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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: December 31, 2025) Case No.: PSH-26-0035
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Issued: June 22, 2026

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 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, who was granted an access authorization, properly reported to DOE that in November 2024, he had been arrested and charged with Driving Under the Influence (DUI). Exhibit (Ex.) 8 at 68²; Ex. 7 at 58–59, 63. The probable cause statement that was attached to the aforementioned report indicates that the responding officer was dispatched to the scene of a single vehicle crash, and that dispatch had informed him to “[b]e [o]n [t]he [l]ook [o]ut for a possible drunk driver.” Ex. 8 at 70; Ex. 7 at 58–59, 63. The officer stated that when he reached the Individual, he could smell the “obvious odor of alcohol beverage emitting from his breath,” and that the Individual admitted that he had been drinking alcohol. Ex. 8 at 70; Ex. 7 at 58–59, 63. The Individual subsequently showed signs of intoxication during field sobriety tests administered by the officer, resulting in his arrest for “Aggravated Driving While Under the Influence of Intoxicating Liquor or any Drug” (ADWUI). Ex. 8 at 70; Ex. 7 at 58–59, 63. The Individual reported to DOE that he was ordered to complete one year of probation, and that pursuant to 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 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.

terms of his probation, he was required to “pay monthly compliance fees,” complete 24 hours of community service by early June 2025, enroll in treatment by the beginning of May 2025, have an ignition interlock device placed in his car, attend a victim impact panel, and complete “DWI School” by early July 2025.³ Ex. 6 at 25, 28.

The Local Security Office (LSO) asked the Individual to complete two Letters of Interrogatory (LOI), which the Individual completed and signed in April 2025 and May 2025. Ex. 10; Ex. 9. In both LOIs, the Individual was asked to provide information regarding the ADWUI incident, as well as his alcohol consumption. Ex. 10; Ex. 9.

As questions remained, the Individual was asked to undergo a psychiatric evaluation conducted by a DOE-consultant expert (DOE Psychiatrist) in August 2025. Ex. 11. The DOE Psychiatrist issued a report (Report) of her findings in the same month. *Id.* The Individual submitted to a Phosphatidylethanol (PEth) test in conjunction with the psychiatric evaluation, which yielded a negative result.⁴ Ex. 11 at 104. In the Report, the DOE Psychiatrist diagnosed the Individual with Alcohol Use Disorder (AUD), Mild, without adequate evidence of rehabilitation or reformation. *Id.* at 104, 108. The DOE Psychiatrist also diagnosed the Individual with Post-Traumatic Stress Disorder (PTSD), which she concluded not only “directly influences his substance use disorder[.]” but is an “emotional, mental, or personality condition . . . that can impair his judgment, stability, reliability, or trustworthiness[.]” *Id.* at 108.

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 supervisor and his friend. *See* Transcript of Hearing, OHA Case No. PSH-26-0035 (hereinafter cited as “Tr.”) The Individual also submitted nine exhibits, marked Exhibits A through I. The DOE Counsel submitted fourteen exhibits marked as Exhibits 1 through 14 and presented the testimony of the DOE Psychiatrist.

II. Notification Letter

³ The Individual successfully completed “DWI School” in February 2026, attended the victim impact panel in December 2025, completed community service in July 2025, and filed a motion to remove the interlock device. Ex. C.

⁴ “PEth is a metabolite of ethyl alcohol and can only be made when consumed ethyl alcohol reacts with a compound in the Red Blood Cell (RBC) membrane.” Ex. 11 at 104. PEth is detectable in the blood for approximately 28 days after an individual has stopped consuming alcohol. *Id.* A PEth result of 20 ng/mL indicates “moderate to heavy” alcohol consumption. *Id.*

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 are “[a]lcohol-related incidents away from work, such as driving while under the influence . . . regardless of the frequency of the individual’s alcohol use or whether the individual has been diagnosed with alcohol use disorder” and a “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). Under Guideline G, the LSO alleged that the DOE Psychiatrist diagnosed the Individual with AUD, Mild, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also alleged that the Individual was arrested and charged with ADWUI in November 2024. *Id.* The LSO’s invocation of Guideline G is justified.

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 Psychiatrist diagnosed the Individual with PTSD, which “is closely associated with alcohol use disorder and is a condition that impairs 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

The Individual consumed a substantial volume of alcohol on the night of the November 2024 incident. Ex. 10 at 90 (explaining in the first LOI that he consumed six alcoholic teas “and about a little over a pint” of liquor over the span of six to seven hours; Ex. 11 at 101 (reflecting that he told the DOE Psychiatrist that on the night of the incident, he began consuming alcohol at 8:00 pm, when he took two to three shots of liquor with two to four beers); *see also* Ex. 10 at 90 (indicating that the breath test to which the Individual submitted registered a result of .17%). The Individual testified that on the night of the incident, he was playing video games and consuming alcohol. Tr. at 48. At some point during the night, he received a message from a loved one in emotional distress. *Id.* at 49. He wanted to physically reach his loved one, but he could not secure a ride. *Id.* He made the decision to drive himself, and he crashed his vehicle in a single car accident.⁵ *Id.* As his friends knew that he was attempting to drive himself to his desired destination, one of his friends called emergency services in an attempt to stop the Individual, which resulted in law enforcement personnel responding to the scene. *Id.* at 50. The ADWUI charge was ultimately reduced to Driving While Intoxicated (DWI), and the Individual denied any other alcohol-related incidents in the first LOI. Ex. 10 at 91–92.

The Report indicates that the Individual had a history of alcohol consumption dating back to his adolescence, but that more recently he claimed to have consumed alcohol on a “less than monthly” basis, consuming “[o]nly on special occasions.” Ex. 10 at 92; Ex. 11 at 101. When asked about his prior consumption at the hearing, the Individual indicated that, once every month or every other month, he would drink about a pint of “hard liquor” in a single nine-hour sitting. Tr. at 45–46. The Individual later stated that after the ADWUI, he was consuming approximately eight drinks over the span of six to seven hours every one to two months.⁶ Ex. 9 at 84. In his April 2025 LOI, he stated that his consumption had changed and that he would generally consume “no more than [six] beers over the span of four to six hours, and that this pattern of consumption began approximately two to three months before his completion of the LOI. Ex. 10 at 92–93. The Individual told the DOE Psychiatrist that, following his arrest, he would consume three to four drinks “infrequently” or “less than once a month.” Ex. 11 at 102. He consumed alcohol prior to the August 2025 evaluation, consuming a beer on the prior Sunday, and “two beers and two shots . . . ten days prior to the evaluation.” *Id.* At the hearing, the Individual also admitted that he consumed alcohol in April 2025. Tr. at 82. He stated that he consumed three beers on that occasion. *Id.* at 82–83. The Individual confirmed that when he would drink, it was “a way of coping with the issues [he] was having at home[.]” Tr. at 45.

Following the incident, the Individual began reporting to his employer’s Occupational Medicine Department (Occ Med). Tr. at 62. Through Occ Med, the Individual submitted to PEth tests. *Id.* The Individual submitted into the record six negative PEth test results from October 2025,

⁵ The Report indicates that when he left in his own car, he took alcohol with him and consumed “another beer and [two to three] more shots.” Ex. 11 at 101. The Report also states that he “blacked out” at that point, regained consciousness, and attempted to proceed to the loved one’s location, only to crash the car. *Id.*

⁶ At the hearing, the Individual testified that around the time of the incident, he “was going through a lot,” and accordingly, he “would drink fairly often” but that he “[would not] say that [his consumption] was concerning.” Tr. at 44. He admitted that in the past, his alcohol consumption was impacting his physical and mental health. *Id.* at 47.

December 2025, February 2026, March 2026, April 2026, and May 2026.⁷ Ex. D at 59, 62–66. He also submitted one positive PEth test result from November 2024.⁸ *Id.* at 60. Occ Med referred the Individual to his employer’s Employee Assistance Program’s (EAP) six-week alcohol education course, which the Individual completed in February 2025. *Id.* at 58, 67.

Per the terms of the Individual’s probation, he was required to seek intensive outpatient treatment, which he did in mid-November 2024. Ex. 10 at 95; Ex. B at 8. Treatment intake notes indicate that the Individual denied having a problem with alcohol, and that he was diagnosed with AUD, Uncomplicated, Severe. Ex. B at 8–9. After the initial assessment, it was determined that the Individual only required twelve to sixteen sessions of individual therapy, and the Individual completed sixteen sessions of individual therapy and forty-eight sessions of group therapy.⁹ *Id.* at 6, 14. In individual therapy, the Individual and his therapist focused on such things as identifying alternatives to substance abuse and understanding and appraising behaviors and consequences. *Id.* at 17. The Individual completed twelve weeks of treatment and was successfully discharged in February 2025. Ex. 10 at 95; Ex. B at 44. The discharge plan indicated that the Individual desired to continue with aftercare services. Ex. B at 48. The Individual indicated that he continued with aftercare services beginning in March 2025, and he stopped attending aftercare when his therapist left the practice in July 2025. Tr. at 73, 79–80; Ex. F. His aftercare discharge letter indicates that he had been “successfully” discharged from aftercare. Ex. H.

In the Report, the DOE Psychiatrist concluded that the Individual suffers from AUD, Mild, without adequate evidence of rehabilitation or reformation.¹⁰ Ex. 11 at 104. Specifically, the DOE Psychiatrist concluded that the Individual consumed alcohol in “larger amounts over a longer period than was intended[,]” the Individual “need[ed] markedly increased amounts of alcohol to achieve intoxication or desired effect,” and his alcohol consumption “continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.” *Id.* at 104–05. The DOE Psychiatrist also concluded that the Individual suffers from PTSD, and that he drank alcohol for the purpose of self-medication. *Id.* at 106. In concluding that the Individual suffers from PTSD, the DOE Psychiatrist took into consideration the Individual’s reports of “[u]nwanted” and “upsetting memories[,]” nightmares, and “[e]motional distress after exposure to traumatic reminders.” *Id.* She also noted that the Individual “had significant difficulty in reporting his childhood traumas[,]” evidencing “[a]voidance of trauma-related stimuli after the trauma.” *Id.* at 107. She also opined that the Individual had an “[i]nability to recall key features of the trauma[,]” experienced “[o]verly

⁷ OCC Med did not conduct PEth testing on a monthly basis prior to February 2026. Ex. I.

⁸ The Individual testified that from November 2024 to October 2025, he was subject to weekly random urine testing via Occ Med. Tr. at 64. He did not submit those test results but stated that there was one positive result “in the spring of 2025.” *Id.*

⁹ The outpatient treatment program requires three group therapy sessions per week and one individual therapy session per week. Ex. F. Individual therapy sessions take one hour to complete, and group therapy sessions last two-and-a-half hours. *Id.*

¹⁰ At the hearing, the Individual stated that he considered his behavior prior to the November 2024 incident to be that of an alcoholic. Tr. at 85, 100–01. He testified that an alcoholic is “someone [who] drinks every day” and “drinks to get intoxicated.” *Id.* at 100.

negative thoughts and assumptions about [himself] and the world[,]” had a “[n]egative affect[,]” felt isolated, experienced “[d]ifficulty experiencing positive affect[,]” and had difficulty concentrating and sleeping. *Id.* Accordingly, the DOE Psychiatrist recommended that the Individual address his maladaptive alcohol consumption and his PTSD. *Id.* at 106. If the Individual failed to address both diagnoses, then the DOE Psychiatrist opined that his AUD would likely worsen. *Id.* The DOE Psychiatrist indicated that “trauma-focused interventions can mitigate the physical and psychological risks[.]” *Id.* In order to show adequate evidence of rehabilitation or reformation from the AUD diagnosis, the DOE Psychiatrist recommended that the Individual submit to and provide “[six] months of negative PEth tests[,]” work with a therapist “until goals are met[,]” attend Alcoholics Anonymous (AA) or similar meetings on a weekly basis, and provide adequate documentation evidencing the same.¹¹ *Id.* at 108. The DOE Psychiatrist also indicated that in order to address his PTSD, the Individual “should undergo a medication management evaluation[,]” and “work with a therapist experienced in treating childhood and complex trauma[.]”¹² *Id.* at 108–09.

