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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: October 21, 2025) Case No.: PSH-26-0009
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Issued: May 4, 2026

Administrative Judge Decision

James P. Thompson III, 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 restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires a security clearance. In February 2025, he entered alcohol treatment. As a result, the DOE Local Security Office (LSO) requested that a DOE-consultant psychologist (DOE Psychologist) evaluate the Individual. Based on information gathered by the LSO, including a July 2025 report (Report) produced by the DOE Psychologist, the LSO informed the Individual by letter (Notification Letter) that reliable information created substantial doubt regarding his eligibility to possess a security clearance. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guidelines G of the Adjudicative Guidelines.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. 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

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.

hearing. At the hearing, the Individual provided his own testimony and the testimony of his work mentor (mentor), fiancée (fiancée), Alcoholics Anonymous (AA) sponsor (sponsor), therapist (therapist), and Employee Assistance Program counselor (EAP counselor). *See* Transcript of Hearing, OHA Case No. PSH-26-0009 (Tr.). The LSO presented the testimony of the DOE Psychologist. The Individual submitted sixteen exhibits, marked Exhibits A through P. The LSO submitted sixteen exhibits, marked Exhibits 1 through 16.²

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for concern regarding the Individual’s eligibility for a security clearance. Exhibit (Ex.) 1.

Guideline G provides that “[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. Conditions that could raise a security concern include “alcohol-related incidents away from work, such as driving while under the influence . . . or other incidents of concern”; “habitual or binge consumption of alcohol to the point of impaired judgment . . .”; “[d]iagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist . . .) of alcohol use disorder . . .”; and “alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder[.]” *Id.* at ¶ 22(a), (c), (d), (f). The SSC cites the following information. The DOE Psychologist’s June 2025 Report concluded that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*, for a diagnosis of Alcohol Use Disorder (AUD), Severe, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. In early 2025, the Individual consumed “a few half pints of whiskey” each day over a period of twelve days. *Id.* In 2019, a different DOE-consultant psychologist concluded the Individual met the criteria for AUD, Severe. *Id.* In October 2014, the Individual was arrested and charged with Driving Under the Influence (DUI) after consuming three “large whiskey drinks.” *Id.* Lastly, in December 2005, the Individual was arrested and charged with DUI after consuming five to seven alcoholic beverages. *Id.* The cited information justifies the LSO’s invocation of Guideline G.

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

² References to the LSO exhibits 1–14 are to the exhibit number and the Bates number located in the top right corner of each exhibit page. The remaining two were submitted as separate .pdf documents, and reference to them will be by exhibit and page number within each document.

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 or her 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.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

This case represents the Individual’s second Part 710 hearing, the first of which occurred when the Individual was previously employed by the same DOE contractor that employs him now. *See* Ex. 16 (*Personnel Security Decision*, OHA Case No. PSH-19-0049 (2019)). The previous hearing involved security concerns that arose based on the Individual’s alcohol consumption, his diagnosis of AUD, Severe, and his 2005 and 2014 DUIs. *Id.* at 2. Prior to that hearing, the Individual completed several alcohol rehabilitation programs—one in 2014 and two in 2016. *Id.* at 4; Ex. 7 at 25; Ex. 9 at 52 (Individual noting that he also received a diagnosis of AUD in 2014). During that hearing, the Individual testified that he intended to permanently abstain from alcohol consumption. Ex. 16 at 3–4. Then, as now, he did not dispute the facts regarding the DUIs outlined in the SSC. *See id.* at 1–7 and Ex. 2 at 10–11. He also provided evidence of a painful chronic medical condition, and the DOE psychologist who evaluated him in 2019 opined that alcohol exacerbated this condition and the pain from this condition would present a “looming threat” to the Individual’s abstinence. Ex. 16 at 6. The present record demonstrates a significant history of medical conditions and surgeries. Ex. 9 at 53 (describing fractured vertebrae, a knee replacement, and a colon disease). Turning back to the 2019 hearing, the Individual also presented evidence that he had been attending individual counseling and AA meetings. Ex. 16 at 4–5. He testified his last alcohol use consisted of consuming ten alcoholic beverages in one sitting, and it occurred after DOE notified him that his alcohol use was a security concern. *Id.* at 5. He characterized the decision to use alcohol at that time as one of the worst mistakes of his life. *Id.* During that hearing, he asserted that he had since dealt with his alcohol problem. *Id.* He also admitted that he had not been truthful with the DOE psychologist who evaluated him regarding amount and frequency of alcohol use. *Id.* at 4. After the hearing, the Administrative Judge decided that the Individual should not be granted a security clearance. *Id.* at 7.

