

**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of:	Personnel Security Hearing)	
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Filing Date:	April 16, 2024)	Case No.: PSH-24-0104
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Issued: August 16, 2024

Administrative Judge Decision

Brenda B. Balzon, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. Exhibit (Ex.) 18 at 409.² On October 18, 2023, the Individual was selected for an employer issued random breath alcohol test (BAT). Ex. 10 at 46. He tested positive on his initial BAT which registered his breath alcohol content at .020, and a confirmatory BAT administered approximately thirty-three minutes later was positive at .026. *Id.* at 45. Ex. 10 at 45. As a result, the Local Security Office (LSO) provided the Individual with a Letter of Interrogatory (LOI), which he completed in December 2023. Ex. 12. In his LOI response, the Individual stated that on the evening prior to his positive BAT, he had consumed eight beers over a four-hour time span and that each beer was sixteen ounces. *Id.* at 57, 63. He acknowledged that he was intoxicated on the evening when he drank the beers. *Id.* at 64. In his LOI response, he also stated that he had not

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.

consumed any alcohol since his positive BAT incident. *Id.* at 62. In January 2024, the Individual was evaluated by a DOE-contracted psychologist (DOE Psychologist), who opined that the Individual habitually consumes alcohol, met sufficient diagnostic criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*, and had not shown adequate evidence of rehabilitation or reformation. Ex. 13 at 77.

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 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 in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted eighteen numbered exhibits (Ex. 1–18) into the record and presented the testimony of the DOE Psychologist. The Individual submitted nine lettered exhibits (Ex. A–I) into the record and presented the testimony of five witnesses, including himself. *See* Transcript of the Hearing, OHA Case No. PSH-24-0104 (hereinafter cited as “Tr.”).

II. Notification Letter and Associated Security Concerns

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 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. In citing Guideline G, the LSO relied upon the DOE Psychologist’s January 2024 determination that the Individual meets the *DSM-5* diagnostic criteria for AUD, Moderate, habitually consumes alcohol, and has not shown adequate evidence of rehabilitation or reformation. Ex. 1. The LSO also cited the Individual’s positive BAT test dated October 18, 2023. *Id.* The above allegations justify the LSO’s invocation of Guideline G.

III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all 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 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 an evaluation with the DOE Psychologist which included a January 17, 2024, clinical interview (CI). Ex. 13. Following the evaluation, the DOE Psychologist issued a report (Report). *Id.* In forming his opinions, the DOE Psychologist relied on the information he obtained in the CI, as well as his review of the Individual’s Personnel Security File and the *DSM-5*. *Id.* at 71. The Individual told the DOE Psychologist that his alcohol use increased after he joined the military in 1990. *Id.* at 74. A few years later, in 1993, he was arrested for Driving While Intoxicated (DWI). *Id.* He reportedly reduced his alcohol consumption when he was hired by his current employer in 2003 and “continued drinking conservatively” until 2013. *Id.* In October 2013, the Individual was involved in an alcohol-related incident in which he became intoxicated at a bar and physically assaulted another bar patron. Ex. 17 at 144, 149 (Personnel Security Interview (PSI) on December 19, 2013); Ex. 13 at 74. Subsequent to this incident, the Individual underwent a psychological evaluation with a DOE consultant psychologist (Psychologist) in March 2014.³ Ex. 15. The Individual attempted to decrease his alcohol consumption after his psychological evaluation in 2014, and he stated his efforts resulted in abstaining from alcohol use for thirty days. *Id.* at 73. He also stated he completed an IOP in 2014. *Id.* at 74. The Report stated that the Individual believed that he had consumed “rather high levels of alcohol, . . . for some 10 years or more” but asserted that his current alcohol use involved total abstinence except for one occasion when he drank two beers on Veteran’s Day 2023. *Id.* at 74.

