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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:	May 10, 2024)	Case No.: PSH-24-0121
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Issued: October 23, 2024

Administrative Judge Decision

Brenda B. Balzon, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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 or Eligibility to Hold a Sensitive Position."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 granted.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. As part of the investigation for his security clearance, the Individual completed a Questionnaire for National Security Positions (QNSP) on which he reported that in 2012, he was involuntarily hospitalized for a mental health condition. Exhibit (Ex.) 8 at 132.² The Individual later submitted a December 2023 response to a Letter of Interrogatory (LOI) that was issued by the Local Security Office (LSO) in which he provided additional details about his 2012 hospitalization and his current treatment. Ex. 4 at 25–26.³ In January 2024, the Individual was evaluated by a DOE consultant psychologist (DOE Psychologist) who issued a report of the psychological evaluation (Report) in which she diagnosed the Individual with Unspecified

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.

² The exhibits submitted by the DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

³ This information is gathered from a DOE Case Evaluation as the LOI was not entered as an exhibit. Ex. 4 at 25–26.

Alcohol-Related Disorder under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, and concluded that he engaged in frequent episodes of binge drinking. Ex. 6 at 36–37.

The LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding the Individual’s eligibility to hold a security clearance. In the Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted eight numbered exhibits (Ex. 1–8) into the record and presented the testimony of the DOE Psychologist. The Individual submitted fifteen lettered exhibits (Ex. A–O) into the record and testified on his own behalf. *See* Transcript of Hearing, OHA Case No. PSH-24-0121 (hereinafter cited as “Tr.”).

II. Notification Letter and Associated Security Concerns

The LSO cited Guideline G (Alcohol Consumption) as the basis for its concerns regarding the Individual’s eligibility for access authorization. Ex. 1. “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. The SSC cited the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria for a diagnosis of Unspecified Alcohol-Related Disorder under the *DSM-5* and the DOE Psychologist’s conclusion that he engaged in frequent episodes of binge drinking. Ex. 1 at 5. The LSO’s assertions in the SSC justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(c)–(d).

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 their 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

The Individual underwent a psychological evaluation in January 2024. Ex. 6. The DOE Psychologist's Report, which she issued following the evaluation, relied on the information she obtained in a clinical interview (CI) with the Individual, as well as her review of the Individual's Personnel Security File and the *DSM-5*. *Id.* at 33. The DOE Psychologist also administered the Minnesota Multiphasic Personality Inventory (MMPI-3).⁴ *Id.* at 33, 35. During the CI, the Individual told the DOE Psychologist that in 2012, he was involuntarily hospitalized for two weeks due to Delusional Disorder. *Id.* at 33. During his hospitalization he was prescribed Risperdal at a dosage of three milligrams (mg) and attended counseling. *Id.* The Individual told the DOE Psychologist he is currently under the care of a certified physician assistant (PA-C) who has been prescribing him the three mg dosage of Risperdal and anti-anxiety medication. *Id.* at 34. He stated that the dosage of Risperdal is so effective that he has not had a recurrence of his symptoms of Delusional Disorder since his 2012 hospitalization. *Id.*

As part of the evaluation, the DOE Psychologist also asked the Individual about his alcohol consumption. *Id.* at 36. The Individual told the DOE Psychologist that he typically consumed "two to three beers, two to three times a week" and he estimated that he drank to intoxication three times per month by consuming five beers. *Id.* at 34–35. He reported that the last time he drank to intoxication was two weeks prior to his DOE psychological evaluation when he consumed five alcoholic drinks. *Id.* He also acknowledged that his girlfriend "harps on (him) to drink less." *Id.* The Individual told the DOE Psychologist that his prescribing provider is aware that he consumes alcohol. *Id.* The DOE Psychologist noted in her Report that, according to the National Institute of Health and other references that she reviewed, "[i]t is officially recommended that people taking risperidone (Risperdal) should not drink alcohol." *Id.*

At the request of the DOE Psychologist, the Individual underwent a Phosphatidylethanol (PEth)⁵ test which was positive at a level of 115 ng/mL. *Id.* at 55. The physician who interpreted the PEth results opined that a PEth level of 115 ng/mL "indicates [the Individual] consumes alcohol with an average of about 4 drinks/day most days of the week. At this level, PEth cannot discern binge drinking from regular drinking." *Id.* at 36. The physician stated that the Individual estimated his alcohol use was "less than two drinks per day on average . . . [and] he reported a regular binge pattern of consumption (5 beers to intoxication three times/month)." *Id.* He concluded that, "[i]t is