In 2023, the DOE contractor rehired the Individual. Tr. at 117–18. During the process to obtain a security clearance, the Individual provided a February 2023 written response to a Letter of Interrogatory regarding his alcohol use, in which he reported being sober since December 2021—approximately fourteen months. Ex. 8 at 33. He denied having a current alcohol problem. *Id.* at 37. The Individual was granted a security clearance in 2023. Tr. at 118.

Approximately eighteen months later, in March 2025, the Individual entered an intensive outpatient alcohol treatment program (IOP) following a “relapse while going through a [medical

condition] flair-up, an injured back, and dealing with [k]idney stones.” Ex. 6 at 22; Ex. 7 at 24. He also admitted that he had been consuming alcohol for several months, which culminated in a twelve-day binge during which he consumed “roughly 2 pints of liquor a day.” Ex. 6 at 22. He testified that, prior to his recent relapse, he had been sober for four years, which significantly overestimated the length of his sobriety from December 2021. Tr. at 138. He completed the IOP near the end of November 2025. Ex. A at 4 (letter from provider explaining that he completed 76 day of IOP treatment in April 2025 and then returned in October 2025 to complete a grand total of 90 days in November 2025).

He also reported in March 2025 that he had been sober approximately one month. Ex. 7 at 25 (providing February 3, 2025, as his sobriety date). During his June 2025 evaluation with the DOE Psychologist, the Individual reported that, approximately two months before he sought treatment, he had been consuming a pint of distilled spirits every three days. Ex. 9 at 54. He also reported that he had been attending AA three times a week and working the Twelve Steps with his sponsor. *Id.* at 51, 54. The DOE Psychologist concluded that the Individual met the criteria for AUD, Severe. *Id.* at 57–58 (referring to the “extended history of maladaptive alcohol use” spanning 2005 to 2025). The DOE Psychologist also concluded that the Individual’s AUD was in early remission because the Individual had not consumed alcohol since February 2025. *Id.* at 55. As support for that conclusion, the DOE Psychologist relied on a negative contemporaneous Phosphatidylethanol (PEth)³ test result that indicated the Individual had consumed little to no alcohol in the preceding month. *Id.* The DOE Psychologist opined that to demonstrate successful rehabilitation, the Individual should complete twelve months of alcohol abstinence documented by monthly PEth tests, attend AA three times per week, work the Twelve Steps with a sponsor, continue with all aftercare requirements from the IOP provider, avail himself of his employer’s Employee Assistance Program (EAP), and pursue “psychotherapeutic intervention” to develop ways to cope with his medical conditions without alcohol. *Id.* at 60.

Based on the above recommendations, the Individual began attending individual counseling with a psychotherapist in September 2025. Tr. at 41 (first attending once a week and then changing to every other week in November 2025). His therapy focused on managing pain related to his medical issues and addressing the underlying psychological issues contributing to his alcohol use. *Id.* at 42, 47. The therapist testified that the Individual made “significant progress” and followed all of her recommendations. *Id.* at 43. The therapist opined that she had advised the Individual to remain abstinent and modify his environment by working the Twelve Steps, interacting with his sponsor, engaging in group therapy, and interacting with people who do not consume alcohol. *Id.* at 44. She testified that he had established a clear pattern of abstinence in accordance with her treatment recommendations by doing the same up to the hearing date. *Id.* at 43–44. She opined that the Individual stated that he intends to remain sober because the consequences of a relapse would be “extremely painful,” which she believed demonstrated good insight and awareness of the

³ As the Report explains,

PEth is a marker of alcohol exposure to the body. PEth does not occur naturally in the body so elevated PEth levels are evidence of alcohol exposure. Alcohol binds to the red blood cell membrane creating PEth. PEth declines as red blood cells degrade and by enzymatic action, so PEth reflects the average use of alcohol over the previous 28–30 days.

Ex. 9 at 55.

consequences of maladaptive alcohol use. *Id.* The therapist concluded that the Individual had a favorable prognosis given his demonstrated insight, the supportive relationship with his fiancée, and his understanding that alcohol use could lead to losing his job. *Id.* at 44–45.

The fiancée testified that the Individual informed her in 2022 when they started dating that he was a recovering alcoholic, which she appreciated. *Id.* at 88. She left her ex-husband because he was an alcoholic. *See id.* at 67. She reported that the Individual had remained sober the first few years of their relationship, and she never saw any indication he had consumed alcohol prior to the twelve-day binge. *Id.* at 66, 74.

She stated they discussed the binge, and the Individual told her it was his first alcohol consumption during their relationship. *Id.* at 74–75. However, the Individual later testified that his fiancée failed to recall their discussion about his alcohol use during the months leading up to the binge and blamed her poor memory on stress. *Id.* at 139, 142. What is not in dispute is that she threatened to leave the Individual if he did not seek treatment. *Id.* at 67, 74. The fiancée testified that the Individual had remained sober since entering treatment and that she supports his recovery. *Id.* at 68–69.

The AA sponsor confirmed that the Individual attended AA in person twice a week. *Id.* at 91. The Individual actively participated in the meetings, worked the Twelve Steps, and appeared “dead serious” about using the program in his recovery. *Id.* at 92.

At the March 2026 hearing, the Individual provided eight negative PEth test results that represent monthly testing from August 2025 through March 2026. *Id.* at 122; *see also* Ex. E. He testified that he had been attending AA since March 2025. Tr. at 124–26. He credited AA with providing accountability, which requires being honest with the other participants and himself. *Id.* at 127. He testified that he had been sober since his twelve-day binge. *Id.* at 129. The Individual also testified that his current recovery circumstances are different from prior ones because he has a loving family, a network of resources, and insight and tools gained through therapy. *Id.* at 133. He took advantage of every recovery program recommended to him over the past year to demonstrate he has recovered from his “terrible mistake.” *Id.* at 133–34, 136. He acknowledged that he has a problem with alcohol and that “abstinence and recovery is a lifelong commitment” that will require AA and therapy. *Id.* at 135, 137.

The Individual explained that he relapsed in 2024 because of stress related to a family member’s illness and testified that he had consumed alcohol two times before the twelve-day binge. *Id.* at 141, 143. When confronted with his report to the DOE Psychologist that he was consuming a pint of distilled spirits every three days in December 2024, he responded that “it was probably a little over a half a pint” and “it wasn’t every three days.” *Id.* at 141–42. He conceded that his memory is unclear given the stress he was under. *Id.* at 143. He also admitted that he unsuccessfully attempted to hide his alcohol use from his fiancée in December 2024. *Id.* at 143–44.

During the hearing, the Individual contrasted his positive relationship with his fiancée with his “awful marriage” at the time of the 2019 hearing. *Id.* at 150. He was then asked to explain why, in his appeal of the Administrative Judge’s 2019 decision, he made the statement that he was happy with his life and family. *Id.*; Ex. 15 at 2. In response, the Individual testified that he was “grabbing at straws” while seeking his clearance and “wasn’t in a good place yet.” Tr. at 150, 153.

The EAP counselor testified at the hearing that the Individual had enrolled in his employer's EAP group treatment programs, which she administered, and that he had been an open, honest, and active participant who has benefited from the treatment. *Id.* at 28, 33, 35. The EAP counselor also testified that he is highly motivated to retain his position with the DOE contractor. *Id.* at 28, 33, 35. She also explained that he had attended the EAP-provided group alcohol awareness and education class and a class that supports continued recovery through group participation. Tr. at 29; Ex. N at 98–99.

As for aftercare, the Individual's IOP provider provided a letter that indicated he had followed the IOP's recommendations for aftercare by participating in external treatment programming that includes, for example, attending therapy, attending AA with his sponsor, and continuing to provide clinical evidence of abstinence. Ex. B at 6.

The DOE Psychologist testified that the Individual had met almost all of the Report recommendations by the hearing date, including participating in twelve months of AA with a supportive sponsor, following the IOP treatment recommendations, receiving treatment from his employer's EAP, and undergoing eight monthly PETH tests, which was the extent possible given the length of time that had passed between the evaluation and the hearing. *Id.* at 166–67. The DOE Psychologist gave the Individual an excellent prognosis assuming he continues his participation in AA, aftercare, and psychotherapy. *Id.* at 172. However, if he failed to continue them, as he had in the past, then his prognosis would be poor. *Id.* The DOE Psychologist also opined that it is important that the Individual undergo the remaining recommended PETH tests because they are part of his ongoing commitment and would support his sobriety. *Id.* The DOE Psychologist concluded that the Individual had demonstrated reformation by acknowledging he had a problem with alcohol and stopping his consumption in February 2025, and that he established rehabilitation based on the evidence that he had successfully followed all treatment recommendations except completing the recommended number of PETH tests. *Id.* at 173 (DOE Psychologist defining reformation as “a person recognizes that they have a problem with alcohol and have stopped drinking,” and opining that the Individual met that standard “in February 2025”), 174–75. The DOE Psychologist also opined that while there had been apparent contradictions regarding what the Individual had shared with his fiancée regarding his relapse, the Individual had been “trying to be fully honest” with the DOE Psychologist. *Id.* at 169. Lastly, when asked whether he would be concerned that the Individual may try to hide his alcohol use, the DOE Psychologist testified that the Individual accepted that he must remain sober and surrounded himself with people who support that goal. *Id.* at 170. He said that, as opposed to back in 2020, the Individual has been more transparent because his alcohol use issues are “not a secret anymore, his alcohol use is out in the open, and he's taking productive steps to make sure that he is surrounded by people who he knows he is accountable . . .” *Id.* at 169.

V. ANALYSIS

A. Guideline G Considerations

Conditions that can mitigate security concerns based on alcohol consumption include the following:

- (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 conclude that the Individual has not put forward sufficient evidence to resolve the Guideline G security concerns. First, I find that ¶ 23(a) does not apply because I do not conclude that the passage of time, frequency of the conduct, or circumstances are such that the concerning alcohol-related conduct is unlikely to recur. Given the Individual's lengthy history of excessive alcohol consumption, diagnosis of AUD, and multiple relapses despite knowledge that his alcohol use was incompatible with a security clearance, I do not conclude that the passage of approximately one year since the Individual's most recent relapse mitigates the concern. Furthermore, the record makes clear that the Individual's tendency to relapse is not infrequent, and his most recent relapse occurred after approximately three years of abstinence. Finally, there were no unusual circumstances that the Individual can credibly cite for his relapse. The general stress and medical conditions he referenced are not unique circumstances. To the extent the stress surrounding his family member's health scare triggered his relapse in 2024, his longstanding pattern of relapses over at least a decade prevents me from finding this was an unusual circumstance that makes a future relapse unlikely to occur.

Turning to the factors outlined in ¶ 23(b), the Individual has acknowledged his maladaptive alcohol use, although given my above concerns regarding his credibility, as described below, his acknowledgement provides little confidence that it is sincere. The Individual has also provided evidence of actions taken to overcome his problem, including that he followed the recommendations of the DOE Psychologist by, for example, attending AA with a sponsor, individual counseling, and his employer's treatment programs. He also provided clear evidence of abstinence for eight consecutive months while following his treatment providers'

recommendations, which establishes a clear and established pattern of abstinence in accordance with treatment recommendations.

Notwithstanding the above, however, I conclude that the security concerns are not resolved pursuant to ¶ 23(b) in light of the frequency of his concerning conduct, the fact that he continues to provide inaccurate or misleading information regarding his alcohol use, and the likelihood that he will again relapse. *See* 10 C.F.R. § 710.7(c) (requiring consideration of “[t]he frequency and recency of the conduct; . . . the absence or presence of . . . pertinent behavioral changes; . . . the likelihood of continuation or recurrence; and other relevant and material factors”). On the second point, the record demonstrates the Individual’s continuing tendency to provide contradictory, and therefore unreliable, statements regarding his alcohol use. For example, the Individual provided inaccurate information to the DOE psychologist who evaluated him in 2019. He then misrepresented the truth regarding his marital relationship when appealing that decision, which he admitted was motivated by his desire to succeed on appeal (*i.e.*, “grabbing at straws”). More recently, when he reported his 2025 relapse, he misreported his period of sobriety to the LSO by overestimating its length. He then reported information regarding his consumption at the time of the relapse to the DOE Psychologist that conflicted with what he reported to the LSO and on the hearing date. To the DOE Psychologist, he reported consumption at a rate of a pint of whiskey every three days for a period of two months preceding his relapse. At the hearing, he minimized his conduct by reporting that he consumed a lesser quantity and only on two occasions before the binge. He also provided conflicting testimony to explain why his fiancée’s testimony did not corroborate his report to the DOE Psychologist or his hearing testimony. His fiancée unequivocally testified that he had not consumed any alcohol before the twelve-day binge. I do not credit the Individual’s assertion that his fiancée’s memory was affected by stress. She testified that her ex-husband was an alcoholic and she threatened to leave the Individual upon learning of the Individual’s relapse. Clearly, the Individual’s sobriety is important to her. Therefore, I find it highly unlikely that she would forget that the Individual revealed that he had betrayed her trust and hid his alcohol consumption leading up to the twelve-day binge. Thus, either he is misstating the truth that he disclosed it to her, or she is misstating the truth by denying he consumed alcohol on more than one occasion at the time he relapsed. Given the Individual’s present and continuing tendency to minimize or provide inaccurate information related to his alcohol use, I conclude that the Individual misrepresented, at the hearing, what transpired between himself and his fiancée and that he misrepresented his alcohol consumption to her too. As a result, I do not find the Individual’s testimony or statements regarding his alcohol use credible and find instead that he is currently willing to provide misleading or inaccurate information in an effort to retain his security clearance.

In light of these serious doubts as to the Individual’s credibility, I have some skepticism of the opinions expressed by the therapist and the DOE Psychologist, which both relied in part on the Individual’s self-report. First, I reject the therapist’s conclusion that the Individual has a favorable prognosis because it is based on inadequate support. The three prongs that form its basis are the Individual’s gained insight, his fiancée’s support during recovery, and his fear of losing his clearance. Looking at the second prong first, as I concluded above, the Individual has demonstrated that he has not been truthful to his fiancée and therefore I reject the assertion that she is going to be able to meaningfully support his recovery. The remaining two prongs appear to be founded upon the insight he gained and awareness of the consequences attendant to consuming alcohol; however, the record demonstrates the Individual knew that a relapse would jeopardize his clearance at the time he obtained it in 2023. This is not a new insight, and that knowledge did not

prevent his recent relapse. For those reasons, I therefore find the therapist's conclusion unpersuasive.

I am also unpersuaded by the DOE Psychologist's opinion that he has rehabilitated the condition, for three reasons. The DOE Psychologist made clear that the positive prognosis assumes the Individual continues on his positive trajectory. I do not give the Individual the benefit of that assumption given the Individual's pattern of repeated relapse, including after periods longer than his present abstinence, while entrusted with a security clearance and after assuring DOE that he intended to permanently abstain from alcohol. Those facts indicate that there is a significant risk that the Individual will yet again relapse despite treatment that included attending an IOP, therapy, and AA. Second, the DOE Psychologist's opinion is based on the reported results of his therapy, which I find dubious, and the Individual's support system, which includes his fiancée. As I previously stated, I doubt that the fiancée or any other person can meaningfully provide support if the Individual is not honest about his alcohol use. Third, the DOE Psychologist specifically cited as a differentiating factor from the Individual's last attempt at recovery that the Individual's alcohol use is now out in the open, but the hearing testimony demonstrates that the Individual is not honest with his fiancée, who is credited as being an important support by DOE Psychologist and therapist. I therefore do not adopt the DOE Psychologist's opinion that the Individual demonstrated rehabilitation.

Based on the evidence in the record, I cannot conclude that the concerns are resolved. To find otherwise would be to disregard my concerns regarding his treatment providers conclusions and the risk presented by an individual who is prone to relapse and has shown a continuing tendency to provide unreliable information, including during the present administrative review hearing.

Turning to ¶ 23(c), I conclude that it does not apply to resolve the concerns because while the Individual is participating in treatment, he has a significant history of treatment and relapse dating back to 2014.

Lastly, ¶ 23(d) does not apply because the Individual has not yet successfully completed his required post-IOP aftercare. The Individual is still participating in aftercare and his continuing participation is recommended by the IOP provider and DOE Psychologist and essential to his recovery and reducing the risk of relapse.

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 of 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. Accordingly, I have determined that the Individual's access authorization should not be restored.

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

James P. Thompson III
Administrative Judge
Office of Hearings and Appeals