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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:	March 22, 2024)	Case No.: PSH-24-0086
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Issued: June 28, 2024

Administrative Judge Decision

Brenda B. Balzon, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material."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 be granted.

I. Background

The Individual is employed by a DOE contractor in a position that requires her to hold a security clearance. As part of the investigation for her security clearance, the Individual completed a Questionnaire for National Security Positions (QNSP) on which she reported a significant history of psychological symptoms and treatment. Exhibit (Ex.) 7 at 92–93.² The Individual later submitted a September 2023 response to a Letter of Interrogatory (LOI) that was issued by the Local Security Office (LSO) in which she provided additional details about her mental health history and current treatment.³ In December 2023, the Individual underwent a psychological evaluation by a DOE consultant psychologist (DOE Psychologist) who conducted alcohol testing in the form of a Phosphatidylethanol (PEth) test which was positive at a level of 109 ng/mL, which

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

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

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

the DOE Psychologist indicated is consistent with moderate to heavy alcohol consumption. Ex. 5 at 25. Following the evaluation, the DOE Psychologist issued a report in which she diagnosed the Individual with Alcohol Use Disorder (AUD), Moderate, under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. *Id.* at 26–27.

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

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted seven numbered exhibits (Ex. 1–7) into the record and presented the testimony of the DOE Psychologist. The Individual submitted three lettered exhibits (Ex. A–C) into the record and testified on her own behalf. *See* Transcript of Hearing, OHA Case No. PSH-24-0086 (hereinafter cited as “Tr.”).

II. Notification Letter and Associated Security Concerns

The LSO cited Guideline G (Alcohol Consumption) as the basis for its concerns regarding the Individual’s eligibility for access authorization. Ex. 1 at 1. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. The SSC cited the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria for a diagnosis of AUD, Moderate, under the *DSM-5* and the results of the Individual’s alcohol testing which was consistent with moderate to heavy alcohol consumption. Ex. 1 at 1. The LSO’s assertions in the SSC justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22 (d).

III. Regulatory Standards

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

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). The individual is afforded a

full opportunity to present evidence supporting 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.

IV. Findings of Fact

The Individual underwent a psychological evaluation in December 2023. Ex. 5. Following the evaluation, the Psychologist issued a report (Report). *Id.* The DOE Psychologist's Report relied on the information she obtained in a clinical interview (CI) with the Individual, as well as her review of the Individual's Personnel Security File and the *DSM-5*. *Id.* at 21–22. The DOE Psychologist also administered the Minnesota Multiphasic Personality Inventory (MMPI-3) and a Phosphatidylethanol (PEth) test. *Id.* at 22, 25. The Report reviewed a letter from the Individual's current treating psychologist stating the Individual is "being treated for "Major Depression, recurrent moderate (MDD), [Post Traumatic Stress Disorder] PTSD, Generalized Anxiety (GAD), and Insomnia due to a medical condition (anxiety). [Individual] is doing well with her current medication regimen[]." *Id.* at 23. During the CI, the Individual told the DOE Psychologist that she has appointments with her treating psychologist every three months for medication monitoring. *Id.* The DOE Psychologist concluded based on the results of the MMPI-3 that she administered to the Individual that "[t]here was nothing in the MMPI-3 that suggested she has a psychological condition which would impair her judgment, reliability, emotional stability, or trustworthiness." *Id.* at 24.

As part of the evaluation, the DOE Psychologist also asked the Individual about her alcohol consumption. *Id.* She stated she drank the most alcohol in 2017 when she was in an abusive relationship and drank "a six-pack a night for a . . . a few years, maybe not every day." *Id.* The Individual told the DOE Psychologist that she stopped drinking alcohol for approximately one and a half months in July 2023 after a separation from her fiancé. *Id.* She stated she had called the police after they had a fight because "there has been some abuse, only alcohol induced [abuse]. . . ." *Id.* The Individual further told the DOE Psychologist that she "lost her sobriety" when she invited her fiancé to move back in with her. *Id.* She stated that although they do not drink as much alcohol as in the past, they sometimes consume alcohol together, and other times, either she or only he will consume alcohol. *Id.* The Individual reported that she and her fiancé are participating in couples counseling, and she stated she also attends weekly individual counseling with a licensed professional clinical counselor (LPCC). *Id.* at 23. The Individual told the DOE Psychologist that although she was not currently concerned about her alcohol use, she believed "it could be less." *Id.*

The Individual told the DOE Psychologist that in the last thirty days, her average alcohol consumption was three to five beers on one or two nights a week, and occasionally she would consume "half a shot" of tequila. *Id.* She reported that her last alcoholic drink was "a few days"

⁴ The Report refers to the treating psychologist as a "psychiatrist," however, prior to the hearing, the Individual submitted a letter dated April 5, 2024, from the treating psychologist who signed his credentials as "PhD." Ex. A. In his letter, he provided his state license number and verified that he prescribes medication to reduce the Individual's anxiety and alcohol cravings. *Id.*

before her PEth test when she drank five beers and a half a shot of alcohol over approximately four to five hours. *Id.* at 40. At the request of the DOE Psychologist, the Individual underwent a PEth test which was positive at a level of 109 ng/mL. *Id.* at 39. The physician who interpreted the PEth results indicated that a positive PEth test at 109 ng/mL is consistent with the Individual's self-reported amount and frequency of her alcohol consumption in the last thirty days which she reported to the DOE Psychologist during the CI. *Id.* at 40. The physician further concluded that the Individual was likely intoxicated a few days prior to the PEth test and was possibly intoxicated if she consumed her "average" amount of alcohol earlier in the week. *Id.* The Report stated that the Individual's PEth result is in the mid-range of the "moderate to heavy" standard and appears to reflect the Individual's frequent episodes of binge drinking. *Id.* at 25.

Ultimately, the DOE Psychologist concluded that the Individual met sufficient *DSM-5* diagnostic criteria for a diagnosis of AUD, Moderate, and had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 26–27. The DOE Psychologist recommended that to show rehabilitation, the Individual should attend alcohol treatment of one weekly individual and two weekly group sessions per week for twelve weeks, and provide negative PEth tests for the three months during her treatment. *Id.* at 27. She recommended that to show reformation, the Individual could provide monthly negative PEth tests for six consecutive months. *Id.* The DOE Psychologist also concluded that the Individual does not have an emotional, mental, or personality condition that can impair her judgment, stability, reliability, or trustworthiness.⁵ *Id.*

At the hearing, the Individual testified that in 2023 she began using alcohol as a coping mechanism for anxiety and stress related to having two children, returning to work with one child having medical issues, and her own ongoing mental health issues. Tr. at 14–15. The Individual testified that as of her December 2023 evaluation with the DOE Psychologist, she knew she had an alcohol problem. *Id.* at 34. She asserted that since she was aware of her problem, she made her own decision prior to when she received the DOE Psychologist's Report to reach out to her treating psychologist for assistance with medication to address her alcohol problem. *Id.* at 29, 40.

The Individual stated that she started working with her current treating psychologist after the birth of her second child in 2021. *Id.* at 19. The Individual testified that she has appointments with her treating psychologist every three months, but she has also met with him more frequently as needed. *Id.* at 20. She testified that she first discussed her alcohol use with him when she started meeting with him, but at the time she was not ready to pursue abstinence. *Id.* She stated after she underwent her evaluation with the DOE Psychologist, she felt that it was time for her to start abstaining from alcohol which motivated her to ask her treating psychologist for medication to assist her. *Id.* The Individual explained that although she wanted to abstain, she did not feel "mentally ready" to abstain from alcohol, so she asked her treating psychologist if there was any medication that could help her do so. *Id.* She testified that as a result, her treating psychologist prescribed her a medication called acamprosate which assists with alcohol cravings. *Id.* at 20–21. The Individual testified that she has been taking acamprosate daily since January 29, 2024. *Id.* at 21, 32. She stated that since taking this medication, the biggest change she has noticed is that has "curbed entirely

⁵ The DOE Psychologist stated in her Report that she concurs with the diagnoses provided by the Individual's treating psychologist, however, the DOE Psychologist opined that she would add the specifier of "in Partial Remission" to the Individual's MDD diagnosis, and she would add the specifier of "in Full Remission" to the Individual's diagnoses of PTSD and GAD. *Id.* at 26.

