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United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
	)	
Filing Date: July 8, 2026	)	Case No.: PSH-26-0146
	)	
	)	

Issued: November 13, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXX (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 should not be granted access authorization.

I. BACKGROUND

On October 29, 2025, the Individual completed and signed a Questionnaire for National Security Positions (QNSP) in connection with seeking access authorization for his employment by a DOE contractor (DOE Contractor). Exhibit (Ex.) 8 at 138.[2] During the ensuing background investigation concerning the Individual's eligibility for access authorization, the Individual disclosed that for several months in 2018 he consumed alcohol daily and repeatedly came to work under the influence of alcohol. *Id.* at 149–50.

In April 2026, the Individual underwent a psychiatric evaluation with a DOE-contracted psychiatrist (DOE Psychiatrist). Ex. 5 at 26. The DOE Psychiatrist subsequently issued a report of

[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 local security office (LSO) submitted its exhibits in a single PDF. This Decision cites to exhibits by reference to the exhibit number and the pages in the order in which they appear in the PDF without regard to their internal pagination.

the evaluation (Report) in which she opined that the Individual met sufficient diagnostic criteria under the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition – Text Revision* (*DSM-5-TR*) for a diagnosis of Alcohol Use Disorder (AUD), Moderate. *Id.* at 37. She further opined that the Individual demonstrated "some traits of antisocial personality disorder" and that these traits could impair his judgment, reliability, stability, or trustworthiness. *Id.* at 37–38.

The local security office (LSO) issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines G and I of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge, and I conducted an administrative hearing on October 6, 2026. The LSO submitted eight exhibits (Ex. 1–8) and the Individual submitted two exhibits (Ex. A–B). The Individual testified on his own behalf and offered the testimony of three friends (Friend 1, Friend 2,[3] and Friend 3), a workplace supervisor with the DOE Contractor (Supervisor), a professor under whom he studied (Professor), his landlord (Landlord), and a mentor to the Individual (Mentor). Transcript of Hearing, OHA Case No. PSH-26-0146 (Tr.) at 3, 15, 34, 50, 75, 90, 104, 119, 133. The LSO offered the testimony of the DOE Psychiatrist. *Id.* at 3, 214.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines ¶ 21. The SSC cited the opinion of the DOE Psychiatrist that the Individual met sufficient diagnostic criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*.[4] Ex. 1 at 5. The LSO's allegation that the Individual was diagnosed with AUD by a duly qualified mental health professional justifies its invocation of Guideline G. Adjudicative Guidelines ¶ 22(d).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the other basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5. "Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under

[3] Friend 2 had only occasional contact with the Individual in the year prior to the hearing and indicated that the Individual avoided engaging in substance misuse around her when they associated more frequently in the past. Transcript of Hearing, OHA Case No. PSH-26-0146 at 52–53, 55–56, 66–67. Other than having a positive opinion as to the Individual's honesty, trustworthiness, and reliability, Friend 2 had minimal information of relevance to the issues being considered herein and her testimony is not addressed further. *See id.* at 68.

[4] The LSO also cited that the Individual tested positive for alcohol consumption on a laboratory test conducted in connection with the psychiatric evaluation. Ex. 1 at 5. The fact that the test was positive, in and of itself, does not present security concerns under Guideline G.

this guideline." Adjudicative Guidelines ¶ 27. The SSC cited the DOE Psychiatrist's opinion that the Individual demonstrated traits of antisocial personality disorder and that these traits could impair his judgment, reliability, and trustworthiness. Ex. 1 at 5. The LSO's citation to the opinion of the DOE Psychiatrist that the Individual has mental health conditions that could impair his judgment, stability, reliability, or trustworthiness justifies its invocation of Guideline I. Adjudicative Guidelines ¶ 22(b).

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 Dep't 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).

An 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). An individual is afforded a full opportunity to present evidence supporting his or her 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

A. Individual's History of Alcohol and Drug Abuse

The Individual has a lengthy history of substance misuse. He began using alcohol and marijuana while in middle school. Ex. 5 at 27–28. By 2018, at which time he was twenty-one years old, he would consume alcohol daily and came to work at his employment at a bagel shop under the influence of alcohol.[5] Ex. 8 at 149; *see also id.* at 80 (reflecting the Individual's birthdate). Around 2017, he began using cocaine. Ex. 5 at 29. Over the ensuing years, the Individual used cocaine, methamphetamines, and unprescribed Adderall regularly. *Id.*; Ex. 8 at 124–25, 128, 130, 147–48. He also experimented with ecstasy, hallucinogenic mushrooms, LSD, inhalants, and heroin. Ex. 5 at 29; Ex. 8 at 126–27, 149–50.

