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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: August 8, 2024) Case No.: PSH-24-0170
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Issued: January 24, 2025

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 not be granted.

I. Background

The Individual was employed with a DOE contractor in 2022 in a position that required him to obtain a Human Reliability Program (HRP) certification.² Exhibit (Ex.) 6 at 29; Ex. 5 at 21.³ At the time the Individual was seeking his HRP certification, he underwent a psychological evaluation. Ex. 6 at 34. The psychologist who conducted the evaluation did not recommend the Individual for an HRP certification, as the Individual had “reported consumption of up to [ten] beers” at one time. *Id.* As the Individual was not approved for HRP certification, the contractor terminated the Individual’s employment. *Id.* at 29–30; Ex. 5 at 21. The Individual subsequently sought employment with a different DOE contractor that required that he obtain a security clearance. Because the Individual had not been approved for an HRP certification in 2022, the

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 Human Reliability Program is a security and safety reliability program designed to ensure that individuals who occupy positions affording access to certain materials, nuclear explosive devices, facilities, and programs meet the highest standards of reliability and physical and mental suitability. *See* 10 C.F.R. § 712.1.

³ The exhibits submitted by 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.

Local Security Office (LSO) asked the Individual to complete a Letter of Interrogatory (LOI), which the Individual submitted in April 2024. Ex. 5. As questions regarding his alcohol consumption remained, the Individual was asked to see a DOE-consultant psychologist (DOE Psychologist) for a psychological evaluation. Ex. 6. The Individual underwent the psychological evaluation in May 2024, for which he submitted to a Phosphatidylethanol (PEth) test.⁴ *Id.* at 37. The DOE Psychologist compiled and issued a report (the Report) of his findings in May 2024, in which he concluded that the Individual met sufficient criteria for a diagnosis of Alcohol Use Disorder (AUD), as set forth in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, Text Revision* (DSM-5-TR), and that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 39. The DOE Psychologist specifically indicated that, with regard to the AUD diagnosis, there is “the potential for impaired judgment, especially . . . when [the Individual is] experiencing [Post Traumatic Stress Disorder (PTSD)] episodes.” *Id.* The DOE Psychologist also opined that the Individual met sufficient diagnostic criteria for PTSD, which “can impair his judgment, stability, reliability, or trustworthiness[.]” *Id.* at 40.

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 a substantial doubt regarding his eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guidelines G (Alcohol Consumption) and I (Psychological Conditions) 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 his friend and that of his current roommate. *See* Transcript of Hearing, OHA Case No. PSH-24-0170 (hereinafter cited as “Tr.”). The Individual also submitted six exhibits, marked Exhibits A through F. The DOE Counsel submitted eight exhibits marked as Exhibits 1 through 8 and presented the testimony of the DOE Psychologist.

II. Notification Letter

A. Guideline G

Under Guideline G, “[e]xcessive 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 Adjudicative Guidelines that could raise a disqualifying security concern is “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]” *Id.* at ¶ 22(d). Under

⁴ PEth is only present in the body “when ethyl alcohol [that is] consumed reacts with a compound in the red blood cell membrane.” Ex. 6 at 37. PEth builds in the red blood cells “with repeated drinking episodes[.]” and can “still be detected in the blood for about [twenty-eight] days after alcohol consumption has ceased.” *Id.* Results of 20 ng/mL and over indicate “moderate to heavy” alcohol consumption. *Id.*

Guideline G, the LSO alleged that the DOE Psychologist diagnosed the Individual with AUD, without adequate evidence of rehabilitation or reformation, and that the PEth test that was administered in conjunction with the evaluation was positive for alcohol at 24 ng/mL, indicating “moderate to heavy” use.⁵ Ex. 1 at 5. The LSO’s invocation of Guideline G is justified.

B. Guideline I

Under Guideline I, “[c]ertain emotional, mental, and personality conditions can impair one’s judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include “[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness[.]” *Id.* at ¶ 28(b). Under Guideline I, the LSO alleged that the DOE Psychologist diagnosed the Individual with PTSD, “which is a condition that can impair his judgment, stability, reliability, and trustworthiness.” Ex. 1 at 5. The LSO’s invocation of Guideline I is justified.

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 so as 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

In his April 2024 LOI response, the Individual indicated that his “current pattern of alcohol consumption” consists of “[two to three] beers very occasionally, maybe once or twice a month[.]” and that this pattern of consumption began in 2018. Ex. 5 at 22. He stated that he last consumed alcohol about seven days prior to the completion of the LOI, when he consumed four beers over

⁵ The PEth test result does not constitute a security concern in and of itself. Rather, the test result is being presented in support of the stated security concern, the AUD diagnosis.

the span of four hours. *Id.* He indicated that he could not remember the last time he was intoxicated, as it had “been a very long time,” but surmised that he may have consumed “[six to eight] beers in about [three to four] hours” on the last occasion of intoxication. *Id.* at 23. The Individual stated that he consumes alcohol to intoxication about “once or twice a year.” *Id.* In the 2024 LOI response, the Individual stated that he “had a bit of a problem with alcohol consumption” following the completion of his service with the armed forces around 2011 or 2012, as he was using alcohol to self-medicate.⁶ *Id.* He indicated that his consumption never interfered with his professional life, but did negatively impact personal life. *Id.* He “decided [that he] needed to cut back[,]” and accordingly, he reduced his alcohol consumption.⁷ *Id.* At the time he signed and submitted the 2024 LOI response, he did not feel that he had a problem with alcohol. *Id.* at 24.

Regarding his prior alcohol consumption, the DOE Psychologist noted in the Report that “during the course of the psychological evaluation, [the Individual] frequently referenced the two years after his discharge from the military, describing it as the peak of his alcohol consumption.” Ex. 6 at 31. However, the DOE Psychologist also noted that regarding this period, the Individual “never elaborated or provided specifics other than his consuming to intoxication on a very frequent basis.” *Id.* The Individual did state that he consumed alcohol “to temporarily alleviate the distress that came from his service related, untreated [PTSD,]” which he described as having been “serious and sometimes debilitating.” *Id.* at 33.

The Individual told the DOE Psychologist that his current pattern of alcohol consumption consists of “a ‘tiny glass of scotch every other day.’” *Id.* When the DOE Psychologist pressed the matter of the Individual’s current alcohol consumption, the Individual “acknowledged that he occasionally drinks beer as well.” *Id.* at 32. The Individual indicated that he consumes “an unspecified number of beers . . . on one to three occasions per year[,]”⁸ and further, the Individual admitted that he consumed approximately three to four twelve-ounce beers the day prior to the psychological evaluation. *Id.* When the DOE Psychologist asked the Individual whether he has ever been unable to stop drinking once he has started drinking, the Individual indicated that such circumstances existed “a long time ago[,]” following his discharge from the armed forces. *Id.* However, the Individual indicated that as it currently stands, he is able to stop consuming alcohol “at any point he wishes[.]” *Id.* The Individual also told the DOE Psychologist that he must consume “six to eight beers” over the span of three to four hours to become intoxicated, and that he probably consumes this much alcohol “once or twice a year.” *Id.* at 32–33. When asked by the DOE Psychologist what his intentions were regarding his future alcohol consumption, the Individual indicated that he does not “see . . . a problem” with his current use. *Id.* at 31.

⁶ The Individual testified that this practice was regretful, but that he was attempting to “get some sleep” and to “get past things.” Tr. at 41. He stated that it was not uncommon for him to consume as many as ten beers in one sitting, as he had “a problem.” *Id.* at 57.

⁷ The Individual testified that he began reducing his alcohol consumption in the 2014 time period, after “waking up one day and just thinking to [himself], this is not helping.” Tr. at 41, 65. He believes that he changed his relationship with alcohol in either 2016 or 2017, when he made “drastic cutbacks” in his consumption, resulting in his current levels of consumption. *Id.* at 41, 66–67.

⁸ The Report notes that the Individual “would not provide a firm number or defined range” with regard to the number of beers consumed in one sitting. Ex. 6 at 32.

As part of the psychological evaluation, the Individual submitted to a PEth test, the result of which was 24 ng/mL. *Id.* at 37. Based on this value, the DOE Psychologist stated in the Report that although the Individual's result is not significantly above the threshold of 20 ng/mL, it shows that the Individual's "alcohol consumption is most likely greater than he realizes or acknowledges."⁹ *Id.* at 38. The DOE Psychologist observed that the Individual has not pursued any kind of "rehabilitation plan" and that the Individual's "alcohol consumption has taken on an element of self-medication once again, even though [the Individual] is likely to deny that." *Id.* at 40.

In determining which of the diagnostic criteria for AUD the Individual met, the DOE Psychologist concluded that within a twelve-month period, the Individual drank alcohol "in larger amounts or over a longer period than was intended[.]" and that he experienced either a "[c]raving[] or a strong desire to use alcohol." *Id.* The DOE Psychologist also determined that the Individual "[c]ontinued alcohol use despite having persistent or recurrent social or interpersonal problems." *Id.* at 41; *see also id.* at 33 (indicating that the Individual admitted during the clinical interview that alcohol had "a negative impact on his marriage" and that he had "yell[ed]" and been "verbally abusive" towards his spouse while intoxicated).