The Individual also told the DOE Psychologist that, before he had become abstinent, he was consuming alcohol “on weekends and throughout the week, a couple of days a week (2–3 drinks each day) while cooking, or working around the house, probably 4–5 times per week, and two or three drinks each occasion.” *Id.* at 72. He stated that he consumed six or more alcoholic beverages per occasion on weekends only, and he described weekends as “Friday, Saturday, and Sunday if watching sports.” *Id.* The Individual stated that after his October 2023, positive BAT, his employer’s site psychologist advised him to abstain from alcohol and undergo an assessment by a Licensed Professional Counselor (LPC), which was scheduled for a few days after the CI. *Id.* at 72. Subsequent to the CI, the DOE Psychologist conducted a telephone consultation with the LPC who stated that he first met the Individual in 2013, when the Individual had previously attended an IOP at his treatment facility. *Id.* at 76. Additionally, the LPC confirmed that he had recently

³ In his March 9, 2014, psychological report, the Psychologist stated the Individual had completed an Intensive Outpatient Program (IOP), was attending weekly aftercare meetings, and had been abstinent for nearly five months. Ex. 15 at 105. The Psychologist concluded that the Individual had shown adequate evidence of rehabilitation from his past alcohol issues and did not meet sufficient diagnostic criteria for an alcohol use diagnosis. *Id.* at 107.

conducted a formal assessment of the Individual regarding his alcohol use, and he anticipated recommending that the Individual participate in the IOP for a second time. *Id.*

The Individual told the DOE Psychologist that his last use of alcohol was on November 11, 2023, when he consumed two beers on Veterans Day. *Id.* at 72. As part of the evaluation, the Individual underwent a Phosphatidylethanol (PEth) test.⁴ *Id.* at 76, 89. The Individual's PEth test was negative, and the Report stated the negative test result "indicated either minimal alcohol consumption or none at all in recent days or weeks" prior to the evaluation. *Id.* at 76, 89. Regarding his future plans with alcohol, the Individual stated he was "thinking about drinking less" and that he had stopped consuming alcohol on nights before work. *Id.* at 75. However, he admitted that he still anticipated consuming beer when watching sports activities on television. *Id.*

Ultimately, the DOE Psychologist concluded that the Individual met sufficient *DSM-5* diagnostic criteria for AUD, Moderate, and that he had elevated his alcohol consumption to a pattern consistent with habitual drinking. *Id.* at 77. To demonstrate rehabilitation or reformation, the DOE Psychologist recommended that the Individual participate in an IOP; upon completion of an IOP, he should attend aftercare and/or a support group such as Alcoholics Anonymous (AA), preferably until a year of abstinence is documented. *Id.* The DOE Psychologist further recommended that if support group attendance is combined with an aftercare program, the Individual should attend one to two weekly support group meetings, and if aftercare is discontinued, he should attend three meetings per week. *Id.* Additionally, the DOE Psychologist stated that the Individual "is strongly encouraged to solicit a strong sponsor/mentor" and "it is highly recommended, based on his lengthy history of alcohol use and abuse, that [the Individual] should demonstrate his abstinence for a full year based on PEth test findings." *Id.*

At the hearing, two of the Individual's colleagues, who are also his friends, testified that they both have known the Individual for approximately twenty-two years, and they were aware of the security concerns. Tr. at 29, 31, 40–41. Both colleagues testified that they socialize with the Individual regularly outside of work, often at restaurants. *Id.* at 30, 41. The first coworker testified that he knew the Individual during the 2013 alcohol-related incident and recalled that the Individual did not initially take responsibility because he thought "[i]t was more the other guy's fault." *Id.* at 32. However, regarding the positive BAT, he testified that the Individual took responsibility for his actions instead of trying to deny fault. *Id.* at 31. The first coworker further stated that he last saw the Individual consume alcohol around Halloween 2023. *Id.* at 37. He testified that the Individual has changed by having a more positive attitude and verbalizing his thoughts with more clarity. *Id.* at 32. He stated that during their recent visits, he has not seen any alcohol in the Individual's home, and he observes the Individual drinks soft drinks. *Id.* at 34. The second coworker testified that during the last six months when he has socialized with the Individual, he has not seen him drink any alcohol, and the Individual seemed comfortable with his decision to abstain. *Id.* at 45–46. He further testified that the Individual has discussed with him his participation in alcohol treatment classes and how he has been able to relate to others in the group and apply the lessons from his classes to make better decisions to improve his life. *Id.* at 42–43. Both witnesses testified that they and their mutual friends all support the Individual's decision to

⁴ PEth, a compound produced in the presence of ethanol, is a biomarker for alcohol consumption that can be used to detect whether a subject engaged in moderate to heavy alcohol consumption during the period measured by the test. Ex. 13 at 89.

abstain from alcohol. *Id.* at 34–35, 43. They also testified that they had no concerns about the Individual’s judgment, reliability, or honesty. *Id.* at 30, 40.

The Individual’s daughter testified that during a family gathering in November 2023, the Individual told her and other family members that he had decided to stop consuming alcohol, and he told them about the security concerns. *Id.* at 15. She stated that they were very supportive and “a little bit shocked” by his decision because they did not think he had a problem with alcohol; although she stated she was aware of the Individual’s previous work-related issues due to alcohol. *Id.* at 16, 21–22. She testified that she sees the Individual two to three times a month, usually for a family dinner. *Id.* at 14. She stated that sometimes alcohol is involved at these family gatherings, although most of the family members have made an effort not to drink alcohol. *Id.* at 22. The daughter testified that the Individual does not seem bothered by having people consume alcohol around him, and he make sure to only consume the nonalcoholic beverages that he brings for himself at these social gatherings. *Id.* at 17, 23. She stated that she last saw him consume alcohol was in either September or October 2023. *Id.* at 24. She testified that when she has visited him at his house, she has checked to see if he has alcohol in the home, and confirmed she saw no alcohol in his house. *Id.* at 18. The daughter testified that she is very proud of the Individual and felt it was important for her to communicate that to him, so she sent him a text message on July 3, 2024, stating how proud she is of all his efforts and the changes he has made. *Id.* at 19. She testified that the Individual “looks and feels the best” he has in a long time, and his attitude is more positive than it has probably ever been in the past. *Id.* at 17. The daughter stated that the Individual has told her that he is currently participating in alcohol classes and is attending counseling. *Id.* at 25. She stated she has no suspicions that he has returned to alcohol consumption. *Id.* at 18, 20.

The Individual stated that he started attending his second IOP shortly after his evaluation with the DOE Psychologist, and he completed the IOP on March 14, 2024. Tr. at 53; Ex. A (IOP certificate of completion dated March 14, 2024). He admitted that the first time he attended the IOP ten years ago, he did not think that he had to apply anything he learned at the IOP because he did not believe he had an alcohol problem. Tr. at 50–51. The Individual testified that the second time he attended the IOP, however, he actively participated, was able to relate to the other participants, and tried to apply everything he has learned from the IOP. *Id.* at 74. He testified that the main thing he learned from the IOP was that he was in denial after the 2013 incident, and he was wrong in believing that drinking beers “here and there was not going to hurt [him]” such that now he knows that the best course of action is for him to abstain from alcohol indefinitely. *Id.*

Regarding the Individual’s October 2013 alcohol-related incident, the Individual underwent a PSI in December 2013. Ex. 17. During the PSI, he stated regarding his future intentions with alcohol that he “[did not] want to say that [he] won’t have a drink” but that he had “learned a valuable lesson [from his prior] November 1993 DUI” so that he plans to have “two or three beers or something like that with the guys” when he goes out to lunch. Ex. 17 at 182–83; *see* Tr. at 71–72 (testimony about his PSI statements). However, at the hearing, he admitted that he had difficulty complying with the intentions he expressed during the PSI, as evidenced by the fact that he had well over two or three beers in October 2023, which resulted in his positive BAT. Tr. at 72. He asserted that this time, he will be able to remain sober. *Id.* at 73. He explained that in the past, he did not believe the 2013 incident was his fault or that he had a problem with alcohol. *Id.* at 73. He asserted that, by contrast, after the 2023 incident, he recognizes that it was his fault, and that he

was mistaken when he thought his alcohol consumption was “under control.” *Id.* at 73. He testified that he believes he has an alcohol problem. *Id.* at 85.

The Individual testified that he last consumed alcohol on November 11, 2023. *Id.* at 82. In support of his testimony, he submitted six negative PEth tests from January 2024 through June 2024, and six additional negative random BAT tests from October 2023 through July 2024.⁵ Ex. B; Ex. C; Ex. D; Ex. E; Ex. F; Ex. G; Ex. I. He stated that at some point during the eight-week period of his second IOP, he decided to commit to abstinence. *Id.* at 83.

The Individual testified that he started attending his aftercare program on March 18, 2024, which consists of two aftercare meetings per week. *Id.* at 58, 74. He stated that aftercare provides him with additional support from what he learned in IOP. *Id.* at 75. He provided an example of relapse prevention strategies that he learned. *Id.* at 62–63. He testified that at social events where others consume alcohol in his presence, he drinks nonalcoholic beverages while conversing with others, and he intentionally limits his time there so that he is likely the first person to leave the event. *Id.* at 62–63. He provided another example of when he shared with his aftercare group how he successfully remained sober while handling a stressful, unplanned financial difficulty. *Id.* at 59.

The Individual testified that his primary support system is his sister, his daughter, and one of the colleagues who testified at the hearing. *Id.* at 93. He stated he does not have a sponsor because his aftercare program does not have sponsors, but “everybody’s kind of . . . lifting everybody else up.” *Id.* at 77. The Individual stated he has not attended AA. *Id.* at 79. He said one of his fellow aftercare participants attends AA, but the Individual feels that his alcohol problem is “not at that level” as the other participant, and he feels he better relates to the people in aftercare. *Id.* at 80. He asserted that he has no plans to stop attending aftercare in the future. *Id.* at 91.

The Individual stated that he started individual counseling with the LPC on April 30, 2024. *Id.* at 84. He testified that he likes counseling because he feels more comfortable discussing certain aspects of his life one-on-one. *Id.* at 64. He stated that he particularly likes working with the LPC because the LPC actively listens to him when he discusses specific topics, asks probing follow up questions, and “pokes and prods and digs at [him] until [he] recognizes the answer” which provides him with valuable insight into his issues. *Id.* at 65. He asserted that he plans to continue attending individual counseling until the LPC tells him he no longer needs to attend counseling. *Id.* at 84.

The LPC testified that he was involved in the Individual’s first and second IOPs, currently leads the Individual’s aftercare program, and provides the Individual with individual counseling. *Id.* at 97, 100–01, 103. He testified that he agreed with the DOE Psychologist’s diagnosis of AUD, Moderate. *Id.* at 99. The LPC stated that he has observed numerous positive changes in the Individual after completing the second IOP. *Id.* at 109. He stated the Individual’s health has improved, and he has a visible ability to think clearly and organize things better. *Id.* Moreover, the LPC stated the Individual finds his sobriety enjoyable which is important in order to maintain abstinence. *Id.* The LPC asserted that through a combination of IOP, aftercare, and individual counseling, the Individual has made progress in processing very emotionally charged thoughts and

⁵ Two of the random BATs were in October 2023, and the other four were in January, March, May, and July 2024. Ex. G at 1–6.

circumstances. *Id.* at 108. He provided an example from a prior therapy session when the Individual had expressed to him how important his daughter's text message was to him, which she had testified about at the hearing. *Id.* The LPC stated that the Individual has shown a very good ability to face difficult emotions, like at the hearing when he showed tearfulness as he heard his daughter testify about her text message where she told him how proud of him she was for all his sobriety efforts. *Id.* The LPC explained that the Individual has shown an improved ability to face difficult emotions like tearfulness, and instead of having an immediate reaction, he "takes a little bit of time and then he will process [the emotions]." *Id.*

Regarding a prognosis, the LPC stated that he likes the work that the Individual has done in individual therapy. *Id.* at 114. He recommended that the Individual "really focus on his support group, whether that's a formal substance-oriented group or if that's a sober inner circle" and he stated, "[t]hat is going to be vital to his success." *Id.* at 113. He stated, "that's where he needs work and that's where he's been working." *Id.* He stated if the Individual continues to value the benefits of sobriety, and if he continues to focus on building a sober support network "which is there, but it's small". . . [then] that would allow him to have a positive prognosis." *Id.* at 114. He stated that his recommendation regarding individual therapy is to continue seeing the Individual for approximately eighteen months. *Id.* at 117–18.

The DOE Psychologist indicated that his diagnosis of the Individual that he has AUD, Moderate, and engaged in habitual drinking was unchanged. *Id.* at 121. He also testified that his recommendations for rehabilitation and reformation have not changed. *Id.* at 120. He was encouraged by the Individual's actions of completing an IOP and testified that the Individual seems very active in aftercare and has a supportive daughter and colleagues. *Id.* at 120–21. He further stated that the Individual has demonstrated total abstinence for approximately six months, based on PEth tests, which he stated was very good.⁶ *Id.* at 121. However, the DOE Psychologist stated that to establish rehabilitation, the Individual should demonstrate twelve months of abstinence. *Id.* at 123. He explained that having abstinence of "close to 12 months is always [his] recommendation when you reach this level of alcohol use disorder and when it's been as chronic as it has been in [the Individual's] life." *Id.* at 129; *see id.* at 134 (DOE Psychologist's testimony that "with a moderate to high level of alcohol use, the literature, experience of clinicians, and [his] own experiences suggest that twelve months is ideal"). He further testified that he has seen research that shows that recidivism at twelve months of abstinence is significantly better than the level of recidivism at six months. *Id.* at 138.

The DOE Psychologist stated that he recommends aftercare for an unspecified length of time but usually six months or a year. *Id.* at 133. He testified that "a lot of people I've seen start easing out of aftercare pretty quickly once life stabilizes . . ." *Id.* at 131. This is why he also recommends a support group similar to AA, which provides a "toehold for life" where they can go when feeling tempted to consume alcohol and which can also provide a sponsor to help them. *Id.* at 132. The DOE Psychologist noted that the Individual's friends and daughter testified that they are supportive of him. *Id.* at 136. However, he indicated that they did not have the type of first-hand experience

⁶ The DOE Psychologist stated that although the Individual reported last consuming alcohol on Veterans Day in November 2023, this was an unverified self-report. *Id.* at 127. He stated that the first time the Individual's abstinence was validated was in a January 2024, PEth test submitted by the Individual that was approximately two weeks prior to the PEth test administered during the psychological evaluation. *Id.*

with alcohol use disorder that an alcohol counselor would have “or a former alcohol use person who stopped their problem through AA.” *Id.* at 136–37.

The DOE Psychologist also testified that the Individual has benefitted from his individual therapy with the LPC. *Id.* at 136. He stated although it was not stated in his Report, he usually recommends individual therapy, and in this case, it was an oversight to not include it. *Id.* at 135–36.

Regarding the Individual’s prognosis, the DOE Psychologist opined that he has a “fair prognosis with the potential to reach a good level, and . . . if he can demonstrate 12 months of abstinence with . . . PEth testing, [the DOE Psychologist] think[s] we can see a prognosis that could even go beyond good.” *Id.* at 124. He stated that his opinion also factored in the Individual’s lengthy alcohol use history and the chronic nature of his alcohol use. *Id.* at 124. The DOE Psychologist testified that while the Individual shows commitment and is “on the right track,” he is not sure that the Individual fully understands how important it is to extend his length of abstinence “along with gaining as much support, education and treatment as he can get for as long as he needs it.” *Id.* The DOE Psychologist credited the Individual’s efforts to follow his recommendations, but stated, “I think more time and treatment is going to be what frames his prognosis down the way.” *Id.* at 123. He explained that with twelve months of abstinence, he believes that the Individual would be “more competent, more willing to do what’s right, to seal and make his commitments even a[t] a level more firm than they are now.” *Id.* at 129.

V. Analysis

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.

While the Individual has provided evidence through witness testimony and PEth testing that he has abstained from alcohol for approximately six to seven months, his alcohol use is recent enough

that I cannot find that so much time has passed that it is unlikely to recur. To his credit, the Individual has made concerted efforts and has demonstrated completion of his IOP, and participation in aftercare and individual counseling. However, I find persuasive the DOE Psychologist's reasons for his recommendation of achieving one year of treatment and abstinence. This includes the Individual's lengthy alcohol use history, the chronic nature of his alcohol use, the moderate severity of his AUD, and the DOE Psychologist's opinion that recidivism at twelve months of abstinence is significantly better than the level of recidivism at six months. I also take into consideration the fact that the Individual has previously attended an IOP, after which he committed to not engage in excessive alcohol use but resumed problematic drinking in the recent past. While I find the Individual to be credible in his testimony and in his commitment to sobriety and other parts of his treatment plan, I find the passage of six to seven months is too little to establish that the Individual will not return to problematic alcohol consumption again. Therefore, I find that the Individual has not met the first mitigating condition under Guideline G. *Id.* at ¶ 23(a).

While the Individual has acknowledged his maladaptive alcohol use and taken steps to overcome his problems with alcohol, he has not established a pattern of modified consumption or abstinence from alcohol in accordance with treatment recommendations. *Id.* at ¶ 23(b). In his Report, the DOE Psychologist stated that he would consider the Individual rehabilitated after approximately one year of abstinence, which includes participation in aftercare and/or a support group such as AA. The record shows that the Individual began attending aftercare on March 18, 2024, which is approximately 2.5 months after his first negative PEth tests in January 2024. As of the hearing date, the Individual has established six to seven months of abstinence supported by objective evidence. Even if I was to find that the Individual's last alcohol use was November 11, 2023, I conclude that eight months is not a sufficient length of abstinence that complies with the DOE Psychologist's recommendation, particularly in light of the Individual's severity of AUD, the chronic nature of his alcohol use and lengthy history of alcohol use and abuse. Therefore, as the Individual has not established a pattern of abstinence in compliance with treatment recommendations, I find that he has not met the second mitigating condition under Guideline G. *Id.* at 23 (b).

The Individual is currently participating in counseling or a treatment program. However, the Individual previously completed an IOP in 2013, and subsequently relapsed. Therefore, the third mitigating condition is inapplicable. *Id.* at 23 (c).

The Individual has completed his IOP and is currently attending aftercare. However, as stated above, the DOE Psychologist recommended that the Individual participate in aftercare and/or a support group such as AA until he has documented one year of abstinence. While the DOE Psychologist did not require AA attendance, he persuasively testified to the importance of having either a sober support group, or support from a professional alcohol counselor. Although the Individual is participating in aftercare and individual counseling, he has done so for less than the recommended period of time. In addition, the LPC recommended that the Individual focus on building a sober support network and stated that doing so "would allow him to have a positive prognosis." Moreover, the DOE Psychologist also gave the Individual a fair prognosis, due to his not having achieved the recommended time of abstinence. Since the Individual has not demonstrated a clear and clear and established pattern of modified consumption or abstinence in

accordance with treatment recommendations, he has not met the fourth mitigating condition. *Id.* at ¶ 23(d).

For the reasons stated above, I find the Individual has not mitigated the Guideline G security concerns raised by the LSO.

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 not 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 not be restored.

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