The Individual testified that his last drink of alcohol was the weekend before the August 2025 psychiatric evaluation. *Tr.* at 90, 99. Instead of consuming alcohol to cope with difficult circumstances, he reads and goes to the gym. *Id.* He has “found hobbies that [are] more healthy than alcohol[,]” like drawing, participating in a book club, and attending car shows. *Id.* at 88–90. He stated that he is “just too busy to drink anymore.” *Id.* at 89. He denied any cravings for alcohol. *Id.* He also does not intend to consume alcohol in the future. *Id.* at 90. Now that he has stopped consuming alcohol, he no longer experiences depressive episodes, and he has lost over fifty pounds. *Id.* at 100. Regarding his mental health diagnosis, he explained that he had informed the DOE Psychiatrist that he was experiencing nightmares, had difficulty sleeping, and would have “upsetting memories [from his] childhood.” *Id.* at 92. He explained that currently, those symptoms have largely dissipated, and that although he has difficulty sleeping, it is because he is “staying up on [his] own.” *Id.*

The Individual’s supervisor of “a couple years” testified that although he sees the Individual on a daily basis at work, he does not socialize with the Individual outside of work. *Id.* at 13–14. Accordingly, he has never seen the Individual consume alcohol, but he also confirmed that the Individual’s alcohol consumption had never impacted his work performance. *Id.* at 15. He indicated that the Individual “has been honest” and that he would like to retain the Individual as an employee. *Id.*

The Individual’s close friend testified that the Individual will visit him for the weekend on occasion, and that he has not seen the Individual “drink in a long time.” *Id.* at 29–30. He stated that although he had seen the Individual in an intoxicated state before the ADWUI, he had not seen the Individual consume any alcohol after the incident. *Id.* at 30. The Individual’s friend stated that he consumes beer, and that he offers the Individual alcohol when he visits. *Id.* at 31. Despite being

¹¹ The Individual testified that he went to AA “a few times[,]” but found the environment to be “depressing” and he stopped attending. *Tr.* at 75–76, 99. When asked if he would attend a different, specific program that is similar to AA, he explained that the program to which DOE Counsel was referring occurred during the week, which would not work with his schedule. *Id.* at 76.

¹² The Individual explained that he attempted to seek PTSD-specific treatment to help with more complex trauma, but he did not receive a call back from the program that he contacted, despite being told that he was qualified for the program after completing the appropriate paperwork to join. *Tr.* at 76–77; *Ex. G.*

offered alcohol, the Individual will decline the offer, and he will tell his friend that he does not consume alcohol anymore.¹³ *Id.* at 31–32. The Individual’s friend testified that when they would drink together, they would drink “enough to . . . catch a buzz,” and “maybe get intoxicated every once in a while.” *Id.* at 37. The Individual’s friend never saw the Individual leave his home in an intoxicated or impaired state, and outside of the ADWUI, he had never known the Individual to operate a vehicle in an intoxicated state. *Id.* at 37–38. He never believed that the Individual’s alcohol consumption was concerning. *Id.* at 38. When asked if he would be able to assist the Individual in a time of need, the Individual’s friend confirmed that he believes he is a part of the Individual’s support network. *Id.* at 38–39. The Individual has not mentioned any alcohol cravings to his friend, and as far as his friend knows, the Individual has remained sober. *Id.* at 39.

After listening to the testimony offered and reviewing the evidence in the record, the DOE Psychiatrist determined that the Individual had shown adequate evidence of rehabilitation or reformation with respect to his AUD diagnosis. *Id.* at 117. She concluded that as the Individual complied with the PEth testing recommendation and remained abstinent but acknowledged that the Individual had not complied with the recommendation that he participate in AA. *Id.* at 116. She concluded that the Individual was in early remission and that his prognosis was “very good.” *Id.* With respect to her recommendation that the Individual be evaluated for medication management for PTSD, the DOE Psychiatrist indicated that if the Individual “wants to do it through therapy, that is fine” especially since “he reports that he has gotten much better in terms of his symptoms, especially with sleep, and with the abstinence of [sic] alcohol.” *Id.* at 114. She recognized that the Individual did exhibit “a little more distress around a lot of those [PTSD] symptoms.” *Id.* Although the Individual “has attempted” to meet her recommendations, the DOE Psychiatrist indicated that she would “like to see him a little bit more in therapy and counseling.” *Id.* at 115. The DOE Psychiatrist confirmed that even though he reported that his symptoms were milder, the Individual still met the diagnostic criteria for PTSD and clarified that the Individual had not met the recommendations. *Id.* at 118. She explained that the Individual needs dedicated PTSD treatment to break the cycle of PTSD fueling his alcohol consumption, which in turn, would exacerbate PTSD symptoms. *Id.* at 120.

V. Analysis

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;

¹³ The Individual testified that when he is around other people who are drinking, he is still able to “sit there and have fun without alcohol,” which offers him “a sense of relief.” Tr. at 88. No one gives him “backlash” for declining an alcoholic drink. *Id.*

- (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 enrolled in and completed an intensive outpatient treatment program immediately after the November 2024 incident. He also testified that he continued with aftercare, only ending his participation when his therapist left the practice in July 2025. Although the Individual admitted that he had consumed alcohol a handful of times after receiving treatment, the record does contain six negative PEth test results, even though they are not all consecutive. The Individual testified to a complete lifestyle change to support his ongoing abstinence. Instead of consuming alcohol, he now reads books, goes to car shows, and spends time drawing. The Individual has learned the skills to refuse alcohol in social settings, and he has stated that he finds it a relief to be able to refuse alcohol. The Individual continued his alcohol education, in addition to that which was required by the court system, by taking an EAP course. Importantly, the DOE Psychiatrist testified that the Individual met the recommendations that she made with respect to his alcohol consumption, has a good prognosis, is in early remission, and has shown adequate evidence of rehabilitation and reformation. Accordingly, I find that the Individual mitigated the stated concerns pursuant to mitigating factors (b) and (d).

Mitigating factor (c) is not applicable because the Individual is not currently in treatment. With respect to mitigating factor (a), the Individual last consumed alcohol in August 2025, which was less than twelve months ago. Further, the Individual consumed large amounts of alcohol every month or every other month, demonstrating a regularity in his behavior. In addition, there is no indication that the Individual's alcohol consumption occurred under such unusual circumstance that would make it unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment. The Individual has not mitigated the stated concerns pursuant to mitigating factor (a).

For the aforementioned reasons, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

Guideline I

The Adjudicative Guidelines indicate that an individual may mitigate Guideline I concerns if:

- (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 amenable 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.

Pursuant to 10 C.F.R. § 710.7(c), I am required to consider, among other things, “the likelihood of continuation or recurrence[.]” In the case at hand, the Individual's PTSD and substance misuse were intertwined, each exacerbating the other. Accordingly, both problems required treatment, so that the cycle of exacerbation ceases. While the Individual has addressed his alcohol consumption by seeking treatment for his AUD diagnosis, he has not treated his PTSD. Accordingly, it is possible for the Individual to experience worsening PTSD symptoms. As the DOE Psychiatrist explained in her testimony and the Report, the Individual was using alcohol to self-medicate his PTSD symptoms. As of the time of the hearing, the Individual had not specifically treated his PTSD. Although the Individual has treated his AUD, I have no assurance that his PTSD symptoms will not worsen, causing him to turn back to some form of self-medication, whether that be alcohol or a different form of relief. Furthermore, any self-medication that could result would worsen the Individual's PTSD symptoms, causing the cycle to perpetuate and impairing the Individual's judgment, reliability, and trustworthiness. Importantly, although the DOE Psychiatrist noted a reduction in the severity of PTSD symptoms experienced by the Individual, the Individual's PTSD has not received targeted treatment.

As the Individual is not receiving any treatment for his PTSD, mitigating factors (a) and (b) are not applicable.

Mitigating factor (c) is not applicable, as the DOE Psychiatrist did not conclude that the Individual's PTSD was under control or in remission, and had a low probability of recurrence.

Mitigating factor (d) is not applicable, as the Individual's PTSD remains active and has a chance of recurrence.

Mitigating factor (e) is not applicable, as the Individual does have a current problem.

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 brought forth sufficient evidence to resolve the security concerns alleged by the LSO under Guideline G, but not the Guideline I concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring 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 restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals