104-105. She further testified that her "medical need . . . was my alcoholism" but admitted that she did not specifically identify alcoholism as her medical need. Tr. at 50. She noted, however, that alcoholism is a disease. Tr. at 51.

When she returned from the IRP, she notified the LSO of her IRP attendance. Tr. at 56. The Individual testified that she was not aware of any obligation to report her IRP treatment in writing to the LSO. Tr. at 104. While she was in the IRP, she attended her first AA meeting and continued attending AA meetings upon her release from the IRP. Tr. at 53-54. She has a permanent and a temporary sponsor. Tr. at 57. Shortly after her IRP release, she began individual counseling with the Psychotherapist, who diagnosed her with "general anxiety" and AUD. Tr. at 58. After her release from the IRP, she remained sober for eight months, until she relapsed in December 2021 for three days after she was informed that her security clearance had been suspended. Tr. at 61-63, 92, 95-96. After her relapse, she decided to attend an IOP. Tr. at 68. She tried two IOPs which did not feel like the right "fit" for her before finding a third IOP which she described as "a really good fit." Tr. at 70. The Individual asserted that her last use of alcohol occurred in December 2021. Tr. at 71, 116. She testified: "I've made a choice to be sober for my health and for my life." Tr. at 72. She further testified that she has a strong support network and that she attends four or five AA meetings a week. Tr. at 75. She has completed the IOP and has transitioned to a relapse prevention program that meets weekly. Tr. at 77. She realizes that she will always be an alcoholic and intends to be an AA member for the rest of her life. Tr. at 79. The Individual denied that she had been intoxicated during an IOP therapy session as reported in the IOP's records. Tr. at 98-99. The Individual testified that, while she was attending the IOP, she had three random urine tests for alcohol use. Tr. at 100-101, 113. She testified that each of these urine tests

were negative, but she admitted that she had not submitted any of them into the Record.[5] Tr. at 100.

When the Individual was asked if she had ever consumed alcohol while she was "on the clock," the Individual responded by stating "[t]echnically yes" and further explaining that, during the pandemic, she would consume alcohol while "catching up with emails and things like that" late in the day, but not when she had to interact with people. Tr. at 40-42. On cross examination, the Individual was asked: "during your evaluation with [the Psychiatrist], is it true that you indicated that you had, on occasion, drank while you were teleworking and that was affecting your work as far as your ability to present presentations and things of that nature?" The Individual responded by stating: "It didn't directly impact my work. . . . I would have been sharper had I not been drinking, but fortunately, I'm a good enough worker that it did not impact my ability to actually do presentations." Tr. at 85. The Individual then later denied in her testimony that alcohol had affected the quality of her work performance and admitted that she stated that she consumed alcohol during work hours during the CI. Tr. at 86.

The Supervisor testified at the hearing that he had supervised the Individual for nine years, ending in 2018. Tr. at 122-123. His relationship with the Individual is purely professional. Tr. at 123-124. He never had the impression that the Individual had a problem with alcohol. Tr. at 125. He testified that the Individual "was always one of the top performers. Tr. at 127. He further testified that the Individual embodied the values of "safety, integrity, teamwork and excellence" and "honesty, reliability, and trustworthiness and good judgment." Tr. at 129.

The Psychotherapist testified at the hearing that she is a licensed psychotherapist who began treating the Individual on June 8, 2021.[6] Tr. at 138. The Psychotherapist agrees with the diagnosis of AUD, Severe and opined that the Individual is not yet in remission. Tr. at 173, 175. She testified that the goals of the Individual's therapy were maintenance of sobriety, building a healthy support system, mood stabilization, and learning coping mechanisms. Tr. at 139-140. The Individual now understands the severity of her AUD and is "very motivated" to maintain her sobriety. Tr. at 152. The Individual has followed her treatment recommendations. Tr. at 156. The Individual has been attending AA daily and working the AA's Twelve-Step program. Tr. at 140. The Individual has developed a strong support system. Tr. at 154. The Psychotherapist opined that the Individual's long-term prognosis is "positive" and further opined that the Individual's prognosis "can be really good if she continues to maintain treatment, continues to work through her steps and stay open and honest with her support." Tr. at 149, 171. The Psychotherapist does not believe the Individual possesses bad judgment. Tr. at 156. She noted that anxiety is one of the Individual's "biggest triggers." Tr. at 157, 165. The Psychotherapist is working with the Individual to address her anxiety and believes that the Individual is doing well at addressing her anxiety. Tr. at 157, 167.

The Psychotherapist testified that relapse is very common for recovering alcoholics and that a relapse is an opportunity to learn, "because if we can gain more insight . . . we can plan for these

[5] As discussed above, after the hearing, the Individual submitted Exhibit V, a laboratory report documenting that one of these three tests was negative.

[6] The Individual also attended a women's support group facilitated by the Psychotherapist. Tr. at 139.

types of behaviors and events in the future." Tr. at 143-145. The Psychotherapist opined that the Individual responded well to her relapse and showed good judgment by immediately reaching out for help once it occurred, and her willingness to seek help improves her prognosis.[7] Tr. at 145, 149. Since the Individual's relapse, she has been meeting with the Individual weekly. Tr. at 150. The Individual has continued to gain insight into potential relapse triggers. Tr. at 150. The Psychotherapist was unaware that two IOP employees were concerned that the Individual might be intoxicated while attending two IOP videoconference meetings in early 2022. Tr. at 162-163. The Psychotherapist agreed that an Individual's risk of relapse goes down significantly after a year of sobriety. Tr. at 163-164. She further testified that the Individual has "shown sufficient rehabilitation and reformation to indicate that her AUD does not present a risk of poor judgment, unreliability, or lack of trustworthiness." Tr. at 175-176.

The Psychiatrist testified at the hearing after observing the testimony of each of the other witnesses. He testified that after reviewing her records and conducting the CI he reached the same conclusion as the IRP staff: the Individual met the DSM-5 criteria for AUD, Severe. Tr. at 184-188. He had further concluded that the Individual was neither reformed nor rehabilitated from her AUD, since she only been sober for six months when he conducted the CI. Tr. at 188, 190. He also concluded that the Individual's anxiety disorder negatively impacted her prognosis for her AUD. Tr. at 189-190. However, the Psychiatrist testified: "I was happy with her progress in treatment and her commitment to maintaining her sobriety and promoting her recovery." Tr. at 188. The Psychiatrist testified that the Individual needed to maintain her sobriety for 12 months to show that she was reformed or rehabilitated. Tr. at 190. The Psychiatrist opined that while "12 months" is not a "magic number," research indicates that relapse risk significantly declines after one year of sobriety. Tr. at 191. After reading the exhibits submitted by the Individual and hearing the other witnesses' testimony, the Psychiatrist opined that his diagnosis and opinion that the Individual had not been reformed or rehabilitated had not changed. Tr. at 191-192. He further opined that the Individual's December 2021 relapse reset the period used to calculate her sobriety. Tr. at 192. Moreover, he noted, the treatment records from the IOP raise the concern that she may have had another relapse in February 2022. Tr. at 192. The Psychiatrist opined that, in terms of treatment, the Individual is doing everything she needs to do to maintain her sobriety. Tr. at 192-193. However, the Psychiatrist further noted that "there's loss of control in alcohol use disorder typically and in this case as well, so people can have great intentions but fail to execute on them." Tr. at 200. The Psychiatrist opined that the Individual is presently in early remission. Tr. at 204.

V. Analysis

Guideline G

Both mental health professionals who testified at the hearing agree that the Individual meets the DSM-5 criteria for AUD, Severe, and this conclusion is consistent with the opinions of other mental health and substance abuse professionals whose opinions appear in the Record. Moreover, the Individual has been doing everything she should have been doing to address her AUD, as discussed at length above. However, the Individual admits that she relapsed in December 2021,

[7] The Psychotherapist observed that the Individual appeared to be intoxicated when she informed the Psychotherapist of her relapse. Tr. at 147-149, 162.

approximately four months prior to the hearing and there is evidence in the Record indicating that she might have relapsed again in January and February 2022.[8] Simply put, four months of sobriety is not a sufficient period to demonstrate a clear and established pattern of abstinence to mitigate the significant security concerns raised by the Individual's AUD, Severe, especially given her recent history of relapse.

The Adjudicative Guidelines provide that 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).

Regarding the mitigating factor described in paragraph 23 (a), the Individual's last misuse of alcohol occurred only four months ago. Thus, I cannot find that "so much time" has passed from her problematic alcohol use to justify application of this mitigating factor. Further given the Individual risk of relapse I cannot find that there is an absence of doubt concerning the individual's current reliability, trustworthiness, or judgment.

Given the Individual's short period of abstinence, four months, none of the mitigating factors described in paragraphs 23 (b), (c) and (d) are applicable. Despite the Individual's commendable efforts at rehabilitation, only four months have passed since the Individual's last relapse. Without a proven period of long-term sobriety, there remains a significant relapse risk. Therefore, doubts remain about her current reliability, trustworthiness, and judgment.

[8] Moreover, the Individual testified that the IOP performed laboratory tests for alcohol on her on three occasions in early 2022 which were negative. When the Individual was provided with a post-hearing opportunity to submit laboratory reports corroborating this testimony, she only submitted one report, Ex. V.

Therefore, I find that none of the mitigating factors listed above are applicable in this case. Accordingly, I find that the Individual has not mitigated or resolved the security concerns raised under Guideline G by her AUD and inpatient alcohol treatment.

Guideline E

The Individual exercised significantly flawed judgment when she chose to consume alcohol while working. This behavior was clearly symptomatic of her AUD. However, she has not shown that she has been reformed or rehabilitated from her AUD. Moreover, the way the Individual tried to rationalize this behavior during her hearing testimony rather than acknowledge its problematic nature indicated her judgment remains flawed.

Similarly, when the Individual testified about her failure to report her in-patient treatment for AUD in a timely manner, she tried to rationalize that behavior instead of acknowledging her lapse in judgment. This suggests again that her judgment remains flawed.

The Adjudicative Guidelines provide seven conditions which may mitigate security concerns under Guideline E. Of these seven conditions, two are relevant to the Individual's use of alcohol during working hours.

Paragraph 17(c) provides that mitigation may be established "if the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment." Adjudicative Guidelines at ¶ 17(c). However, the mitigating condition set forth at ¶ 17(c) is not present. The Individual's use of alcohol during working hours resulted from a serious lapse in judgment. It did occur during the pandemic lockdown, a unique circumstance. However, the Individual's testimony, in which she minimized the importance of her alcohol use during working hours and failed to acknowledge the problematic nature of this conduct continues to cast doubt on her reliability, trustworthiness, and good judgment.

Paragraph 17(d) provides that mitigation may be established if "the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur." Adjudicative Guidelines at ¶ 17(d). This mitigating condition is not present either. The Individual acknowledges her alcohol problem and admitted during the CI, that problem led her to drink during working hours. However, she subsequently attempted to minimize the importance of her drinking during working hours during her hearing testimony. Moreover, while the Individual has been receiving treatment and counseling for her AUD, one of the root causes of this behavior, she has not yet shown that this treatment and counseling have been successful.

Two of the seven mitigating conditions are relevant to the Individual's failure to report her in-patient treatment for AUD in a timely manner by omitting the true nature of the treatment she was receiving. The mitigating condition set forth at ¶ 17(a) is not present since the Individual did not report her inpatient treatment to the LSO until she was required to do so by her employer. The mitigating condition set forth at ¶ 17(c) is not present, since the Individual's omission to her

manager and delay in reporting her inpatient treatment were not minor transgressions, and while it was a one-time occurrence, the Individual's failure to acknowledge that judgment had lapsed casts doubt on her current reliability, trustworthiness, and good judgment.

Accordingly, I find that the Individual has not mitigated or resolved the security concerns raised under Guideline E by her use of alcohol during working hours, her omissions to her manager, and her failure to report her inpatient treatment to the LSO in a timely manner.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines E and G. After considering all the evidence, both favorable and unfavorable, in a commonsense manner, I find that the Individual has not mitigated the security concerns raised under Guidelines E and G. Accordingly, the Individual has not demonstrated that restoring her 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 restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Steven L. Fine
Administrative Judge
Office of Hearings and Appeals