With regard to his PTSD diagnosis, the Individual experienced higher levels of stress while overseas with the armed forces in "combat situations" and while protecting a high ranking official. *Id.* at 34. His initial PTSD symptoms, for which he had used alcohol to self-medicate, included "night terrors, depression, and anger issues," as well as "suicidal ideation on an occasion[.]" *Id.* He was diagnosed with PTSD in 2014 after presenting to the hospital following a domestic dispute. *Tr.* at 61. He denied receiving an AUD diagnosis at that time. *Id.* Although he received a PTSD diagnosis in 2014, he did not take any immediate or contemporaneous action to address his PTSD symptoms. *Id.*; *Ex.* 6 at 34. In approximately 2017, the Individual sought the services of a therapist to manage his PTSD symptoms through the U.S. Department of Veterans Affairs (VA).¹⁰ *Tr.* at 47–48, 62; *Ex.* 6 at 34. He indicated that he met with this therapist once per week for individual counseling. *Tr.* at 47, 62. He stopped seeing this therapist in either 2018 or 2019 and has not received treatment for his PTSD since then. *Id.* at 47–48, 63–64. Although he does not take prescription medication to manage his PTSD symptoms, he was given a "100%" disability designation by the VA specifically due to his PTSD. *Id.*; *Ex.* 6 at 34. Despite this, he feels that he is able to manage his PTSD symptoms at this point in time, and accordingly, does not attend therapy or take medication. *Tr.* at 47–49, 67–69; *Ex.* 6 at 34–35. The Individual manages his symptoms by either removing himself from a distressing situation or breathing through it.¹¹ *Tr.* at 68; *Ex.* 6 at 34–35. The Individual testified that his symptoms remain stable, but "maybe once a month[.]" he will experience a nightmare regarding "the events that took place" while he was stationed overseas. *Tr.* at 55–56; *Ex.* 6 at 35. He testified that he would reach back out to the VA

⁹ The interpretation of the PEth test result was provided by a consulting psychiatrist, who indicated that said result is consistent with the amount of alcohol the Individual reported drinking, "a 'tiny glass of scotch every other day' and . . . sometimes . . . [three or four twelve]-ounce locally produced beers." *Ex.* 6 at 37.

¹⁰ At the hearing, the Individual could not recall how much alcohol he reported consuming to the VA therapist, and when asked whether his therapist recommended alcohol treatment, the Individual simply responded, "[n]o." *Tr.* at 41, 43–44.

¹¹ The Individual told the DOE Psychologist that he also practices a specific type of martial arts, which "has been most helpful in alleviating [his] symptoms." *Ex.* 6 at 34.

for further assistance in the event his PTSD symptoms worsen, and that he would “never, never turn to alcohol to fix that.” Tr. at 56.

Regarding the Individual’s AUD diagnosis, the DOE Psychologist recommended that the Individual complete a six-to-eight-week intensive outpatient program (IOP) that offers alcohol education and a group therapy component. Ex. 6 at 40. Further, he recommended that the Individual should remain abstinent from alcohol for a “full year,” and that to prove he has been abstinent, he should submit to “monthly PEth testing.” *Id.* If the Individual produces negative PEth tests for the first four or five months, the Individual may opt to submit to PEth tests every six weeks. *Id.* Further, the Individual should “consider[.]” attending Alcoholics Anonymous (AA) or a similar group upon completion of the IOP. *Id.*

The DOE Psychologist also recommended that the Individual “seek concurrent assistance regarding both his alcohol usage and his episodic, but intensive struggles with PTSD symptoms[.]” *Id.* at 40. The Individual “should initiate individual therapy that focuses on coping mechanisms, the latest in cognitive/behavioral and other such therapy designed to enhance the development of means for handling PTSD symptoms[.]” *Id.* However, the DOE Psychologist recognized that “[i]t is unlikely that the counseling alone will provide adequate care for [the Individual] without concurrent involvement in a program directed toward helping him with his alcohol issues[.]” *Id.*

At the hearing, the Individual testified that he did not tell the DOE Psychologist that he drinks scotch every other day, and that he likely told the DOE Psychologist that he consumes a small glass of scotch every other month. Tr. at 39–40, 53–54. He testified that he has been consuming about the same amount of alcohol since 2017, as he “might have a beer or two” over the weekend and a “little glass of scotch” every other month. *Id.* at 41–42. He also indicated that the last time he drank any alcohol was a month prior to the hearing, when he consumed one beer at a local brewery. *Id.* at 43. The Individual acknowledged that he learned that he did not receive his HRP certification because of, among other things, his alcohol consumption. *Id.* at 46. Further, since receiving the Report, he has not made it a goal to stop consuming alcohol, and he has not submitted to any PEth testing outside of the one completed in conjunction with the psychological evaluation. *Id.* at 45. He has not attended any AA meetings or similar groups, and he has not participated in any alcohol counseling or education. *Id.* He reiterated at the hearing that he does not feel that he has “a problem,” and for that reason, he feels that the DOE Psychologist’s recommendations are not appropriate for him. *Id.*

At the hearing, the DOE Psychologist testified that because he could not ignore the reason why the Individual did not receive his HRP certification, he asked the Individual to undergo a PEth test. *Id.* at 76. Because the result came back positive for alcohol, and because the Individual had a history of consuming alcohol to manage his PTSD symptoms, he made recommendations pertaining to alcohol treatment as a preventative and/or corrective measure. *Id.* Although the DOE Psychologist “found [the Individual] very convincing,” the Individual could not “undo the fact that he had a positive PEth test,” which indicated “fairly regular consumption of alcohol[.]” *Id.* at 77, 79. He did not find that the Individual had shown adequate evidence of rehabilitation or reformation at the time of the hearing. *Id.* at 78.

The DOE Psychologist also observed that the Individual has a 100% disability designation, and that “nobody else has agreed that those [PTSD] symptoms have totally gone away or dissipated.” *Id.* He indicated that “there are tools and techniques and new modalities of advanced behavioral cognitive . . . therapies that can make [PTSD symptoms] better[.]” even when the Individual is suffering only “one day a month[.]” *Id.* at 86. The DOE Psychologist felt that the Individual is “giving up the opportunity to get better.” *Id.* He also felt that although the Individual’s PTSD symptoms have improved from the past and are more under control, “[there is] more that could be done[.]” which “could reduce his inclination to use alcohol at a future time when he really hits a high stress level.” *Id.* at 86–87.

The Individual’s friend of seven years indicated in his testimony that he has seen the Individual consume approximately “one to two drinks” in the last “couple of months.” *Id.* at 17, 19–20. He stated his certainty that the Individual does not consume alcohol on a weekly, or even monthly basis, but admitted that he last visited the Individual’s home “three or four” months prior to the hearing. *Id.* at 20. Although he has discussed eliminating alcohol consumption with the Individual, that discussion was in the context of creating healthy habits in general, and not because the Individual’s alcohol consumption had become a problem. *Id.* at 23, 26. He testified that he believes the Individual is reliable, trustworthy, and honest. *Id.* at 26–27.

The Individual’s roommate, who has known the Individual for five years and has lived with him for three, stated that the last time he saw the Individual consume alcohol was “over a year” ago, as he “hardly ever see[s the Individual] drink.” *Id.* at 30–32, 34–35. Further, he has “never seen [the Individual] drink any hard liquor[.]” *Id.* at 33. The Individual’s roommate keeps alcohol in the home they share and has never had any “issues” with any “missing” alcohol. *Id.* 32. While he has some “beer in the fridge[.]” they do have some “bottles of stuff . . . in the back of [a] cabinet” that he has never touched. *Id.* at 35. He neither knows to whom those bottles belong nor what they are. *Id.* Ultimately, he believes that the Individual has an outstanding reputation for honesty, trustworthiness, and reliability. *Id.* at 35–36.

Finally, the Individual submitted a number of letters penned by the Individual’s friends in support of his character. Several stated that they have never seen the Individual drunk or drink to excess. Ex. A; Ex. E; Ex. F. One person indicated in his letter that in the four years he has known the Individual, he has only “seen him drunk, at maximum, twice.” Ex. B. Another individual wrote that he can “attest to [the Individual’s] exceptional level of responsibility and integrity.” Ex. C. He further stated that the Individual “consistently demonstrates sound judgment and self-control when it comes to alcohol consumption[.]” *Id.* He further stated that the Individual’s concern for others, his reliability, and sense of responsibility are all things that he has “observed on numerous occasions.” *Id.* One person stated his belief that the Individual “has done the necessary work to manage and overcome those challenges” related to his PTSD. Ex. D. He also stated that he has seen the Individual drink “at most, two or three beers[.]” and stated that the Individual “does not keep alcohol in his home[.]” *Id.* Others indicated in their letters that they have never witnessed the Individual experience any PTSD symptoms. Ex. A; Ex. D; Ex. E; Ex. F.

V. Analysis

A. Guideline G

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;
- (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.

The Individual's primary concern at the hearing centered around his belief that he had not told the DOE Psychologist that he consumes a small glass of scotch every other day, and therefore, the DOE Psychologist's conclusions and recommendations were not appropriate. However, the nuances of how much the Individual drinks are not so material, as the issue at hand is not whether the Individual habitually or binge consumes alcohol, but rather, the fact that the DOE Psychologist diagnosed him with AUD, in large part due to his history. The Individual admitted that he was self-medicating with alcohol to manage his PTSD symptoms following his discharge from the armed forces. And he admitted that his problematic consumption spanned years. This is reflected throughout the record. The Individual testified that he came to the realization that his consumption was problematic in 2014 and that he reduced his consumption to reach his current levels of consumption in approximately 2017. *Supra* note 7. Although the Individual knew that he was consuming alcohol to self-medicate his underlying and persistent PTSD symptoms, there is no evidence in the record that the Individual stopped consuming alcohol to engage in any meaningful period of abstinence following the realization that his alcohol consumption was not serving him. This is great cause for concern, because there is no indication in the record that what the Individual is doing now has treated or effectively remedied his problematic alcohol consumption. In fact, the evidence that I do have in the record indicates that the Individual's issues with alcohol have persisted into the present; hence, the AUD diagnosis rendered by the DOE Psychologist and his conclusion at the hearing that the Individual has not shown adequate evidence of rehabilitation or reformation. The Individual bears the burden of proof to establish that granting him access authorization will not endanger the common defense and security and is clearly consistent with the national interest. I find that the Individual's assertions that he does not have a problem with alcohol

are insufficient to overcome the concerns raised by the DOE Psychologist's opinion in the absence of any treatment and/or abstinence to remedy his AUD and achieve remission.

With regard to mitigating factor (a), because the Individual continues to consume alcohol, I cannot conclude that enough time has passed. Further, his problematic alcohol consumption took place over the span of years and in the context of his unmanaged PTSD. As the Individual is not currently treating his PTSD via the assistance of a trained professional, I cannot conclude that the problematic consumption was infrequent or took place under unusual circumstances that are no longer present. The Individual has failed to mitigate the stated concerns under mitigating factor (a).

The Individual has failed to acknowledge that his alcohol use is maladaptive, and he has failed to provide any evidence of actions taken to overcome the problem. Further, the Individual has not remained abstinent pursuant to the recommendations provided by the DOE Psychologist. Accordingly, the Individual has failed to mitigate the stated concerns pursuant to mitigating factor (b).

I have no information before me that the Individual is currently receiving alcohol-related treatment through a program or that he has in the past. Accordingly, mitigating factors (c) and (d) are not applicable.

For the aforementioned reasons, I conclude that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

B. Guideline I

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

- (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amendable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) 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;
- (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

I understand that the Individual feels that his PTSD symptoms are under control, and accordingly, he feels that he is not in any need of therapy or medication. I also understand that the Individual feels that he can control his PTSD symptoms with breathing techniques or by removing himself from upsetting circumstances. However, the record indicates that the Individual continues to suffer from nightmares on a monthly basis because of his PTSD. Accordingly, the fact that the Individual is currently suffering from a PTSD symptom, the nightmares, but does not feel it necessary to seek treatment, causes me concern. The Individual believes these symptoms are mild, but without some ongoing treatment to address what is an ongoing mental illness, I have no assurance that his symptoms will not worsen quickly or considerably at any point in the future. Additionally, the Individual acknowledged the fact that he would use alcohol to self-medicate and manage his PTSD symptoms. As the Individual is not receiving any treatment for his PTSD or alcohol consumption, I have no firm or concrete assurance that the Individual will not resume his previous practice of self-medicating with alcohol should his symptoms worsen despite his intentions not to do so. There is no safeguard, like therapy or medication, to prevent a potential worsening of symptoms, thus, increasing the possibility of unreliable behavior.

As the Individual has indicated that he currently suffers from PTSD, an ongoing diagnosis, and at least one associated symptom which indicates that his PTSD remains a problem, the Individual has failed to mitigate the stated concerns pursuant to mitigating factors (d) and (e).

As the Individual is not receiving treatment or counseling, mitigating factors (a) and (b) are not applicable. I also do not have an opinion from any medical professional that the Individual's PTSD is under control or in remission. Mitigating factor (c) is not applicable.

For the aforementioned reasons, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and I 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 not brought forth sufficient evidence to resolve the Guideline G and Guideline I concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that granting his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find 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.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals