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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 7, 2022) Case No.: PSH-22-0053
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Issued: June 9, 2022

Administrative Judge Decision

Steven L. Fine, Administrative Judge:

This Decision concerns the eligibility of XXXXX XXXXX (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

In late 2021, a Local Security Organization (LSO) obtained derogatory information indicating that the Individual had been participating in an alcohol treatment program and had not reported that information to the LSO as required by DOE Order 472.2. Exhibit (Ex.) 6 at 1. On September 23, 2021, the LSO issued a Letter of Interrogatory (LOI) to the Individual. Ex. 6 at 1. The Individual provided his response to the LOI on the same date. Ex. 6 at 1. In his response to an interrogatory asking why he had failed to report his participation in an alcohol treatment program, the Individual stated, “Alcohol treatment is a part of my combat [Post Traumatic Stress Disorder (PTSD)] treatment.” Ex. 6 at 1. The Individual further claimed that he was not attempting to conceal his alcohol treatment. Ex. 6 at 1.

Because the Individual had been undergoing treatment for alcohol issues and PTSD, the LSO requested that he undergo an evaluation by a DOE-contracted Psychologist (Psychologist), who

¹ 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.

conducted a clinical interview (CI) of the Individual on October 25, 2021, and issued a report of her findings (the Report) on November 8, 2021.² Ex. 7 at 7, 18-19.

In addition to conducting the CI, the Psychologist had also contacted the Individual's psychotherapist, a licensed clinical social worker (LCSW) who had been treating the Individual for PTSD since March 2019. Ex. 7 at 3. According to the Report, the LCSW indicated that he "added alcohol abuse as a secondary diagnosis in June of 2020 after [the Individual] reported that he was drinking more than the usual amount of beer and more than he would prefer, which corresponded to four to six beers three to four days a week." Ex. 7 at 3. The LCSW had diagnosed the Individual with "alcohol abuse uncomplicated" because the Individual had shown "no functional impairment" despite his heavy alcohol use. Ex. 7 at 3. The LCSW also indicated that the Individual had been offered treatment services through an intensive outpatient program (IOP) but had declined because it would have conflicted with his work schedule.³ Ex. 7 at 3. The LCSW further opined that the IOP was "not quite appropriate" for the Individual since the Individual's alcohol use had not caused any severe negative consequences. Ex. 7 at 3. The LCSW reported that the Individual had attended weekly Substance Abuse Relapse Treatment (SART) meetings from July 2020 until December 2020 and from March 2021 until December 2021, albeit on an inconsistent basis. Ex. 7 at 14. The LCSW further reported that the Individual's "drinking behavior fluctuated from month to month, ranging from two to six beers on drinking days. He had tried to cut back and been successful for periods of time, but then his drinking would increase again." Ex. 7 at 3-4. The LCSW "noted a pattern of increasing PTSD symptoms co-occurring with increasing alcohol use." Ex. 7 at 4. The LCSW also reported that the Individual was "using a harm reduction approach to managing his alcohol use since [the Individual's] goal was not complete abstinence but drinking in moderation." Ex. 7 at 4.

The Psychologist concluded that the Individual met the criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) for two disorders: Alcohol Use Disorder, Moderate (AUD), and Post Traumatic Stress Disorder, Chronic (PTSD), In Partial Remission. Ex. 7 at 4-7. The Psychologist further concluded:

There was an interaction between his PTSD and Alcohol Use Disorder symptoms. He was aware that PTSD triggers prompted cravings to drink. A symptom of withdrawal from alcohol intoxication is increased anxiety, which makes the symptoms of PTSD worse. This would increase mood instability and make it more difficult for him to control his temper and manage his mood. By his own admission

² In addition to interviewing the Individual, the Psychologist reviewed the Individual's personnel security file (including his response to the LOI), and provided for the administration of three tests to the Individual on October 25, 2021: a standardized psychological assessment, the Minnesota Multiphasic Personality Inventory 2-RF (MMPI); an Ethyl Glucuronide (EtG) urine test (which detects alcohol up to 80 hours after any alcoholic beverage is consumed); and a Phosphatidylethanol (PEth) blood test (which detects alcohol use during the previous 28-days). Ex. 7 at 2. The result of the PEth test was slightly positive at 23 ng/mL (the detection limit is 23 ng/mL). Ex. 7 at 5. The result of the EtG test was negative. Ex. 7 at 5. The Laboratory report of the Individual's PEth test results states: "PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption. However, the Center for Substance Abuse Treatment (CSAT) advises caution in interpretation and use of biomarkers alone to assess alcohol use. Results should be interpreted in the context of all available clinical and behavioral information." Ex. 7 at 24.

³ The Individual eventually began attending an IOP in early 2022. Tr. at 34.

in the LOI, he was overwhelmed to the point that he did not report alcohol treatment even after he realized that he should. This calls into question whether he can be trusted to follow through on what he is asked to do in a consistent manner. In other words, his trustworthiness and reliability were negatively affected by his inability to manage the shame, embarrassment, and intense stress caused by his mental disorder.

Ex. 7 at 5.

To address the concerns about the Individual's AUD, the Psychologist recommended that the Individual actively participate "in a chemical dependency treatment for at least three and preferably six months" and "demonstrate that he can maintain moderate drinking by producing monthly PEth tests showing minimal to moderate levels of drinking at his own expense for six months." Ex. 7 at 7. The Psychologist further opined that if the Individual "is unable to maintain moderate drinking, then he should change his goal to abstinence, which he can demonstrate by producing negative results on random urine alcohol testing twice a month for six months." Ex. 7 at 7.

To address the concerns about the Individual's PTSD, the Psychologist recommended that the Individual:

- 1) attend therapy with the goals of addressing remaining PTSD symptoms and attaining control over drinking, 2) continue individual therapy twice monthly or weekly for at least one year or until the therapist and employee agree that treatment goals are met, 3) comply with the treatment recommendations of his psychiatrist, including taking medication to curb alcohol cravings as prescribed.

Ex. 7 at 7.

After receiving the Report, the LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual and informing him that his security clearance was suspended and that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his 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 two witnesses: the Individual and the Psychologist. *See* Transcript of Hearing, Case No. PSH-22-0053 (hereinafter cited as "Tr."). The LSO submitted nine exhibits, marked as Exhibits 1 through 9 (hereinafter cited as "Ex."). The Individual submitted 18 exhibits, marked as Exhibits A through R.⁴

⁴ Several of the documents submitted by the Individual, although they may speak to the Individual's character, service, and professional qualifications, have little relevance or materiality to the alcohol and mental health issues at bar. For example, Exhibit E is a copy of a diploma indicating that the Individual had been awarded a Bachelor of Science degree from a prestigious university in 2000 and had graduated with a GPA of 3.63. Ex. E at 1-2. Exhibit F is a "Service School Academic Evaluation Report" indicating that the Individual had completed a training course. Exhibit G is a

The Individual's Exhibit A is a list of the Individual's past and future medical and mental health appointments with Department of Veterans Affairs (VA) staff.

Exhibit B is his VA Medication History.

Exhibit C is a laboratory report indicating that a PEth test administered to the Individual on March 15, 2022, was negative.

Exhibit D is a document indicating that, on September 3, 2020, the VA had granted the Individual a 70 percent disability rating for "posttraumatic stress and alcohol use disorders" arising from his military service.⁵ Ex. D at 1.

Exhibit N is a "Declaration of Support" signed by the Individual's spouse on April 13, 2022, in which she states that she has been married to the Individual for 21 years. Ex. N at 1. She further states that she and the Individual's family and close friends fully support the Individual in his recovery, that the Individual has made remarkable progress and is a changed individual, and that the "extreme importance" of the Individual's career to him provides "additional incentive and motivation to not engage in this behavior moving forward." Ex. N at 1.

Exhibit O is a sworn "Statement of Intent" signed by the Individual on April 13, 2022, stating his intent to modify his "drinking habits" and attend counseling. Ex. O at 1. The Individual also states: "I further understand that any inappropriate future involvement with alcohol use may be grounds for revocation of national security eligibility." Ex. O at 1.

Exhibit P is a letter, dated April 15, 2022, from the Individual's Treating Psychiatrist at the VA, in which the Treating Psychiatrist states, in pertinent part:

To address points of concern regarding Chronic Post-Traumatic Stress Disorder and a concern for an Alcohol Use Disorder, I can confirm that [the Individual] remains actively engaged in treatment for Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder through the Veteran's Administration Health Care System (VAHCS). [The Individual] was deemed a candidate to continue PTSD treatment via telehealth monthly with [the LCSW]. Additionally, [the Individual] has been working with me directly . . . to address his concern for alcohol use. [The Individual] has demonstrated his motivation and active engagement with our service since reaching out on January 27, 2022. He has been open and forthcoming in all matters related to his mental and physical health. Since then, he has been participating in treatment at the intensive outpatient treatment level of care, which

copy of the Individual's resume. Exhibit H is a copy of the Individual's yearly performance appraisal. Exhibit I is a copy of an "Officer Evaluation Report" pertaining to the Individual's military service. Exhibit J is a photograph of the Individual in his military dress uniform. Exhibit K is a photograph of the Individual's driver license. Exhibit L consists of several copies of documents indicating that the Individual received an Honorable Discharge from the Armed Forces and received several awards and commendations during his service. Exhibit M is a series of emails demonstrating the Individual's participation in several volunteer activities.

⁵ The VA further found that two physical disorders related to his military service increased his disability percentage by an additional 20 percent. Ex. D at 1.

includes but is not limited to group therapy focused on recovery-oriented treatment. Regular assessment by clinical staff has demonstrated that this level of care is appropriate without need for escalation, and prognosis is good.

Ex. P at 1.

Exhibit Q is a laboratory report indicating that a PEth test administered to the Individual on April 26, 2022, was negative. Ex. Q at 1-2.

Exhibit R is a letter from the LCSW, dated April 28, 2022, in which he states in pertinent part:

Mr. Vieira first began working with this provider in March 2019 and since that time has been consistently engaged in treatment. Between November 2019 and June 2020 he completed a full regimen of Cognitive Processing Therapy, which is a time-limited, evidence-based treatment for PTSD. He also re-started trauma-focused treatment in February 2022 to address different components of his trauma and he has been cooperative with treatment recommendations thus far. Further treatment is recommended to help manage symptoms as PTSD is considered to be a chronic condition for which recovery (i.e. a reduction a symptoms) is possible, however there is not considered to be a specific “cure” for the condition. [The Individual] also began working with his psychiatrist . . . in July 2019. He has attended regular meetings with her and has been medication-adherent since that time. He is currently prescribed sertraline, 50mg once daily, and gabapentin, 200mg once daily. He has shown good response to these medications. In general, [the Individual’s] condition can be considered well-managed. Aside from treatment for PTSD this veteran has also engaged in treatment with a focus on alcohol use periodically since July 2019 and he began working more consistently with a specialty clinic focused on addiction treatment in January 2022. He continues to attend groups and individual sessions with providers in this program as recommended and has been highly engaged in treatment.

Ex. R at 1.

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 his eligibility for a security clearance. In support of this determination, the LSO cited Adjudicative Guidelines G and I.

Under Adjudicative Guideline G (Alcohol Consumption), the LSO cites the Psychologist’s finding that the Individual 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 Guidelines 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 medical or mental health professional (e.g. . . . clinical psychologist . . .) of alcohol use disorder,” “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 I (Psychological Conditions), the LSO cites the Psychologist’s conclusion that the Individual has PTSD, which she found had negatively affected his trustworthiness and reliability. These allegations adequately justify the LSO’s invocation of Guideline I. The Adjudicative Guidelines state: “[c]ertain emotional, mental, or personality conditions can impair judgement, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Among those conditions set forth in the Guidelines that could raise a disqualifying security concern is “[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgement, stability, reliability or trustworthiness.” Adjudicative Guidelines at ¶ 28(b).

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) (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 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.

IV. Hearing Testimony

At the hearing, the Individual testified that he has been receiving treatment for PTSD since March 2018. Tr. at 14-15, 27. He is currently under the care of the LCSW, and he is receiving pharmaceutical therapy for his PTSD. Tr. at 15, 18. Initially his PTSD symptoms were severe; however, after receiving treatment, his condition is being “better managed” and his symptoms have become “much more tolerable.” Tr. at 15. Since he received the Psychologist’s report, he has increased his counseling appointments, obtained monthly PEth tests, and become an active participant in substance abuse programs. Tr. at 16-17. The Individual testified that he has a strong

support system, including his family, close friends, and fellow attendees of his IOP. Tr. at 23, 26. The Individual initially testified that he has AUD but subsequently testified that he does not feel like he has a problem with alcohol. Tr. at 58, 68. The Individual testified that he began receiving treatment for his alcohol issues as part of his PTSD treatment. Tr. at 32-33. He participates in the IOP to moderate his alcohol use and has found his counseling and IOP very helpful. Tr. at 33, 50.

The Individual testified about his future intentions concerning alcohol use stating: “So my goal has been to make sure that I can moderate alcohol and keep its usage at a healthy level and that it would not interfere with my PTSD recovery.” Tr. at 37, 59. He claims that he has been able to drink in moderation. Tr. at 65. When the Individual was asked to define moderation, he stated: “That is a -- that is a very good question. No heavy usage. So I would say, like, in an evening, as you -- as you described earlier, like to become intoxicated, that’s off the table for me.” Tr. at 51. The Individual takes medication to reduce his cravings for alcohol. Tr. at 40, 44-48. The Individual testified that he has used alcohol as a coping mechanism for his PTSD, but now uses more appropriate and effective coping mechanisms. Tr. at 45-47. The Individual testified that, although he only drinks at home, he does not keep alcohol in his home. Tr. at 53, 66. He recognizes that it’s a good idea for him to “mainly abstain.” Tr. at 60. He acknowledged that using alcohol in combination with one of the medications that he has been prescribed presents an increased risk for seizures. Tr. at 63. He limits himself to two drinks at a sitting but admits he has consumed more than that during the past year. Tr. at 64.

The Psychologist testified at the hearing after observing the testimony of the Individual. She testified that the Individual’s treating mental health providers had also diagnosed him with PTSD and AUD. Tr. at 74-75. The Psychologist testified that the Individual began using alcohol to excess to cope with his PTSD symptoms and explained how PTSD and AUD are mutually reinforcing disorders, since alcohol use provides short term relief from PTSD symptoms but exacerbates PTSD in the long run.⁶ Tr. at 75-77. The Psychologist testified that she is mainly concerned about the Individual’s AUD rather than his PTSD going forward but cautioned that “. . . they’re mutually maintaining disorders. If he relapses on alcohol, he’s likely to have a recurrence of PTSD symptoms.” Tr. at 96.

The Psychologist testified that it is difficult to gauge the Individual’s progress in his PTSD treatment without more current information from his treatment providers. Tr. at 83. However, she opined, the Individual appears to have learned some effective coping skills to manage his PTSD symptoms and it also appears that the Individual’s PTSD symptoms are largely under control with the help of medication and therapy. Tr. at 85. The Psychologist testified that the Individual now has “a better handle on PTSD” and noted that he had reduced his alcohol intake. Tr. at 96. The Psychologist testified that the Individual’s prognosis for his PTSD is “good” and further opined that the Individual’s PTSD is not currently affecting his judgment, reliability, or trustworthiness and is not in danger of doing so. Tr. at 99. However, the Psychologist testified that Individual had not fully complied with her recommendations for PTSD treatment, since he has only attended individual counseling sessions on a monthly basis, rather than the twice monthly basis she had recommended, and there is no evidence indicating that the Individual’s therapist had concluded that the Individual’s therapy goals had been met. Tr. at 97. Accordingly, the Psychologist concluded that the Individual had not shown that he is reformed or rehabilitated. Tr. at 88-89.

⁶ The Psychologist further testified that it is very common for these two disorders to be comorbid. Tr. at 75.

The Psychologist testified that she continues to have concerns about the Individual's alcohol use. Tr. at 85. She testified that the Individual's AUD is "at best, in partial remission" and that the Individual still has an active problem with alcohol. Tr. at 77-78. She testified that she was concerned that the Individual may be minimizing his alcohol consumption and was further concerned by the Individual's inability to specifically quantify how much alcohol he was still consuming. Tr. at 86. The Psychologist noted that the Individual has only been drinking in moderation for about three months, which is three months short of her minimum recommendation of six months. Tr. at 80-81. She testified that she had reviewed the Individual's treatment records from the IOP which indicated that he was attending two one-hour sessions a week, which is considerably less than she had recommended. Tr. at 87. She opined that the Individual's prognosis for his AUD is "moderate" since he is still in early remission and there is scant evidence to verify that he is drinking in moderation. Tr. at 88. She further noted that she had recommended that the Individual attend the IOP for three to six months, and the Individual had only attended the IOP for two-and-a-half months. Tr. at 97-98. Moreover, she testified, the IOP attended by the Individual was considerably less intensive than needed by the Individual. Tr. at 98-102. She opined that the Individual's AUD is currently affecting his judgment, reliability, and trustworthiness, even though he has made substantial progress in his recovery. Tr. at 99-100.

V. Analysis

The Individual does not dispute that he has been properly diagnosed with both PTSD and AUD, instead contending that he has sufficiently mitigated the security concerns raised by both diagnoses. However, the Individual has not submitted sufficient evidence to mitigate the security concerns raised by his AUD. I note that the only material evidence submitted by the Individual that he had mitigated the security concerns associated with these two disorders was his own testimony; two laboratory test results indicating that he had not consumed excessive amounts of alcohol for most of the past two-and-a-half months; a one-paragraph letter from his treating psychiatrist indicating that he has been receiving treatment for both disorders and that his prognosis is "good"; and a recent one-page letter from the LCSW outlining the treatment programs for the Individual's PTSD that he had successfully completed and indicating that that his PTSD is "well-managed," but failing to reach a similar conclusion about the Individual's AUD, noting only that the Individual had recently started to attend a substance abuse program and had been "highly engaged" in treatment.

I am convinced that the Individual is rehabilitated from his PTSD by the LCSW and Psychiatrist's letters; the Individual's hearing testimony in which he articulated a great deal of insight and understanding of his PTSD; and the Psychologist's testimony in which she opined that the Individual's prognosis for his PTSD is "good" and that his PTSD is not currently affecting his judgment, reliability, or trustworthiness and is unlikely to do so in the future. However, I am not convinced that the Individual is rehabilitated or reformed from his AUD. The Individual's hearing testimony, where he agreed that he has AUD but claimed that he does not have an alcohol problem, did not indicate anywhere near the same level of insight or understanding of his AUD that he had exhibited concerning his PTSD. Moreover, while the Individual had completed several treatment programs for his PTSD, he had only recently begun attending an IOP, and that IOP was significantly less rigorous than what was recommended by the Psychologist. In addition, the

Individual has only shown that he has been drinking in moderation for a period of three months, which is significantly less than sufficient for me to conclude that he has demonstrated a clear and established pattern of modified consumption. Finally, while the LCSW was able to conclude that the Individual's PTSD was well-managed, he was only able to report that the Individual had begun and was highly engaged in substance abuse treatment.

Adjudicative Guideline G

The Adjudicative Guidelines provide that an individual may mitigate security concerns under Adjudicative 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).

The condition set forth in ¶ 23(a) is not present. The Individual has only recently begun to address his AUD and does not appear to fully understand and accept his AUD diagnosis. Accordingly, I am unable to find that his AUD is unlikely to recur or does not cast doubt on his current reliability, trustworthiness, or judgment. Therefore, I find that ¶ 23(a) does not provide sufficient mitigation of the security concerns raised under Guideline G.

The condition set forth in ¶ 23(b) is not present. While the Individual acknowledges his pattern of maladaptive alcohol use and has provided evidence of actions taken to overcome this problem, he has not yet shown that he has been rehabilitated or reformed. Moreover, as I have discussed above, he has not sufficiently demonstrated a clear and established pattern of modified alcohol consumption. Therefore, I find that the Individual has not satisfied the mitigating condition set forth in ¶ 23(b).

The condition set forth in ¶ 23(c) is not present. While the Individual is currently participating in an alcohol counseling and treatment program, the LCSW indicated that he has a previous history of relapse, and I am not convinced that he is making satisfactory progress in that treatment program

given my concerns about the intensity of that program, the relative recency of his participation, and the Individual's apparent state of denial concerning his AUD. Therefore, I find that the Individual has not satisfied the mitigating condition under ¶ 23(c).

The condition set forth in ¶ 23(d) is not present. The Individual had not completed the IOP at the time of the hearing and had not sufficiently demonstrated a clear and established pattern of modified consumption. Therefore, I find that the Individual has not satisfied the mitigating condition under ¶ 23(d).

Accordingly, I find that the Individual has not provided adequate evidence of rehabilitation or reformation to mitigate and resolve the security concerns raised under Guideline G by his AUD.

Adjudicative Guideline I

The Adjudicative Guidelines provide that an individual may mitigate security concerns under Guideline I 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," or 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." Adjudicative Guidelines at ¶ 29(b) and (c). As discussed above, the Individual has shown that he is currently receiving counseling and treatment for his well-managed PTSD. Moreover, the DOE's own expert, the Psychologist, testified that the Individual's prognosis for his PTSD is "good," and that his PTSD is not currently affecting his judgment, reliability, or trustworthiness, and is unlikely to do so in the future.

Accordingly, I find that the Individual has provided adequate evidence of rehabilitation or reformation to mitigate and resolve the security concerns raised under Guideline I.

V. 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 commonsense manner, I find that the Individual has mitigated the security concerns raised under Guideline I but has not mitigated the security concerns raised under Guideline G. Accordingly, the Individual has not demonstrated that restoring 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 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