the appetite or desire to consume alcohol.” *Id.* at 22. The Individual submitted a letter from her treating psychologist in which he confirmed that he has been providing psychological care for her for the past two years. Ex. A. He further stated that on January 24, 2024, the Individual reported to him her desire to stop consuming alcohol as a means of coping with her anxiety. *Id.* He stated in the letter that consequently, he prescribed acamprosate “to reduce her anxiety and alcohol cravings.” *Id.* The treating psychologist further stated that the Individual has reported a positive response to the medication, her anxiety is well controlled, and she has been able to abstain with no cravings for alcohol. *Id.*

The Individual testified that she has been participating in psychotherapy since her teenage years and finds it very helpful. *Id.* at 25. She testified that she has been participating in counseling with her LPCC since last year. *Id.* at 18. The Individual stated that her LPCC’s counseling has focused more on her mental health issues such as grief issues due to her mother’s death, her parenting, and support with her relationship. *Id.* at 37. However, she stated that although her LPCC is not an alcohol counselor, they have had ongoing discussions in therapy sessions which focused on getting her to decrease her alcohol use. *Id.* at 24. Moreover, the Individual testified that when she told her LPCC that she had become abstinent and was taking prescribed medication, the LPCC has been very supportive and currently asks her during every session whether she is still abstaining, and about how she is coping with maintaining her sobriety. *Id.* Since the Individual testified that she has previously used alcohol as a stress reliever including when having disagreements with her fiancé, she provided an example of how she recently contacted her LPCC in February 2024 to obtain support when she and her fiancé were having a disagreement. *Id.* at 30, 36–37. She stated that her therapist’s support was helpful, and she asserted that since becoming abstinent, she and her fiancé have had fewer arguments which have further motivated her maintain abstinence. *Id.* at 30, 37. The Individual submitted a letter from her LPCC dated April 8, 2024, stating that the LPCC has treated the Individual since August 2023. Ex. C. The LPCC stated that the Individual has been fully engaged in her counseling sessions where they have worked to explore the impact of alcohol use in her daily life and functioning. *Id.* The LPCC stated the Individual reported a desire to abstain from alcohol, has reported improvement in her physical and mental health since abstaining, and that the Individual demonstrates “motivation in pursuit of recovery.” *Id.* She further stated the Individual is consistent in her attendance and participation in counseling. *Id.* The Individual testified that she sees her LPCC one to two times per month, and that she initially saw her weekly. Tr. at 25. She stated because the LPCC does not have as much bandwidth to continue see her on that frequency, she plans to find a new therapist soon, who she plans to see on a weekly basis, and then transition to a decrease in frequency. *Id.* at 25–26.

The Individual testified that her last use of alcohol was on January 28, 2024, and she stated that she has 140 days of sobriety as of the hearing date. *Id.* at 11, 32. In support of her assertions of abstinence, she submitted a PEth test from May 22, 2024, the result of which was negative. Ex. B. She asserted that she plans to continue maintaining abstinence, and, in addition to finding a new therapist, she would like to begin discussing with her treating psychologist how she can start medically tapering off acamprosate before reaching one year of taking the medication. Tr. at 22, 27. She explained that she wanted to take the medication to “get mentally where she needed to be” and then eventually taper off because she believes she is able to maintain her sobriety without having medication be “the primary force” to do so. *Id.* at 22–23.

The Individual asserted that she has developed and uses successful coping skills to maintain sobriety. *Id.* at 23. She stated that she has an unofficial sponsor who is her uncle and who has been sober for twenty-five years, and she speaks with him frequently about maintaining her sobriety. *Id.* She stated that when she first started abstaining from alcohol, she found it hard because she had previously used it as a coping mechanism. *Id.* at 27. However, she stated that after time passed, she no longer has the desire to consume alcohol. *Id.* She testified that she is around people who drink alcohol every weekend and her fiancé consumes alcohol and keeps it in their house. *Id.* at 28, 30. However, she asserted that she is able to successfully maintain abstinence because her primary focus is being motivated by “seeing that number [140 days of sobriety] and not wanting to start from zero again.” *Id.* at 28. She stated that although she spends time with people who drink alcohol, they, including her fiancé, are supportive of her sobriety. *Id.* at 31. The Individual stated that although she has no cravings, when she wants to “feel the vibe” with the people she is around who are drinking alcohol, she drinks zero alcohol beer because it is a successful substitute for her and she does not want to feel the physical effects of alcohol. *Id.* at 31, 38–39. She stated she does not want to drink any alcohol because she knows that “one beer leads to two beers . . . and [she] does not want to go down that road again.” *Id.* at 31. The Individual also testified about additional coping strategies she uses including spending more time with her family, engaging in outdoor activities like camping and swimming, and traveling. *Id.* at 27. Lastly, she testified that she has become aware that maintaining sobriety has been beneficial to her in that she feels better physically and mentally, she is able to think more clearly, she has more positive interactions with her family, and she is a better parent. *Id.* at 29–30.

At the hearing, the DOE Psychologist opined that the Individual has demonstrated reformation and rehabilitation from AUD. *Id.* at 49, 52–53. She stated that although the Individual did not do all the items described in the DOE Psychologist’s recommendations, she has pursued a “hybrid approach” which contains elements of both rehabilitation and reformation. *Id.* at 46, 53. She testified that the Individual’s 140 days of abstinence is sufficient to establish rehabilitation or reformation. *Id.* at 52. She also explained that reformation is “basically when a person changes or stops drinking without necessarily having professional intervention.” *Id.* at 46. The DOE Psychologist testified that the Individual has demonstrated reformation through her actions including by having an unofficial sponsor, her use of zero alcohol beer, and her readily contacting her LPCC when she experiences increased stress. *Id.* at 46–47. She noted that the Individual has also developed sober activities including spending more time with her children and doing outdoor activities. *Id.* at 47. The DOE Psychologist also testified that the Individual has shown both internal and external motivators for maintaining sobriety, which is also evidence of reformation. *Id.* She cited the Individual’s testimony of being motivated by her achievement of her length of sobriety and not wanting to start over, her testimony that she does not desire the effects of intoxication, as well as her additional motivators that she feels better physically, mentally, and emotionally without alcohol. *Id.*

The DOE Psychologist testified that the Individual has also shown evidence of rehabilitation from AUD. *Id.* at 46, 52. Specifically, she testified that the Individual is taking her acamprosate medication as prescribed while seeing her treating provider, and she is participating in ongoing counseling. *Id.* at 46. The DOE Psychologist concluded that the counseling that the Individual is participating in is sufficient treatment in lieu of her original recommendation for substance abuse treatment. *Id.* at 51. She stated that while it might be preferable to have a counselor who focuses

“a little bit more” on alcohol issues, there are two reasons she finds the Individual’s counseling adequate for rehabilitation. First, the Individual and the LPCC discuss the Individual’s alcohol issues during every therapy session, the LPCC asks her every time they meet whether she is still sober, and the Individual is being honest with her. *Id.* at 54. Second, the DOE Psychologist attributed the Individual’s previous alcohol consumption to issues “rooted in mental health concerns” of anxiety, depression, and relationship issues. *Id.* She stated that, therefore, to the degree that counseling has helped her with her mental health issues, it is also helping her modify her alcohol use. *Id.*

The DOE Psychologist concluded that the Individual has a “fair to good” prognosis and stated that “if she had to pick one of those,” she finds that the Individual has a “good prognosis.” *Id.* at 55–56. She testified that as of the hearing, she would change the Individual’s diagnosis to AUD, Moderate, in early remission. *Id.* at 49. The DOE Psychologist stated that the Individual’s plans to continue counseling with a new therapist on a weekly basis initially is consistent with her good prognosis and stated it will be important to establish the therapy relationship and then gradually decrease the frequency of the sessions. *Id.* at 55. The DOE Psychologist testified that it is “a little concerning” that the Individual is spending time regularly with people who drink alcohol. *Id.* at 48. However, she pointed out that the Individual has described ways in which she has maintained sobriety while in those situations and described that the people who consume alcohol that she spends time with are supportive of her maintaining abstinence. *Id.*

V. Analysis

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; and
- (d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

I find that the mitigating factor at ¶ 23(b) is applicable in this case. As an initial matter, I note that the Individual has demonstrated her credibility including since her December 2023 evaluation with the DOE Psychologist. She was forthcoming about her alcohol use as reflected in the Report which stated that her initial PEth test of 109 ng/mL was consistent with the Individual's self-reported amount and frequency of her alcohol consumption in the thirty days prior to the CI. Moreover, she has provided letters from her treating psychologist and treating LPCC that support her assertions during the hearing regarding the substance and efficacy of her treatment.

In addition, the Individual has acknowledged her maladaptive alcohol use and has taken multiple actions to overcome her alcohol problem. She took the initiative to obtain a prescription for acamprosate to assist her with abstinence and her treating psychologist confirmed in his letter that this medication has been successful in helping her maintain her sobriety and controlling her anxiety. She is continuing regularly scheduled appointments with her treating psychologist and plans to work responsibly with him before tapering off her medication. Further, she is obtaining effective counseling from her LPCC that addresses her mental health issues, as well as monitoring her sobriety at every therapy session. The Individual's demonstrated compliance with her therapy is an important part of successfully maintain abstinence, because, as the DOE Psychologist explained, the Individual's alcohol use has been "rooted in [her] mental health concerns." Although the Individual did not participate in the type of alcohol treatment that was recommended in the Report, the DOE Psychologist provided a reasonable rationale in evaluating the type of therapy the Individual's LPCC is providing and found that it was sufficient to satisfy her treatment recommendations.

Moreover, I give significant weight to the DOE Psychologist's opinion that the Individual has demonstrated a "hybrid approach" to achieve reformation and rehabilitation. In addition to her counseling and medication that supports rehabilitation, the Individual has taken tangible actions of reformation. This includes talking with her unofficial sponsor on a frequent basis, obtaining additional support from her therapist between appointments to address stressful arguments with her fiancé, drinking zero alcohol beer instead of alcohol, and engaging in healthy activities to cope with stress through means other than alcohol. She has also shown that she has internal and external motivators that have helped her sustain her sobriety including the benefits of improved physical and mental health, better familial relationships, and the motivator of not wanting to lose her 140 days of sobriety.

The Individual credibly testified that she has 140 days of sobriety, which exceeded the DOE Psychologist's recommendation for establishing rehabilitation. While she has not provided as many PEth tests as initially recommended by the DOE Psychologist, her submitted May 2024 negative PEth result lends support to her assertions of abstinence. Moreover, the DOE Psychologist found that the Individual's length of sobriety is sufficient evidence of rehabilitation or reformation. In addition, the Individual has received a favorable prognosis from the DOE Psychologist, which is well supported, given the Individual's engagement with treatment providers, actions taken to

maintain sobriety, and future plans including ongoing counseling. Thus, I find that the Individual has mitigated the Guideline G security concerns under the second mitigating factor at ¶ 23(b).

I also find that the mitigating factor at ¶ 23(c) under Guideline G is applicable in this case. As discussed above, the Individual has been participating in counseling with her LPCC and the DOE Psychologist opined that Individual's counseling is adequate to demonstrate rehabilitation. While the LPCC is not an alcohol counselor, as explained by the DOE Psychologist, the Individual and the LPCC discuss the Individual's alcohol issues during every therapy session, the therapist asks her every time they meet whether she is still sober, and the Individual is being honest with her. *Id.* at 54. Second, the DOE Psychologist stated that, since the Individual's previous alcohol misuse was attributable to mental health concerns, the counseling is helping her modify her alcohol use by addressing the mental health issues that contributed to her alcohol misuse. *Id.* Moreover, the Individual does not have a previous history of treatment and subsequent relapse. Finally, her LPCC has provided a letter indicating she is making satisfactory progress in counseling. Therefore, I find that the Individual has mitigated the Guideline G security concerns under the first mitigating factor at ¶ 23(c).⁶

VI. Conclusion

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline G of the Adjudicative Guidelines. After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should be granted.

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

Brenda B. Balzon
Administrative Judge
Office of Hearings and Appeals

⁶ The mitigating factor at ¶ 23(a) does not apply. The passage of less than one year since the Individual's December 2023, positive PEth test and initial diagnosis by the DOE Psychologist of AUD, Moderate, is insufficient for me to conclude that the passage of time alone has mitigated the security concerns raised by the incident. Moreover, in light of the Individual's previous alcohol use pattern at that time, the record does not indicate that the circumstances giving rise to the security concern were so infrequent nor unusual as to mitigate the security concerns. The mitigating factor at ¶ 23(d) does not apply in this case because the Individual has not completed an alcohol treatment program.