⁴ The DOE Psychologist concluded based on the results of the MMPI-3 that while the Individual presented himself in a positive light by denying some minor faults and shortcomings that most people acknowledge, "there are no indications of somatic, cognitive, emotional, thought, or behavioral dysfunction in [the Individual's] protocol." Ex. 6 at 35. She further concluded that the Interpersonal Functioning scales of the MMPI-3 "provided no evidence of dysfunction." *Id.*

⁵ "PEth is not a normal body metabolite. PEth accumulates when ethanol binds to the red blood cell membrane. The PEth level reflects the average amount of alcohol consumed over the previous 28–30 days . . ." Ex. 6 at 56.

within medical probability the reported 31-39 drinks per month represents approximately one third of his actual consumption per month.” *Id.* The DOE Psychologist stated that “given the Individual’s mental health diagnosis, he is in a category of individuals with higher risk of substance abuse.” *Id.*

Ultimately, the DOE Psychologist concluded that the Individual met sufficient *DSM-5* diagnostic criteria for a diagnosis of Unspecified Alcohol-Related Disorder, had frequent episodes of binge drinking, and had not demonstrated adequate evidence of rehabilitation or reformation.⁶ *Id.* at 36–37. The DOE Psychologist recommended that to show rehabilitation, the Individual should attend an alcohol education class of at least six weeks duration along with weekly individual counseling sessions with a licensed therapist who specializes in substance abuse disorders.⁷ *Id.* at 37. The DOE Psychologist also recommended that the Individual establish abstinence for a period of six months by providing monthly negative PEth test results. *Id.* In order to show reformation, the DOE Psychologist recommended that the Individual should provide negative PEth test results for twelve months. *Id.* She also concluded that the Individual does not have an emotional, mental, or personality condition that can impair his judgment, stability, reliability, or trustworthiness.⁸ *Id.*

The Individual testified at the hearing that his last use of alcohol was in early April 2024, prior to when he received the DOE Psychologist’s Report on April 8, 2024. Tr. at 22. He provided the results of four PEth tests from May 1, 2024, through August 5, 2024, all of which were negative. Ex. D. The Individual stated that when he received a copy of the DOE Psychologist’s Report, the diagnosis from the Report made him realize that his understanding of what is “responsible drinking” was not accurate, so he started making an adjustment by becoming abstinent for five months. Tr. at 32. When asked if he had an alcohol problem prior to when he began abstaining from alcohol, he stated, “I don’t know if I agree with the diagnosis, but I do agree . . . that it helped me make the right decision in my life.” Tr. at 54.

The Individual stated that he took a one-hour online course regarding alcohol use. *Id.* at 40; Ex. K (certificate of course completion dated June 5, 2024). He stated the course taught him about the damage that alcohol can cause in relationships and careers, and it discussed dealing with triggers and cravings. Tr. at 41–42. When asked why he did not follow the DOE Psychologist’s recommendation to take six weeks of alcohol education classes, he stated he had decided to do what was recommended to him by his counsel representing him at this hearing. *Id.* at 45. He also stated that he did not know if he was expected to comply with the DOE Psychologist’s recommendations prior to the hearing, or whether he would receive instructions including updates on the recommended duration and start date for treatment, at the hearing itself. *Id.* at 45–46, 48.

⁶ The DOE Psychologist based her diagnosis on “the amount of alcohol [the Individual] is consuming, his apparent minimization of that amount in his self-report, someone close to him expressing concern about his drinking, and his becoming intoxicated three times per month” Ex. 6 at 36.

⁷ She stated that, given the Individual’s mental health condition, group sessions are optional. Ex. 6 at 37.

⁸ In her Report, the DOE Psychologist concluded that the Individual was correctly diagnosed with Delusional Disorder in 2012 during a two-week involuntary hospitalization. Ex. 6 at 36. The DOE Psychologist determined that the Individual’s longstanding, consistent pharmacological treatment controlled his psychological condition such that it did not impair his judgment, stability, reliability, or trustworthiness. Ex. 6 at 37.

The Individual testified that he underwent an additional evaluation with an evaluating psychologist in May 2024. *Id.* at 24. He stated he told her about his alcohol consumption and provided her with the DOE Psychologist's Report. *Id.* at 53. He stated that she was concerned about his having future health problems affected by moderate alcohol consumption and recommended that he "drink responsibly." *Id.* The Individual also stated that the evaluating psychologist did not make specific recommendations regarding the amount of his alcohol consumption, but he believes she would recommend abstinence. *Id.* He stated he provided her with three months of PEth tests plus an additional PEth test result after his evaluation. *Id.* at 49. He asserted that one of the major reasons she said he did not have an alcohol use disorder was because of his negative PEth tests. *Id.* Although he only met with the evaluating psychologist one time, the Individual asserted that his meeting with her constitutes therapy as well as an evaluation because they talked about alcohol use with his diagnosis, and she made suggestions regarding alcohol consumption.⁹ *Id.* at 46.

The Individual submitted a copy of the evaluating psychologist's report. Ex. C. The report stated that the evaluating psychologist's opinion was based on a clinical interview, review of the Individual's records including the DOE Psychologist's Report, and psychological test results. *Id.* at 1. The evaluating psychologist opined that the Individual "meets criteria for Delusional Disorder, first episode, currently in full remission, and no longer meets criteria for alcohol-related disorder." *Id.* at 4. She stated that the Individual presented three consecutive negative PEth tests from May, June, and July 2024, which she found "would indicate that the client is in remission from any alcohol use." *Id.* She noted that he had completed an online alcohol-related course, and also demonstrated receptiveness without defensiveness to information she discussed with him about the negative influence that alcohol has on Delusional Disorder. *Id.* She further concluded that the Individual does not present with any condition that could pose a significant risk to his "judgment, reliability or trustworthiness concerning classified information." *Id.*

The Individual testified that he has a provider at a psychiatry center that he usually sees every three months and he stated that he had met with his provider two times between January 2024 and the hearing date. Tr. at 36–38. He testified that he will be going to a new provider in September because his provider's office closed in July 2024. *Id.* at 36–37. The Individual stated that his sessions with his provider are for the purposes of medication management and prescription refills, and some psychotherapy as he told the provider about the DOE Psychologist's diagnosis regarding his alcohol use. *Id.* at 38. He testified that he has spent fifteen to twenty minutes of his one-hour sessions discussing his alcohol use. *Id.* He acknowledged that his provider did not discuss specific guidance regarding triggers, how to handle abstinence, or future plans regarding his alcohol use. *Id.* at 39. The Individual testified that his provider told him that he if does not want to have health issues, then it is recommended that he make "responsible choices" regarding his alcohol use, although the provider did not define what "responsible choices" means. *Id.* at 40.

⁹ The evaluating psychologist's report stated that the Individual was referred to her for an evaluation by his attorney's office, and that the Individual "acknowledged that he understood that [the evaluating psychologist's] role in the evaluation is to function as an *independent evaluator* and that the results of this evaluation are based on the data collected rather than on any predetermined outcome for or against him." Ex. C at 1 (emphasis added). In light of the evaluating psychologist's characterization of her relationship to the Individual as an "independent evaluator," and not a treating professional, I do not accept the Individual's assertion that he received treatment from the evaluating psychologist.

The Individual asserted that since he began abstaining from alcohol, he has had no cravings and no withdrawal symptoms. *Id.* at 27, 42. He testified that it is not difficult for him to abstain from alcohol because he spends almost all of his time with his girlfriend of three years, and she does not like to drink alcohol. *Id.* at 25, 28, 42. The Individual acknowledged that he told the DOE Psychologist that his girlfriend “harps on [him] to drink less” alcohol. *Id.* at 25. He explained that he thinks it is because of her concern for his health and well-being as opposed to her being worried about his alcohol use. *Id.* at 26. He asserted that she would say the same thing if he was overeating. *Id.* at 25–26. The Individual submitted two letters of support from his girlfriend. Ex. 2 at 20; Ex. G. In her undated first letter, the Individual’s girlfriend stated, “It is important to me to emphasize that his drinking habits have never caused any problems in our relationship. He is never aggressive, irresponsible, or unreliable under the influence . . . and alcohol is not a significant part of our lives together.” Ex. 2 at 20. In a subsequent June 16, 2024, letter, the Individual’s girlfriend stated that in the past three months, she has observed him commit to a healthier lifestyle including consistently following through on his decision to abstain from alcohol. Ex. G. She also stated she finds him trustworthy, loyal, and dependable. *Id.*

The Individual also submitted a letter from his mother’s long-term partner who has known him for fifteen years and another letter from the Individual’s coworker from a previous job who worked with him for four years. Ex. E; Ex. F. Both of his references stated they find him to be reliable and trustworthy. Ex. E; Ex. F. The mother’s partner also stated the Individual demonstrates good judgment and has consistently demonstrated the ability to proactively address issues including his mental health treatment and seek professional help when necessary. Ex. E. The coworker stated the Individual is an excellent employee who handled sensitive information with a strong sense of discretion. Ex. F.

The Individual testified that he currently plans to continue abstaining from alcohol for the next six months, and in the future, he plans to drink responsibly on specific occasions such as holidays, birthdays, or a wedding. Tr. at 50–51. He defined “responsible drinking” as drinking one or two drinks per occasion. *Id.* at 32–33. The Individual stated that his girlfriend currently has a couple of bottles of liquor in their home, but she uses them only for cooking, and he asserted he has never consumed his girlfriend’s alcohol. *Id.* at 43. He provided examples of hobbies and activities he does in place of consuming alcohol such as hiking on weekends, skiing, and going to the gym regularly with his girlfriend. *Id.* at 26, 29. He stated that two weekends ago, he and his girlfriend went for a visit to a friend’s house and he intentionally brought nonalcoholic beer so he would not consume alcohol, and he has already made plans to bring nonalcoholic beer to their next social gathering. *Id.* at 42–43. The Individual also testified regarding his volunteer work that he does at a nearby state park, and he submitted written documentation reflecting the number of hours he has worked through June 22, 2024. *Id.* at 29; Ex. O.

The DOE Psychologist testified that the Individual had not shown adequate evidence of rehabilitation because he had not completed her recommendations of participating in alcohol educational classes and attending weekly counseling. Tr. at 62–63. She stated that her recommendation for rehabilitation is for the Individual to attend six weeks of a psychoeducational class on alcohol, attend weekly individual counseling sessions, and submit six months of negative PEth tests. *Id.* at 62. Regarding the Individual’s online class, the DOE Psychologist testified that

it did not meet the requirements for her recommended psychoeducational class because the class was not at least six weeks in duration and therefore did not sufficiently cover topics including triggers, “learning how to recognize cognitive and emotional signs that you might be close to a line you don’t want to cross, relapse prevention strategies, [and] refusal skills.” *Id.* at 61, 79. She further testified that she would not classify the Individual’s evaluation with the evaluating psychologist as therapy or counseling. *Id.* at 63–64. Based on the DOE Psychologist’s review of the evaluating psychologist’s report, she concluded that the evaluating psychologist essentially told the Individual that “given his diagnosis and his medication, alcohol can have detrimental effects.” *Id.* at 63.

Likewise, the DOE Psychologist found that the Individual’s two sessions with his provider at the psychiatry center also did not constitute therapy or counseling. *Id.* at 64. She testified that the Individual’s account of the sessions did not satisfy her treatment recommendations because the sessions were too brief and did not address the necessary topics. *Id.* at 63–64. She stated that if those sessions are discussing alcohol at all, it is usually a minimal conversation, as also testified to by the Individual who stated he spoke for approximately fifteen minutes about alcohol with his provider during their session. *Id.* The DOE Psychologist further explained that the reason the Individual’s evaluation and his two sessions with his provider do not constitute counseling or therapy is because they do not provide enough information including going over situations, skills, and strategies that support people’s changes in maintaining control over their alcohol use or maintaining abstinence. *Id.* at 63–64. The DOE Psychiatrist credited the Individual for his abstinence but stated that, although he has completed six months of abstinence, he has not complied with the formal treatment steps that she recommended to show rehabilitation. *Id.* at 61. Regarding reformation, the DOE Psychologist concluded that the Individual has not met the twelve months of abstinence that she had recommended to demonstrate reformation. *Id.* at 62.

The DOE Psychologist testified that she was unable to provide a prognosis for the Individual’s risk of relapse. *Id.* at 66, 80. She stated that in order to provide a good prognosis, she would have wanted the Individual to have been participating in the recommended classes and counseling.¹⁰ *Id.* at 80.

The DOE Psychologist opined that the Individual’s future plan to responsibly consume alcohol is a reasonable plan. *Id.* at 65, 82. She stated that the Individual’s description of not more than two alcoholic drinks on special occasions is a reasonable description of “responsible drinking.” *Id.* at 65. The DOE Psychologist stated that people who have excessively consumed alcohol, such as the Individual, will have a much better chance at being successful at “responsible drinking” if they have participated in the kind of psychoeducation and counseling which she had recommended in her Report. *Id.* at 82.

V. Analysis

Conditions that could mitigate security concerns under Guideline G include:

¹⁰ The DOE Psychologist also testified that she is “not comfortable” giving the Individual a poor prognosis in light of his negative PEth tests and the fact that she found him to be credible and consistently forthright at the hearing. Tr. at 81. She clarified that the range for a prognosis scale is usually “poor, fair, or good, or excellent.” *Id.*

- (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; 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.

I find that the mitigating factor at ¶ 23(a) does not apply. The passage of less than one year since the Individual began abstaining from alcohol in April 2024 is insufficient for me to conclude that the passage of time alone has mitigated the security concerns raised by his misuse of alcohol. Moreover, in light of the Individual's previous alcohol use pattern, the record does not indicate that the circumstances giving rise to the security concern were so infrequent or unusual as to mitigate the security concerns.

The Individual has acknowledged his pattern of maladaptive alcohol use and has taken some actions to overcome his alcohol problem. He admitted that his definition of "responsible drinking" was incorrect and stated that while he may not agree with the DOE Psychologist's diagnosis, it helped him make the right decision for his life. He indicated that her diagnosis and Report motivated him to start abstaining from alcohol. Additionally, he asserted that he has been abstinent for approximately six months and provided negative PEth tests to support his assertions. He also completed a one-hour online educational course on alcohol use. I credit the Individual for initiating and maintaining abstinence. However, as testified to by the DOE Psychologist, although he has achieved six months of abstinence, he has not completed the rehabilitation steps that she recommended. Since the Individual has not participated in a six-week psychoeducational class on alcohol and he has not attended weekly individual counseling sessions, I find that he has not established abstinence in accordance with treatment recommendations for rehabilitation. Moreover, regarding reformation, the DOE Psychologist recommended the Individual achieve twelve months of abstinence. Since the Individual has achieved only six months of abstinence, I find he has not established abstinence for the necessary period of time in order to demonstrate sufficient evidence of reformation. Therefore, I find that the second mitigating condition is inapplicable. *Id.* at ¶ 23(b).

With regard to the mitigating factors at ¶ 23(c) and (d), while the Individual did complete a one-hour online alcohol education course, he has not completed a six-week psychoeducational class on alcohol as recommended by the DOE Psychologist. Regarding individual weekly counseling, the Individual asserted that his evaluation with the evaluating psychologist and his two appointments with his provider constituted psychotherapy. However, as stated in the evaluating psychologist's report, the Individual was referred to her by his attorney's office for an evaluation, and the report also stated that the Individual understood that the evaluating psychologist's role was to function as an independent evaluator for the evaluation. There was no mention of psychotherapy in the report.

Moreover, as explained by the DOE Psychologist, the evaluating psychologist basically told the Individual that "given his diagnosis and his medication, alcohol can have detrimental effects," which was the extent of any "counseling" that was provided by the evaluating psychologist. Tr. at 63. Likewise, the DOE Psychologist found that his two sessions with his provider at the psychiatry center also did not constitute therapy or counseling because the primary purpose was to do medication management, and if alcohol was discussed in those sessions at all, it was a minimal conversation. Further, the DOE Psychologist explained that the Individual's evaluation and two appointments with his provider do not constitute counseling because the provider did not provide enough information, including going over situations, skills, and strategies that improve people's changes in maintaining control over their alcohol use or maintaining abstinence. *Id.* at 63–64. Thus, the Individual is not currently participating in, nor has he already completed, weekly individual weekly counseling. Accordingly, I find that neither the third nor fourth mitigating condition is applicable. Adjudicative Guidelines at ¶ 23(c)–(d).

VI. Conclusion

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline G of the Adjudicative Guidelines. After considering all of the relevant information, 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 not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be granted.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Brenda B. Balzon
Administrative Judge
Office of Hearings and Appeals