[5] In his hearing testimony, the Individual claimed that he would come to work "hung over." Tr. at 152. This is not consistent with the account he provided to an investigator in which he said he would sometimes "[show] up to work under the influence of alcohol." Ex. 8 at 149.

The Individual was arrested and charged with numerous criminal acts during this period. In 2015, he was arrested and charged with Fraud-Swindle after he used his position in a retail store to falsify merchandise returns to obtain store gift cards for himself. Ex. 8 at 156, 170. The Individual was also arrested and charged with Possession of Cocaine and Cannabis in 2017 and Domestic Violence in 2018. *Id.* at 146–47, 157–58. Following the 2017 offense, the Individual attended Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings for "a few months" and worked the steps of the AA program with a sponsor. Tr. at 173–75; *id.* at 121 (Friend 3 testifying that he attended AA meetings with the Individual but that the Individual continued to consume alcohol during this period). In 2019, while serving probation, the Individual tested positive for methamphetamines and was arrested for violating the terms of his probation. Ex. 8 at 148. As a consequence of his probation violation, the Individual was ordered to enter a six-month inpatient treatment program. *Id.* Following treatment, the Individual had isolated relapses but ultimately discontinued using illegal drugs, except for marijuana, in 2021. Ex. 5 at 29; Ex. 8 at 125–26. The Individual continued using marijuana until May 2025 when he discontinued using it after being hired by the DOE Contractor. Ex. 5 at 29; Ex. 8 at 124.

The Individual consumed alcohol excessively and engaged in at least monthly binge drinking episodes concurrently with his drug use, but stopped binge consuming alcohol and using illegal drugs, other than marijuana, in 2021. *See* Ex. 8 at 161 (reflecting information provided to an investigator by a friend of the Individual). At some point during this period, the Individual volunteered for a community organization that provided services to youth in juvenile detention facilities. Tr. at 15–16, 20–21 (Friend 1, who volunteered with the Individual, testifying that the Individual was an effective volunteer who always adhered to security rules when in the juvenile detention center). The Individual also worked part-time in 2023 while a student in paid employment under the supervision of the Professor, who characterized the Individual as a positive contributor, except for some issues with punctuality, and testified that the Individual responded to correction related to lack of punctuality appropriately and never displayed impulsivity or other inappropriate behaviors. *Id.* at 78–82. The Individual married a woman in 2023 and abstained from alcohol for some period of time. Ex. 5 at 28; *see also* Tr. at 126 (Friend 3 testifying that the Individual's wife was opposed to any amount of alcohol consumption); Tr. at 110–11 (Mentor who provided premarital counseling to the Individual and his wife, and attempted to assist the couple during their marriage, testifying that the Individual was forthcoming and accepted responsibility for flaws and his role in relationship difficulties). However, he consumed some alcohol during the relationship which exacerbated their marital difficulties. Tr. at 153. When the marriage deteriorated in 2025, the Individual resumed regular alcohol consumption. Ex. 5 at 28; *see also* Ex. 8 at 101 (indicating that the Individual and his wife "informally separated" in May 2025).

The Individual began working for the DOE Contractor in August 2025 and moved into the residence of the Landlord shortly thereafter. Ex. 8 at 90; Tr. at 91; *see also* Tr. at 92, 97 (Landlord testifying that the Individual complied with all rules she established for the Individual as a tenant and that he responded positively to correction regarding ensuring that the front door was locked when the Individual left). The Individual has attended social gatherings with coworkers at which alcohol was served but did not consume alcohol to excess at those gatherings. Tr. at 37–38 (Supervisor testifying that the Individual never demonstrated signs of intoxication at such gatherings). The Individual has been a reliable employee who follows rules and regulations and

has never shown signs of alcohol-related impairment or inappropriate impulsivity in the workplace. *Id.* at 39–45.

B. Evaluation by the DOE Psychiatrist

The Individual met with the DOE Psychiatrist for the psychiatric evaluation on April 17, 2026. Ex. 5 at 26. During the clinical interview portion of the evaluation, the Individual provided a history of his substance misuse consistent with that set forth above. *Id.* at 27–30. The Individual reported to the DOE Psychiatrist that he had consumed alcohol in moderation for "several months" prior to the evaluation, consuming no more than six drinks weekly. *Id.* at 28. He further indicated that he had used an herbal supplement, Kava, to support his reduced alcohol consumption. *Id.*

As part of the evaluation, a psychologist (Psychologist) working with the DOE Psychiatrist administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) to the Individual. *Id.* at 32. Two validity scales on the MMPI-3 – "Uncommon Virtues" and "Adjustment Validity" – were significantly elevated, which the Psychologist opined were indications that the Individual "denied minor faults that most people acknowledge" and "view[ed] himself as very well-adjusted to a degree relatively rare in the general population." *Id.* at 39, 42.

In addition to the clinical interview and MMPI-3, the Individual provided samples for a urine drug screen, which was negative for traces of illegal drugs, and a Phosphatidylethanol (PEth)[6] test, which was positive at 87 ng/mL. *Id.* at 31, 50–51. According to the DOE Psychiatrist, the Individual's positive PEth test showed that he had consumed more alcohol than he reported in the month prior to the clinical interview. *Id.* at 31. At the hearing, the Individual admitted that he had consumed more alcohol in the month prior to the PEth test than the six drinks per week he reported to the DOE Psychiatrist, including consuming alcohol the night prior to the evaluation. Tr. at 189, 212.

The DOE Psychiatrist issued the report on May 1, 2026. Ex. 5 at 38. Therein, she indicated that the Individual met five diagnostic criteria for AUD: (1) "Alcohol is often taken in large amounts or over a longer period than was intended" based on her conclusion that the PEth test showed that the Individual was minimizing his alcohol consumption, and therefore consuming more than intended; (2) "Craving or a strong desire or urge to use alcohol" based on the positive PEth test and the Individual having used Kava when reducing his alcohol consumption because Kava stimulates the central nervous system similarly to alcohol; (3) "Recurrent alcohol use results in a failure to fulfill major role obligations at work, school, or home" because the Individual reported that he came to the bagel shop under the influence of alcohol years earlier; (4) "Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol" based on his reported marital problems contributed to by alcohol; and (5) "Recurrent alcohol use in situations in which it is physically hazardous" based on him having been "intoxicated" while working at the bagel shop. *Id.* at 33. Consequently, the DOE Psychiatrist opined that the Individual's AUD was of "Moderate" severity. *Id.* at 34 (citing the *DSM-5-TR* which provides that Moderate severity is diagnosed based on meeting four or five diagnostic

[6] PEth is a biomarker for alcohol consumption that can be detected in blood following moderate or greater episodes of alcohol consumption. Ex. 5 at 31, 51.

criteria). The DOE Psychiatrist recommended that the Individual demonstrate rehabilitation by attending an intensive outpatient program (IOP) for alcohol treatment followed by aftercare or a mutual support group, such as AA, for at least one year of treatment and demonstrating one year of abstinence from alcohol through monthly PEth testing. *Id.* at 37.

Additionally, the DOE Psychiatrist opined that the Individual demonstrated traits of antisocial personality disorder: "Disregard for rules and laws," "impulsivity," and "lack of remorse." *Id.* at 36. According to the DOE Psychiatrist, the Individual demonstrated these traits through his "multiple arrests and continued minimization of alcohol use" and opined that they impaired his trustworthiness and reliability. *Id.* at 37–38. She recommended that he address these traits through individual therapy. *Id.* at 38.

C. Individual's Recent Efforts to Address His Alcohol Misuse and Mental Health

The Individual testified that he recognized that he had a problem with alcohol in June 2026 after receiving the Notification Letter and Report. Tr. at 155; *see also* Ex. 1 at 7 (reflecting the date the Notification Letter was executed). According to the Individual, he last consumed alcohol on July 18, 2026, when he consumed one drink while attending a wedding. Tr. at 168; *see also id.* at 123, 128–29 (Friend 3 testifying that the Individual had consumed alcohol with him on a trip in the summer of 2026 and later, after indicating that he intended to abstain from alcohol, the Individual told him that he had consumed alcohol with his girlfriend while attending a wedding due to a "strong social expectation"); *id.* at 92–94 (Landlord, who works from home and sees the Individual daily, testifying that the Individual consumed alcohol in moderation "[w]hen he first moved in" but had not done so to her knowledge for over five months prior to the hearing); Ex. A (negative PEth test from a sample collected on September 24, 2026). The Individual only obtained one PEth test to corroborate his abstinence, testifying that he waited for the DOE Contractor to put him on a plan pursuant to which the DOE Contractor would pay for the testing and that in doing so he "ended up wasting many months . . . ." Tr. at 195. The Individual testified that he intends to permanently abstain from alcohol. *Id.* at 192; *but see id.* at 122 (Friend 3 testifying that the Individual told him he intended to abstain from alcohol "at least for the next year").

The Individual acknowledged that he had experienced a craving to consume alcohol when he relapsed on July 18, 2026, and that he had also been influenced by peer pressure. *Id.* at 191–92. The Individual testified that he had been more communicative with others about his intention to abstain from alcohol since that event and had successfully avoided consuming alcohol in social situations. *Id.* at 193–94; *see also id.* at 129 (Friend 3 testifying that the Individual had asked him to abstain from alcohol at a social event to help support the Individual's abstinence).

On September 9, 2026, the Individual enrolled in an IOP. Ex. B. As part of the IOP, the Individual attends three group meetings, three "12-step meetings," and one individual therapy session weekly, and undergoes weekly urine alcohol testing. *Id.* By letter dated September 28, 2026, a counselor associated with the IOP indicated that the Individual was "meeting all program requirements and ha[d] passed all random [alcohol tests] while in treatment." *Id.* The Individual claimed that he resumed attending AA meetings in the summer of 2026 and was working with a sponsor. Tr. at 175–76. However, he provided no evidence to corroborate this claim.

Although he had not done so as of the date of the hearing, the Individual testified that he intended to pursue individual therapy related to the DOE Psychiatrist's finding concerning traits of antisocial personality disorder. *Id.* at 209. However, he disagreed that he had a psychological condition of this nature and asserted that the behaviors cited by the DOE Psychiatrist as evidence of such a condition were the product of immaturity and that he had not engaged in behaviors of this nature for years. *Id.* at 201–03.

In her hearing testimony, the DOE Psychiatrist updated her diagnosis of AUD, Moderate, to include the modifier "in early remission" based on her crediting the Individual with having established more than three months of abstinence from alcohol. *Id.* at 219. Considering the early stage of his recovery, she opined that he had not demonstrated rehabilitation. *Id.* at 232–33. She opined that his prognosis was "fair to good" based on his account of treatment and AA participation. *Id.* at 234.

The DOE Psychiatrist opined that the traits of antisocial personality disorder she identified had "started to ameliorate" but that the Individual's minimization of his alcohol-related problems suggested to her that the concerns were still present and that she would recommend that he meet with a therapist. *Id.* at 225, 230. When questioned concerning the inconsistency between her finding that the Individual demonstrated impulsivity and disregard for rules and the testimony of numerous witnesses to the contrary, the DOE Psychologist testified that persons with antisocial traits can present "mixed compliance" in which they behave problematically in some situations but not others. *Id.* at 235.

V. ANALYSIS

A. Guideline G

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; or,

(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 ¶ 23.

Before addressing the mitigating conditions, I will first address an argument raised by the Individual that the DOE Psychiatrist's diagnosis of AUD was unfounded. *See* Tr. at 149–54 (arguing that none of the diagnostic criteria identified by the DOE Psychiatrist applied to him, except for alcohol use having caused recurrent social or interpersonal problems in his marriage, and that the DOE Psychiatrist ignored that the diagnostic criteria must be present within a twelve-month period). As the Individual pointed out, under the *DSM-5-TR*, an AUD diagnosis requires the presence of at least two diagnostic criteria "within a 12-month period." *See* Ex. 5 at 32 (excerpting from the *DSM-5-TR*). I find it eminently reasonable for the DOE Psychiatrist to have inferred that the Individual's consumption of more than his self-described six drinks per week shortly prior to the psychiatric evaluation reflected a loss of control indicative of cravings and consumption of more alcohol than intended. The Individual's admission at the hearing to having experienced a craving at the July wedding where he relapsed and to having consumed alcohol despite intending to abstain further supports the legitimacy of the DOE Psychiatrist's inferences. Moreover, the Individual himself admitted to relational impairments from his drinking. As the Individual's separation from his wife and alcohol consumption immediately preceding the psychiatric evaluation occurred in the same twelve-month period, there were, at minimum, three AUD diagnostic criteria present, which is sufficient for an AUD diagnosis. *See id.* Thus, even setting aside the two diagnostic criteria the DOE Psychiatrist based on the Individual's work at the bagel shop many years ago, I am convinced that the Individual was properly diagnosed with AUD. The Individual did not bring forward the opinion of an expert as to how a differing number of applicable diagnostic criteria would affect the appropriate treatment for his condition and accordingly I have no basis to doubt the appropriateness of the DOE Psychiatrist's recommendations.

The Individual has a lengthy history of routine maladaptive alcohol use under ordinary circumstances. Considering that he has repeatedly consumed alcohol against the recommendations of the DOE Psychiatrist, including giving in to peer pressure fewer than three months prior to the hearing, I cannot find the first mitigating condition applicable. Adjudicative Guidelines ¶ 23(a).

The Individual has acknowledged his maladaptive alcohol use. However, considering his delay in pursuing the IOP, he has not had time to take sufficient action to overcome this problem. Moreover, he consumed alcohol against treatment recommendations at a wedding after receiving the Report, and likely on at least one other occasion considering Friend 3's testimony about the Individual consuming alcohol with him in the summer of 2026, and has not demonstrated one year of abstinence from alcohol as recommended. Accordingly, the second mitigating condition is inapplicable. *Id.* ¶ 23(b).

With respect to the third mitigating condition, the Individual has no history of formal treatment and relapse and, by the account of the IOP counselor, is making satisfactory progress in treatment. Thus, he has technically satisfied the third mitigating condition. *Id.* ¶ 23(c). However, considering the recency of the Individual's last alcohol consumption, the fact that the Individual had been in treatment for less than one month as of the hearing date, and the DOE Psychiatrist's less than entirely favorable prognosis, I cannot conclude that the technical presence of this mitigating condition is sufficient to resolve the security concerns. *See* 10 C.F.R. § 710.7(c) (requiring

consideration of, among other things, "the frequency and recency of the conduct," "the likelihood of continuance or recurrence," and "other relevant and material factors" in applying the mitigating conditions).

The final mitigating condition is inapplicable because the Individual has neither completed the IOP nor demonstrated twelve months of abstinence from alcohol as recommended by the DOE Psychiatrist. Adjudicative Guidelines ¶ 23(d).

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

B. Guideline I

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.

Id. ¶ 29.

The first three mitigating conditions are irrelevant to the facts of this case because the Individual has not pursued psychological treatment and the DOE Psychiatrist opined that the traits of antisocial personality disorder she found in the Individual still presented concerns. *Id.* ¶ 29(a)–(c).

However, I find that the concerns raised by the DOE Psychiatrist are mitigated pursuant to the fourth and fifth mitigating conditions. In reaching this conclusion, I note the substantial period of time that has passed since the criminal conduct that the DOE Psychiatrist inferred was evidence of traits of antisocial personality disorder. *See* 10 C.F.R. § 710.7(c) (requiring the consideration of "the frequency and recency of the conduct"). Further, I note that the criminal conduct occurred while the Individual was addicted to illegal drugs. *See id.* (requiring consideration of "the circumstances surrounding the conduct"). I do not discount the DOE Psychiatrist's testimony that

traits of antisocial personality disorder may be masked in some areas, but the testimony from the Individual's friends, Landlord, Mentor, Professor, and Supervisor provide such a diverse sample of his life over a sufficiently lengthy period of time that I am convinced that any traits of antisocial personality disorder the Individual has exhibited do not prevent him from complying with rules and regulations, managing impulsivity, and experiencing remorse when he makes mistakes in his daily life. *See id.* (requiring consideration of "the absence or presence of rehabilitation or reformation and other pertinent behavioral changes"). It appears that the Individual has sufficient mastery over his psychological symptoms that they no longer compromise his judgment, stability, reliability, or trustworthiness, and accordingly I find the fourth and fifth mitigating conditions applicable. Adjudicative Guidelines ¶ 29(d)–(e).

For the aforementioned reasons, I find that the Individual has mitigated the security concerns raised by the LSO under Guideline I.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G and I of the Adjudicative Guidelines. After considering all relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns asserted by the LSO under Guideline I, but not those under Guideline G. Accordingly, I have determined that the Individual should not be granted access authorization. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals