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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing)
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Filing Date: June 28, 2022) Case No.: PSH-22-0110
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Issued: September 22, 2022

Administrative Judge Decision

Noorassa A. Rahimzadeh, 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 access authorization should be restored.

I. Background

A DOE Contractor employs the Individual in a position that requires him to hold an access authorization to carry out specific official duties. As part of the clearance process, the Individual was asked to complete a Questionnaire for National Security Positions (QNSP), which he signed and submitted on September 22, 2016. Exhibit (Ex.) 10. In the QNSP, the Individual indicated that he was arrested and charged with Driving Under the Influence of Drugs or Alcohol (DUI) on two separate occasions, once in September 2004 and again in April 2006. Ex. 10 at 41-43. In conjunction with the investigation, the Individual underwent an Enhanced Subject Interview (ESI), which was conducted by an Office of Personnel Management (OPM) investigator in July 2018. Ex. 11 at 74. The Individual told the OPM investigator that after his second DUI charge, he abstained from alcohol for months, and when he began consuming alcohol again, he made sure to "space out the time between drinks." Ex. 11 at 77. He "would also plan ahead[]" and secure an alternative means of transportation so as to avoid driving under the influence. Ex. 11 at 77-78.

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.

On December 17, 2021, the Individual self-reported the fact that he had started an intensive outpatient treatment program (IOP) for his alcohol use on December 14, 2021. Ex. 6 at 1. Based on the information provided, the Local Security Office (LSO) directed the Individual to complete a Letter of Interrogatory (LOI), which the Individual signed and submitted on January 7, 2022. Ex. 7. As a result of the information provided, the LSO instructed the Individual to undergo a psychological evaluation conducted by a DOE-consultant psychiatrist (DOE Psychiatrist) on February 11, 2022.² Ex. 8. The DOE Psychiatrist relied on the information he obtained in the clinical interview with the Individual, as well as his review of the Individual's Personnel Security File (PSF), and the *Diagnostic Statistical Manual of Mental Disorders, 5th Edition* (DSM-V). *Id.* at 3. The DOE Psychiatrist also conducted collateral interviews with the medical director of the IOP, the Individual's primary IOP counselor, and two other therapists the Individual had consulted. *Id.* at 3. On March 2, 2022, the DOE Psychiatrist issued a report (the report) containing his assessments conclusions, which included a diagnosis of Alcohol Use Disorder (AUD). *Id.*

Due to unresolved security concerns, the LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance and that his clearance had been suspended. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual 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 Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of three other witness: his wife, his former supervisor, and his primary IOP counselor (Individual's counselor). He also submitted eleven exhibits, marked as Exhibits A through K. The DOE Counsel presented the testimony of one witness, the DOE Psychiatrist, and submitted eleven exhibits marked as Exhibits 1 through 11.

II. Notification Letter and Associated 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. That information pertains to Guideline G of the Adjudicative Guidelines. Ex. 1. Under Guideline G (Alcohol Consumption), “[e]xcessive 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. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are “[a]lcohol-related incidents away from work, such as driving while under the influence...regardless of frequency of the individual's alcohol use or whether the individual has

² A Phosphatidylethanol (PEth) blood test was performed in conjunction with the evaluation. Ex. 8 at 11. A PEth test “is a very sensitive and specific test to detect chronic heavy drinkers, with a window of detection of about 28 days.” Ex. 8 at 11. The Individual's PEth test result was negative. *Id.* at 12.

been diagnosed with alcohol use disorder[.]” and “[d]iagnosis by a duly qualified medical or mental health professional...of alcohol use disorder[.]” Adjudicative Guidelines at ¶ 22(a) and (d).

With respect to Guideline G, the LSO alleged that the Individual was arrested and charged with DUI in 2006, after his breath alcohol concentration (BAC) registered at .159. Ex. 1 at 1. The LSO alleged further that, according to the Individual, he had consumed four to six alcoholic beverages in the two hours preceding his arrest. Ex. 1 at 1. The LSO also alleged that in 2004, the Individual was arrested and charged with DUI when he consumed four to six alcoholic beverages in the two hours preceding his arrest and his BAC registered at .166. Ex. 1 at 1. Lastly, the LSO alleged that on February 11, 2022, the DOE Psychiatrist evaluated the Individual and indicated in his March 2022 report that pursuant to the DSM-V, the Individual met the diagnostic criteria for AUD, Moderate, without adequate evidence of rehabilitation or reformation. Ex. 1 at 1.

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 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.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

The Individual disclosed his 2004 and 2006 DUI charges, indicating that his BAC registered at .166 in 2004 and .159 in 2006. Ex. 8 at 5. Although the Individual could not remember exactly how much alcohol he had consumed on these occasions, he estimated that he had “consumed four to six beers and mixed drinks in less than two hours.” Ex. 8 at 5. Regarding these incidents, the Individual testified that he had consumed alcohol in the company of his friends and had “made the choice to drive[.]” Tr. at 85. The Individual indicated that he pleaded “no contest” to the charges and subsequently participated in alcohol education courses. Tr. at 85-86; Ex. 7 at 4.

After the Individual self-reported his participation in an alcohol treatment program in December 2021, he indicated in his LOI that he had noticed an increase in his alcohol consumption during the COVID-19 pandemic, and he felt his use had become problematic. Ex. 6 at 1. In the LOI response, the Individual stated that he began participating in an outpatient alcohol treatment program on December 14, 2021,³ and that he began abstaining from alcohol the same day. Ex. 7 at 1, 4. At the time the Individual completed the LOI, he indicated that he was still receiving outpatient treatment. Ex. 7 at 2. The treatment the Individual underwent initially focused on addressing his hangover and withdrawal symptoms, which was followed by counseling that occurred three times per week. Ex. 7 at 1-3; Tr. at 64. Individual's counselor indicated that the medical detox generally lasts seven to ten days. Tr. at 64. The Individual completed the IOP on March 11, 2022. Ex. C.

The DOE Psychologist's report indicated, and the Individual testified, that even prior to 2020, he had discussed his alcohol consumption with a marriage and family therapist. Tr. at 87-89; Ex. 8 at 10. At the hearing, the Individual stated his belief that there were indications that he was drinking more than what could be considered a "healthy" amount prior to 2020. Tr. at 89-91. The Individual stated in his LOI response that he began a cyclical drinking pattern in March 2020, where he would consume more alcohol over holidays and weekends, which "increased over time until [he] would stop drinking altogether for a variable period." Ex. 5. He indicated that the last time he consumed alcohol, he drank approximately eight to ten drinks over a span of approximately nine hours. Ex. 7 at 5. He stated that he rarely consumed alcohol to the point of intoxication and denied that his consumption had any negative effects on his personal or professional life. Ex. 7 at 6-7. He stated in the LOI that he was receiving help to "cop[e] with stress and anxiety without the use of alcohol[.]" and that he did not intend to consume alcohol in the future. Ex. 7 at 9. During his testimony, he expounded by stating that he understands "[there was] never enough alcohol to make the problems disappear[.]" and that he intends to deal with stressors without the use of alcohol, by being mindful, meditating, and utilizing his support system. Tr. at 95-96, 99-101; Ex. E. He testified that the stressors caused by the pandemic "accelerated" his drinking, resulting in his participation in an IOP with a provider recommended to him by a family member. Tr. at 95-97, 115. The Individual also testified that he felt some stress at the beginning of the IOP, as it required him to alter his work schedule and balance his family life, but he was encouraged when he began experiencing the "positive effects." Tr. at 98-99.

In February 2022, the Individual informed the DOE Psychiatrist that by 2020, he was consuming between fifteen and twenty drinks in a twenty-four-hour period on a weekend day and approximately six to eight alcoholic drinks "two weekdays per week[.]" Ex. 8 at 4. By June 2021, the Individual was consuming six to eight alcoholic beverages "six nights per week." Ex. 8 at 4. The DOE Psychiatrist observed that the Individual had "developed a tolerance to alcohol" before he entered treatment in December 2021, and that he continued to consume alcohol despite attempts to reduce his alcohol consumption and "despite knowledge of having an alcohol related problem." Ex. 8 at 6.

In forming his opinions and conclusions, the DOE Psychiatrist relied in part on collateral interviews. Ex. 8 at 3. The DOE Psychiatrist spoke to the Individual's counselor, who indicated

³ The Individual's wife testified that the Individual began abstaining from alcohol around December 11, 2021. Tr. at 56-57.

that at the IOP, the participants are taught such things as “coping skills, how to live a better life, self-care, and emotional regulation.” Ex. 8 at 8. Once participants complete the approximately 90-day program, the counselor told the DOE Psychiatrist, it is recommended that they receive aftercare consisting of a weekly group session, and participants are encouraged to join a recovery program, like Alcoholics Anonymous (AA).⁴ Ex. 8 at 8; Tr. at 67-68; Ex. B.

Testifying as a fact witness at the hearing, the Individual’s counselor, who conducts group and individual counseling sessions at the IOP and aftercare program that the Individual has attended, provided further information regarding the IOP and indicated that the program consists of in-person group sessions at a rate of “three days a week, three hours per session.” Tr. at 63-66; Ex. D at 4. The group sessions begin with “check-in and a discussion” and end with “psychoeducational topics.” Tr. at 65. Each participant also has the option of attending an hour of individual therapy per week, which the Individual attended once or twice. Tr. at 65-66. She further testified that participants are subject to random testing and are usually tested “one to four times” every month over the duration of the program. Tr. at 70-71, 81. The Individual took one urine drug and alcohol test during the IOP, and three more following the IOP, all of which were negative.⁵ Tr. at 106-09; Ex. G; Ex. J. The Individual’s counselor indicated that participants may also continue to voluntarily submit to testing after the conclusion of the IOP. Tr. at 81. She confirmed that the Individual was learning coping skills, that he was beginning to understand that he cannot drink again, and that he was working with a “support network.” Ex. 8 at 9; Ex. D at 1. She met the Individual in December 2021 and diagnosed him with AUD, and she confirmed that the Individual attended “all of the IOP sessions.” Tr. at 63-65; Ex. C; Ex. D. The Individual’s counselor also testified that she felt the Individual was “engaging,” “motivated,” and determined to be “better,” and that she observed the Individual form connections with other participants. Tr. at 66-67, 73. She also confirmed that the Individual continued to attend the weekly aftercare program.⁶ Tr. at 68-69.

When asked if he has received counseling other than through the IOP and aftercare, the Individual testified that he “talk[s] to [his] brother-in-law” and “to other folks within the IOP[,]” but visited a licensed counselor only several times. Tr. at 101-03. He also testified that although he explored AA and similar programs, he did not begin attending one, but would have if it had been required by the medical director of the IOP. Tr. at 102-03, 120-21. He also felt that he was managing his recovery and had a good support system in place but knew he could attend such meetings if he did

⁴ The Individual’s counselor testified that aftercare at a rate of once a week with “some other kind of group” was what was recommended for the Individual. Tr. at 67-68. An August 19, 2022, letter from the medical director of the IOP indicates that “AA is recommended in [their] treatment program but for some persons it is at best unhelpful.” Ex. B. The medical director’s letter also states that although he often “recommend[s] continued daily therapeutic session in some form of community program, [he does] not believe [the Individual] requires this to continue his stable pathway.” Ex. B. The medical director also went on to state that anything more than weekly aftercare “might be intrusive.” Ex. B. However, prior to the date of the aforementioned letter, he told the DOE Psychiatrist that all participants are encouraged “to enroll in some type of group recovery, either AA with a sponsor or Smart Recovery,” in addition to the weekly aftercare. Ex. 8 at 9-10.

⁵ The August 19, 2022, letter from the medical director indicates the Individual took two urine tests during the IOP. Ex. B.

⁶ The Individual’s counselor recalled that it was recommended that the Individual attend one year of aftercare after completing the IOP. Tr. at 75-76.

experience the urge to drink. Tr. at 121-22. The Individual testified that he was honest with his friends and family regarding his recovery, and that now, instead of looking to alcohol as a reward at the end of the day, he looks to spending time with his family as a reward. Tr. at 104-05, 111-12. Further, he stated that he has resumed exercise, that he has noticed positive health benefits, and that he “want[s] to continue on with [his] recovery.” Tr. at 100, 112-13; Ex. F; Ex. 8 at 4. At the hearing, the Individual acknowledged that he had attempted to reduce his alcohol consumption in the past and stated that he is confident that his current sobriety will continue to be successful because he is taking “a structured approach” to address the matter, and further, he has a greater understanding of what led to his excessive alcohol consumption. Tr. at 113-14.

As part of his evaluation of the Individual, the DOE Psychiatrist spoke with a marriage and family therapist who saw the Individual and his wife in previous years. This therapist told the DOE Psychiatrist that the Individual and his wife would argue when the Individual would consume alcohol. Ex. 8 at 11. The DOE Psychiatrist also spoke to the medical director of the IOP, who told the DOE Psychiatrist that he administered “alcohol detox medication treatment and admitted [the Individual] into [the IOP].” Ex. 8 at 9. The medical director told the DOE Psychiatrist that he had last seen the Individual in January 2022, and he indicated that the Individual exhibited appropriate motivation. The medical director further stated that he was “pleased with [the Individual’s] progress.” Ex. 8 at 9. The Individual also submitted an August 19, 2022, letter authored by the medical director of the IOP. Ex. B. In that letter, the medical director of the IOP stated that the Individual “is managing his recovery optimally” and noted the Individual’s “significant motivation” and “significant insight.” He confirmed his belief that the Individual has not relapsed since December 14, 2021. Ex. B.

The DOE Psychiatrist diagnosed the Individual with Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. Ex. 8 at 13-14; Tr. 132. He recommended that the Individual participate in a “long-term alcohol treatment program” and that “he should be mandated to attend daily meetings and substance recovery activities for at least a twelve-month period of time.” Ex. 8 at 14; Tr. at 133. The DOE Psychiatrist also recommended that the Individual take urine tests “on a random and frequent basis” over the aforementioned twelve months. Ex. 8 at 14; Tr. at 133. After the twelve months, he stated, the Individual should attend substance treatment at a rate of three times per week. Ex. 8 at 14; Tr. at 133.

In his testimony, the DOE Psychiatrist acknowledged that the Individual had been an active participant in the IOP, that he has developed coping mechanisms other than alcohol, and that the Individual is self-aware. Tr. at 133. However, the DOE Psychiatrist stated that he would have liked to see “better laboratory confirmation[.]” of the Individual’s sobriety, and to find evidence of adequate rehabilitation and reformation, the DOE Psychiatrist would have liked to have “an updated PEth” test, making him “more confident in [the Individual’s] current rehabilitation.” Tr. at 134-36. After noting the Individual’s good motivation and engagement with treatment, the DOE Psychiatrist also noted that he felt that attending aftercare once a week is generally less than what is preferred during the first twelve months of sobriety. Tr. at 135-36. However, he stated in later testimony that “different people recover in different ways.” Tr. at 135-36. Further, although the Individual claimed to have been abstinent for approximately nine months and not twelve at the time of the hearing, the DOE Psychiatrist indicated that twelve months of continuous sobriety was

not a factor that was “set in stone,” and that nine months of sobriety would “still be considered [the] early remission phase.” Tr. at 137.

At the hearing, the Individual’s former supervisor testified that the Individual approached her in 2021 regarding his obligation to self-report the treatment he was receiving, which surprised her, as she had “[n]ever seen any indication that there was any kind of issue[.]” Tr. at 22-24, 26, 116, 125. At the time the Individual reported the matter to her, he was seeing his supervisor approximately twice a week in the office, and his supervisor stated that she had never smelled alcohol about the Individual’s person. Tr. at 24-25. She also testified that she had not noticed a change in his work performance, and that she holds the Individual in “high esteem” as it pertains to his character for honesty, trustworthiness, and reliability. Tr. at 25-26.

At the hearing, the Individual’s wife denied ever having had any concerns over the amount of alcohol the Individual was consuming.⁷ Tr. at 37, 41. She testified that at the time the Individual was consuming alcohol, he was still performing well as an employee, husband, and father. Tr. at 42. However, she did state that she “had noticed that he had been drinking more[.]” and that she supported the Individual’s decision to seek treatment. Tr. at 38, 40-41. She felt that the Individual was “dedicated and unwavering” throughout the treatment process and denied having ever seen the Individual consume alcohol before or during work. Tr. at 50, 52. The Individual’s wife stated that, since abstaining from alcohol, the Individual has adopted appropriate coping skills, and has taken up hobbies like yoga, golfing, and meditation. Tr. at 43. The Individual’s wife testified that the Individual has also experienced personal growth. Tr. at 43-44. She also testified that the Individual has told her that he plans to abstain from alcohol, and in an act of support, she decided to abstain as well. Tr. at 46-47. Although the couple no longer consumes alcohol, they do keep alcohol in the home for guests. Tr. at 47, 124. The Individual’s wife also testified that the Individual has remained abstinent despite attending social events where alcohol is customarily consumed, and despite dealing with stressors in his life, such as these proceedings. She confirmed her belief that the Individual is trustworthy and honest. Tr. at 48-49, 55.

V. Analysis

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

- (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;

⁷ The DOE Psychiatrist indicated in his report that he spoke to one of the Individual’s past therapists who recounted a meeting around August 2017, during which the Individual’s wife had stated that the Individual had consumed seven bottles of wine in a 24-hour period and blacked out. Ex. 8 at 10; Tr. at 39, 54-55. The Individual’s wife stated at the hearing that she had actually told the therapist that her husband had consumed “several” bottles of wine, and that her statement was transcribed incorrectly, which the Individual echoed in his testimony. Tr. at 39, 55, 92. She also denied telling the therapist that the Individual had “blacked out” on that occasion. Tr. at 40. The Individual testified that the occasion was a celebratory weekend during which glasses of wine were served to guests, and his wife felt that he had consumed alcohol to excess, an assessment with which the Individual agreed. Tr. at 91-92.

- (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; and
- (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).

Three factors that might weigh against a finding of mitigation are: 1) the Individual's failure to participate in a self-help group like AA; 2) the relative infrequency of aftercare sessions, compared to what the DOE Psychiatrist recommended; and 3) the fact that the Individual had achieved only nine months of sobriety at the time of the hearing. But none of these factors, I believe, detract from my decision that the Individual has mitigated security concerns in this case. Although the Individual's counselor stated in her testimony that AA or a similar self-help group participation is recommended after IOP participants complete the program, a statement echoed by the medical director of the IOP in his conversation with the DOE Psychiatrist, a subsequent August 2022 letter from the medical director of the IOP suggested that such participation was not necessary for the Individual, and that such participation by the Individual could even be "intrusive." Ex. B. The DOE Psychiatrist also did not specifically recommend participation in AA. Additionally, although the Individual was not attending aftercare sessions as frequently as the DOE Psychiatrist would typically recommend and although the Individual was technically in early remission as he had not yet achieved a full twelve months of sobriety, the DOE Psychiatrist also stated that "these things are not hard and fast rules, and different people recover in different ways." Tr. at 136-37. In his final assessment on the matter, the DOE Psychiatrist indicated that he "would feel more confident in [the Individual's] current rehabilitation[]" upon receiving a current negative PEth test.⁸ Tr. at 138.

On balance, with the evidence and testimony before me, I do not believe the PEth test is necessary to show that the Individual has mitigated the stated Guideline G concerns. To begin, the evidence indicates that the Individual has remained abstinent from alcohol since his enrollment in the IOP on December 14, 2021. Not only did the Individual and his wife credibly testify to the same, but the record contains four negative urine tests and one negative PEth test that was administered at the time he underwent the evaluation. Although, as stated above, the DOE Psychiatrist would have preferred to have another negative PEth test in the record before concluding that the Individual had shown adequate evidence of rehabilitation or reformation, the DOE Psychiatrist only specifically recommended urine toxicology tests in his report. Ex. 8 at 14.

⁸ The Individual voluntarily submitted to a PEth test after the hearing, however, the results were not available at the time the transcript was released and the record was closed. Ex. K.

There are several further facts that weigh in favor of mitigation. The Individual recognized his alcohol use had become maladaptive, and voluntarily and proactively took the step of enrolling in an IOP, which he successfully completed. Further, he continues to engage in aftercare, and as the Individual has been honest with friends and family regarding his treatment, he has found a support system in his wife, who also stopped consuming alcohol, other family members, and fellow treatment participants. The Individual has also learned to cope with stress in a way that does not involve alcohol and has credibly testified that he has enjoyed benefits that incentivized him to continue with treatment and to remain sober. Ex. F. Further, the Individual's counselor and the medical director of the IOP have made positive statements regarding the Individual's motivation and recovery. Accordingly, the Individual has mitigated the stated Guideline G concerns pursuant to the mitigating factor at ¶ 23(b).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring his security clearance would not endanger the common defense and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals