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

In the Matter of:	Personnel Security Hearing)	
)	
Filing Date:	June 4, 2024)	Case No.: PSH-24-0135
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)	

Issued: November 21, 2024

Administrative Judge Decision

Brenda B. Balzon, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (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 restored.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. Exhibit (Ex.) 1 at 6.² In May 2023, the Individual completed a Questionnaire for National Security Positions (QNSP), in which he disclosed that he was seeing a psychologist for treatment related to several issues, including alcohol abuse. Ex. 8 at 119–20. He also disclosed that a primary care doctor had previously recommended "cutting back on alcohol consumption" due to concerns about his weight, blood pressure, and elevated liver enzymes. *Id.* As a result of this disclosure, in March 2024, the Local Security Office (LSO) had the Individual undergo an evaluation by a DOE-contracted psychiatrist (DOE Psychiatrist). Ex. 5. As part of the evaluation, the Individual underwent a Phosphatidylethanol (PEth) test, which is a laboratory test that can detect alcohol consumption with a window of detection of about 28 days. Ex. 5 at 28. The

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

² The exhibits submitted by 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.

Individual's PEth result was positive at a level of 263 ng/mL. *Id.* at 29. After the evaluation, the DOE Psychiatrist issued a report (Report), detailing his findings. *See generally id.* In his Report, the DOE Psychiatrist opined that the Individual met sufficient diagnostic criteria for a diagnosis of Alcohol Use Disorder (AUD), Mild Severity under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)* and had not shown adequate evidence of rehabilitation or reformation. *Id.* at 32–33.

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 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 in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted eight numbered exhibits (Ex. 1–8) into the record and presented the testimony of the DOE Psychiatrist. The Individual submitted three exhibits (Ex. A–C) into the record and presented his own testimony in addition to that of his wife and his counselor. *See* Transcript of Hearing, OHA Case No. PSH-24-0135 (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. at 5. Conditions that could raise a security concern include "[d]iagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist . . .) of alcohol use disorder . . ." Adjudicative Guidelines at ¶ 22 (d). In citing Guideline G, the LSO relied upon the DOE Psychiatrist's March 2024 determination that the Individual meets the *DSM-5* diagnostic criteria for AUD, Mild and has not shown adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also cited the Individual's PEth results and his "abnormally elevated liver enzyme level."³ *Id.*

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

³ In reviewing the allegations raised pursuant to Guideline G, I cannot find the mere facts that the Individual's PEth test was positive and liver enzymes were elevated to be sufficient in and of themselves to raise a security concern pursuant to Guideline G. As such, although I will consider how the positive PEth test and elevated liver enzyme level informed the DOE Psychiatrist's opinion, I find that these allegations were not properly raised by the LSO as discrete bases for the security concern, and I will not analyze them as such herein.

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 and Hearing Testimony

During an Enhanced Subject Interview (ESI) in November 2023, the Individual provided information to an investigator regarding his alcohol consumption and his participation in counseling. Ex. 8 at 136–37. He told the investigator that his alcohol use increased over time progressively, especially during the COVID-19 pandemic starting in 2020 when he was consuming alcohol during most nights and had continued to do so “for a couple of years.” *Id.* at 137. He stated he was aware that alcohol could be affecting him negatively because his “wife expressed concerns regarding the frequency that [he would have] five or more beers at one sitting.” *Id.* at 136. The Individual told the investigator that before he began seeing his counselor (Counselor), his wife was also concerned with his alcohol consumption because in the past, she had negative relationships with individuals who had abusive relationships with alcohol. *Id.* at 137. He stated that his wife wanted him to attend therapy, and in October 2022, the Individual began seeing the Counselor, mainly for concerns related to anxiety and depression. *Id.* at 136. The Counselor’s specialty “turned out to be” substance abuse counseling. Ex. 5 at 22.. The Individual told the investigator that the Counselor “is convinced that [the Individual] has untreated depression and that has contributed to alcohol abuse.” Ex. 8 at 137. He stated that the Counselor strongly urged him to abstain from alcohol, and he did for about six months, beginning in early 2023. *Id.* at 136–37. After the period of abstinence, the Individual returned to consuming alcohol, limiting his consumption to no more than four drinks in a sitting three times a week because he believes that more than four drinks in one sitting is considered “risky behavior.” *Id.* at 137. The Individual also determined that if he could not control himself consuming alcohol in moderation, he would return to abstinence from alcohol consumption. *Id.*

The Individual’s evaluation with the DOE Psychiatrist in March 2024 included a clinical interview (CI). Ex. 5. Additionally, the Report stated that it was also based on a detailed review of the Individual’s DOE Personnel Security File that was provided to the DOE Psychiatrist. *Id.* at 21. During the CI, the Individual told the DOE Psychiatrist that he started drinking alcohol during college, and in 2009, when he separated from his first wife, whom he eventually divorced, he abstained from alcohol for six months because he was depressed and “knew that [alcohol use] was a bad idea.” *Id.* at 21–22, 25. After his depression subsided, he resumed consuming two to three

beers about three nights per week. *Id.* at 21. The Individual also told the DOE Psychiatrist that in 2016, his medical doctor told him he had elevated liver enzymes and that he “needed to cut back” on alcohol use. *Id.* at 22. He stated that in 2020, when the pandemic started, he stayed home more often and consumed “a lot of Coors Light” such that his alcohol consumption increased to five or six beers per day. *Id.* He stated that his heavy drinking was “a stressor” in his current marriage. *Id.* at 22. The Individual also told the DOE Psychiatrist that he began attending therapy with the Counselor in September 2022, to address alcohol issues and his problems with anxiety and depression, after his current wife’s “insistence” that he attend counseling. *Id.* The Report stated that the Counselor made an initial diagnosis of Generalized Anxiety Disorder and “Alcohol Abuse Disorder, Mild.” *Id.* at 23. The Report also stated that the Counselor subsequently noted a concern regarding depressive disorder. *Id.*; see Ex. 8 at 151 (Report of Investigation (ROI) stating during an interview with the investigator in December 2023, the Counselor told the investigator that he had diagnosed the Individual with anxiety disorder and depressive disorder, and stated that in treatment they had been addressing the Individual’s alcohol use). After the Counselor strongly urged him to abstain, the Individual abstained from alcohol for six months from April 2023 through October 2023. Ex. 5 at 23. He told the DOE Psychiatrist during the CI that he was participating in weekly therapy sessions with the Counselor. *Id.* at 23. The Report stated that the Counselor noted that the Individual had resumed “occasional drinking, but way less than before.” *Id.*; Ex. 8 at 151. The Report also stated that the Counselor concluded that the “Individual’s prognosis was excellent for some of his goals, but fair regarding his alcohol use.” *Id.*; see Ex. 8 at 151 (ROI reflecting prognosis provided in the investigator’s interview with Counselor).

During the CI, the Individual told the DOE Psychiatrist that he usually consumed alcohol two or three weekdays during the week during which he would consume three IPA beers per occasion, and on weekends, he would drink a 12-pack of light beer on Friday and Saturday. *Id.* at 24. He told the DOE Psychiatrist that he last consumed alcohol on March 12, 2024, the night before his evaluation, when he drank a 10-ounce (oz.) double-IPA beer of 9.5 percent alcohol content and a 16 oz., 5 percent IPA beer. *Id.* at 24–25. As a part of the evaluation, the Individual was asked to undergo a PEth test. *Id.* at 28. The Individual’s PEth test was positive at a level of 263 ng/mL, which is consistent with recent alcohol use, as interpreted by the DOE Psychiatrist. *Id.* at 29. As a result of the evaluation, the DOE Psychiatrist diagnosed the Individual with AUD, Mild Severity without sufficient evidence of rehabilitation or reformation.⁴ *Id.*

In order to show adequate evidence of rehabilitation or reformation, the DOE Psychiatrist recommended that the Individual enroll in “outpatient treatment of moderate intensity,” such as Self-Management And Recovery Training (SMART), Secular Organization for Sobriety (SOS), or individual counseling with a substance abuse counselor. *Id.* at 33. He recommended that this treatment last at least a year and that the Individual maintain sobriety during the treatment. *Id.*

The Individual testified that in his QNSP, he disclosed his former primary care doctor’s recommendation to reduce his alcohol consumption and his Counselor’s past concerns about his alcohol consumption because the Counselor had told him in a session that he believed the Individual would benefit from treatment for AUD. Tr. at 49. The Individual stated that he initiated

⁴ The DOE Psychiatrist also diagnosed the Individual with Persistent Mild Depressive Disorder, with Anxious Distress, but he concluded that the Individual does not have an emotional, mental, or personality condition that can impair his judgment, stability, reliability, or trustworthiness. Ex. 5 at 29, 33.

therapy with the Counselor because of his alcohol use, though at the time he began seeing the Counselor, he thinks he would have said that he “wanted to deal with things that maybe led to [him] consuming alcohol.” *Id.* at 50. The Individual explained that his sessions with the Counselor helped him to realize he was not alone in his struggles and that there were many different ways that he could approach and solve his problems. *Id.* at 75. The Individual testified that he has been seeing a psychologist on a weekly basis since the first or second week of July 2024. *Id.* at 76, 88. He stated that when the Counselor became out of his insurance network, he sought therapy with the psychologist who was in his network so he could attend therapy more often. *Id.* at 64. He explained that in the sessions with his psychologist, they do not focus on alcohol abuse, but it regularly comes up as part of the discussion. *Id.* at 76. He provided an example of how he previously used to consume alcohol when interacting with his parents because their conversations made him anxious, but his psychologist has successfully helped him address difficult interactions with his parents so that he experiences less anxiety and maintains his sobriety. *Id.* at 90. Often, the Individual finds that the matters he and the psychologist discussed were affected by or contributed to his use of alcohol. *Id.* The Individual stated that while he does not think his therapy sessions are critical to his sobriety, he thinks it “would be a mistake to stop going to therapy,” and he has no plans to stop going “anytime soon.” *Id.* at 76–77.

The Individual testified that he was abstinent from alcohol from April 2023 to October 2023. *Id.* at 51. He “sporadically” attended SOS meetings during this time period and was seeing the Counselor, but in retrospect, he sees this time period as “abstinence” rather than “recovery.”⁵ *Id.* He said that this period of abstinence was “an acknowledgment that [he] needed to do something,” but he was not consuming alcohol because his wife was unhappy with his alcohol consumption rather than because he wanted to be abstinent from alcohol. *Id.* at 51–52. In October 2023, the Individual was unhappy and stressed out with work and decided that he could successfully consume alcohol in moderation. *Id.* at 52–53. He explained that he was “struggling to find enjoyment in things that [he] used to enjoy with alcohol” and that he convinced himself that consuming alcohol would allow him to have more genuine interactions. *Id.* at 53.

Shortly after he completed his May 2023 QNSP, the Individual attended a six-week alcohol awareness class offered by his employer’s employee assistance program (EAP). *Id.* at 56–57. The class covered a variety of topics, including what constituted “risky consumption of alcohol,” which later gave the Individual parameters to set for his plan to consume alcohol in moderation. *Id.* The Individual and his wife decided to participate in “dry January” in January 2024, but he resumed his alcohol consumption in February 2024. *Id.* at 58.

At the end of April 2024, the Individual consciously decided he was going to abstain from alcohol consumption again because he “had a feeling” about what the DOE Psychiatrist’s report was going to say. *Id.* at 59. Having talked to some colleagues in the EAP class who had previously had issues with their security clearance, the Individual decided he was going to stop consuming alcohol on April 29, 2024. *Id.* On May 2, 2024, the Individual was informed by the LSO that his access authorization had been suspended, and on May 6, 2024, he received a copy of the DOE Psychiatrist’s Report. *Id.* at 61. The Individual now acknowledges that at the time the DOE

⁵ The Individual views “abstinence” as a goal not to consume alcohol, whereas he views “recovery” as “dealing with the underlying issues that made alcohol something that [he] turn[ed] to for a way to cope.” Tr. at 77–78.

Psychiatrist evaluated him, he had a problem with his alcohol consumption. *Id.* at 82. He also stated that when he received the Report, he was “shocked” by how accurate the observations were. *Id.*

The Individual has been attending a weekly recovery meeting called “Yogis in Recovery.” *Id.* at 63. The meeting is an adaption of an AA style meeting, where attendees spend forty-five minutes doing a meditation reading that is related to sobriety and then sharing. *Id.* at 63, 71. After that, there is a forty-five-minute yoga session. *Id.* at 71. The class also uses a modified version of AA’s twelve step method, and the Individual feels he has made good progress on the first six steps. *Id.* at 72. He began attending those meetings on July 7, 2024, and has attended almost every week since then up to the date of the hearing. *Id.* at 70. He also regularly attends yoga classes that are not recovery based. *Id.* He believes that yoga has improved the ways he approaches problems at work and changed the way he interacts with people. *Id.* at 73. It has helped him accept situations that he cannot change or affect, which has greatly reduced his anxieties. *Id.* The Individual said that the yoga has not just affected his sobriety, but it has changed the way he “interact[s] with the world.” *Id.* at 74. He plans to continue attending these weekly sessions indefinitely because he enjoys the connections he has made in the meetings and being surrounded by people who share his experiences. *Id.* at 77, 98. While he does not have a formal sponsor at these meetings, he testified that he has made several friendships there and that there are a number of people he would feel comfortable asking for help if he needed it. *Id.* at 86.

The Individual has recently attended some online SMART Recovery meetings, but there were no in person meetings within an hour of his home, and he did not find the online meetings to be particularly beneficial. *Id.* at 64. The Individual also attended four sessions of Refuge Recovery, a recovery program that uses meditation, in July and August 2024. *Id.* at 67, 87–88. The Individual testified that he enjoyed these sessions, but he felt that he was “oversubscribed with commitments” and, therefore, prioritized going to the Yogis in Recovery meetings weekly. *Id.* at 67–68. On one occasion, the Individual attended a Refuge Recovery meeting after an upsetting event at work that he would have previously dealt with by going to get a drink. *Id.* at 67–68. During this meeting, he realized that going to a meeting where he completed a meditation and shared his feelings was valuable and a healthy way to deal with his emotions. *Id.* at 68.

The Individual has also tried to change where he spends time socially and he has become “open to [discussing] his alcohol issues with both friends and coworkers.” *Id.* at 69. For example, he stated that in the past, he used to have a few beers with coworkers after work, but he decided he was going to tell them that he had some alcohol problems that he is trying to address. *Id.* He stated that when he mentioned to his coworkers that he was abstaining from consuming alcohol, “almost all of them were quite supportive.” *Id.* When he does go to social events where other people are consuming alcohol, he has found that having a soda or a seltzer in his hand helps him deal with the social anxiety that he would have previously dealt with by consuming alcohol. *Id.* at 78–79. The Individual also has found that being open and telling his friends and coworkers why he has not been consuming alcohol has been helpful in those situations. *Id.* at 79.

In support of his assertions of abstinence, the Individual submitted four PEth test results. Ex. A; Ex. D. The tests were dated June 14, 2024, August 9, 2024, September 10, 2024, and October 18,

2024.⁶ Ex. A; Ex. D. The first test returned a value of 11 ng/mL, which indicates “[a]bstinence or light alcohol consumption.” Ex. A. The remaining three tests returned a value of less than 10 ng/mL, which means no alcohol was detected. Ex. A; Ex. D. He also provided attendance sheets from his “Yogis in Recovery” class that he has been attending since early July 2024. Ex. B; Ex. C at 1.

The Individual’s wife testified that she has known the Individual since 2017, and they have been married since January 2020. Tr. at 14. The Individual’s wife explained that during the COVID-19 pandemic, she became concerned about the amount of alcohol that she and the Individual were consuming, and they decided to try to “cut back.” *Id.* at 24. Around that time, there was one night where the Individual drank more than he intended. *Id.* The next morning, he told the wife about the incident, decided to stop drinking indefinitely, and begin to see a counselor at his wife’s urging. *Id.* The Individual began consuming alcohol again after this period of sobriety.⁷ *Id.* at 25. She stated that the last time she saw the Individual consume alcohol was near the end of April 2024. *Id.* Since that time, she does not believe that the Individual has consumed any alcohol outside of her presence because they spend a great deal of time together, and even when one of them is out of town, they will often spend several hours talking on the phone each evening. *Id.* at 17. On one occasion, while the Individual was on a work trip, they discussed how the Individual would handle a social event with his coworkers at a brewery. *Id.* Before the social event, they discussed his plan to order some seltzers instead of consuming alcohol, and after the social event, they spoke on the phone and the Individual sounded sober and told his wife about the flavors of the seltzers he drank. *Id.* at 17–18.

The wife is not currently consuming any alcohol. *Id.* at 18. She had some alcoholic beverages over the summer but began to abstain from consuming alcohol with the Individual at his request in “July or August.” *Id.* The wife noted that she and her husband have been trying to make sure that social events they attend as a couple are less alcohol focused, like going to a restaurant or friend’s home for dinner instead of meeting at a brewery. *Id.* at 21. The wife also testified that she knows stress, particularly related to work, has been a trigger for her husband’s alcohol use in the past. *Id.* at 19. She said that she believes he has been learning to handle that stress in a healthier manner, specifically by talking to his supervisors and by taking time off. *Id.* The wife also said that she knows he has been working on developing stronger coping strategies with the psychologist, who he has been seeing on a weekly basis. *Id.* at 20, 39. She stated that the Individual was previously seeing the Counselor but has been seeing the psychologist since early summer 2024. *Id.* at 20, 39. She cited walking to work, attending yoga classes several times a week, and reading as strategies that she has seen him use recently. *Id.* at 20–21. The wife knows that one yoga class he has been attending regularly is “Yogis in Recovery,” which consists of a recovery meeting followed by a

⁶ When asked if the lack of a test from July 2024 concerned him, the DOE Psychiatrist said that it was a mild concern, but the fact that the Individual voluntarily underwent the testing, without a recommendation from the DOE Psychiatrist, allayed those concerns. Tr. at 158. The DOE Psychiatrist also stated that based on the Individual’s honesty about his alcohol consumption at the time of the evaluation, he found the Individual’s testimony that the time between tests was not intentional to be credible. *Id.* at 99, 154–55, 158.

⁷ It was not clear from the wife’s testimony whether she was describing a separate period of abstinence than the six-month period in 2023 that the Individual had described.

yoga class. *Id.* at 40. She believes that this class has given the Individual “a sense of community” that he was struggling to find in more traditional recovery groups. *Id.* at 41.

The Individual’s wife testified that she has seen significant improvements in the Individual’s physical health since he stopped consuming alcohol. *Id.* at 23. He has lost weight and been able to discontinue the use of some medications. *Id.* The yoga classes he has been attending have made him more fit and improved his posture. *Id.* She also believes that he has seemed less depressed and more optimistic since he stopped consuming alcohol. *Id.*

. The Individual’s wife explained that she views the Individual’s current period of sobriety as different from the previous ones because the Individual appears “to be enjoying sobriety and the changes that it has brought to his life, instead of feeling like it’s something that [the wife has] imposed upon him.” *Id.* The wife stated that this time the Individual wants his sobriety “for his own wellbeing rather than trying to make his wife happy.” *Id.* at 26. She also credits the Report for shifting the Individual’s perspective on his relationship with alcohol. *Id.* Because of all of these factors, the wife has a “level of optimism” about the Individual’s sobriety that she has not had in the past. *Id.*

The Counselor testified that he is a licensed clinical social worker who has historically worked a lot with individuals who struggle drug and alcohol abuse. *Id.* at 103. He has been seeing the Individual since October 2022. *Id.* He stated that they have spent a great deal of time in their sessions discussing the Individual’s alcohol use and how it affected other mental health issues that might be causing the Individual distress. *Id.* at 104. The Counselor explained that during their therapeutic relationship, the Individual typically seemed very ambivalent about his sobriety, going through periods where he would stop consuming alcohol, then start again. *Id.* at 105. Approximately four or five months prior to the hearing, the Counselor noticed that “a light switch had gone off” and “something started to click” that made the Individual notably excited about maintaining his sobriety. *Id.* The Counselor also noted around this time that the Individual began attending a type of AA meeting that included a yoga practice that the Counselor knew the Individual found to be very valuable. *Id.* at 105–06. The Counselor knows another person who has abstained from consuming alcohol for a long time and attends this recovery group and “thinks very highly of it.” *Id.* at 123. The Counselor felt that previously, the Individual had ceased consuming alcohol because everyone told him that he should, but this time, the Individual was not “mad” that he needed to be sober. *Id.* at 106. Now, the Individual had stopped consuming alcohol because he realized that it was the best thing for him. *Id.*

The Counselor testified that due to some changes in the Individual’s insurance, the Counselor was no longer accepting the Individual’s insurance, so he had only seen the Individual approximately monthly over the last six months, but he knew the Individual was also seeing a psychologist⁸ on a weekly basis. *Id.* at 107–08. Previously, the Individual had been seeing the Counselor on a weekly basis. Ex. 5 at 23. The Counselor said, when he saw the Individual at the beginning of the summer for the first time after a month or so, he noticed a profound change in the Individual, noting that

⁸ The Counselor testified that he had previously supervised the psychologist that the Individual is currently seeing and confirmed that she has the necessary training to help the Individual maintain his abstinence from alcohol. Tr. at 124. He also testified that it was his recollection that the Individual reported having a good relationship with the psychologist. *Id.*

he seemed more calm, less anxious, and less depressed. *Id.* at 110–11. In the last six months, he has emphasized to the Individual the importance of developing a strong “sober support network” as well as generally not isolating himself from other people around him. *Id.* at 111–12. The Counselor explained that one way the Individual achieved this goal was engaging with his colleagues at work by going to their lunchtime card game. *Id.* at 112. He also believes that the Individual is now more willing to let other people support him in his struggles with alcohol consumption and mental health. *Id.* at 110, 113. The Counselor thinks that the Individual’s current participation in therapy and recovery groups, combined with his support network, should be sufficient for him to maintain his abstinence from alcohol, though he believes that the Individual would benefit from continuing to see him every six weeks or so for the near future. *Id.* at 125.

The Counselor testified that the Individual’s prognosis regarding alcohol use had improved from fair, which is the prognosis he provided when interviewed by the in December 2023, to “good to excellent” at the time of the hearing. *Id.* at 115; Ex. 5 at 23 (Report); Ex. 8 at 151 (ROI). He also stated that the Individual’s risk for resumption of problematic alcohol consumption was clinically low, particularly if the Individual stays connected to his support networks. *Id.* at 121–22.

The DOE Psychiatrist testified that he felt that the Individual’s participation in therapy and various other outpatient programs fulfilled the treatment recommendations that he made in his Report. *Id.* at 145. He stated that, in his opinion, the Individual had shown adequate evidence of rehabilitation or reformation from his AUD “even though he’s only done six months [of abstinence] . . .” *Id.* at 145. The DOE Psychiatrist went on to explain that while he generally keeps with his “guideline” of one year of treatment to show rehabilitation or reformation, he felt that the Individual’s testimony and that of his witnesses showed that there was a good reason to deviate from that guideline in this case. *Id.* at 146. The DOE Psychiatrist noted that he found the wife’s testimony to be compelling when she testified about how the Individual’s dedication to recovery dramatically changed over the summer and how he began to enjoy his sobriety. *Id.* at 147. He was also impressed by the Individual’s honesty in reporting his problem to DOE without any precipitating incident and his inclusion of his former primary care doctor’s concern about his liver enzymes. *Id.* at 148. The DOE Psychiatrist also noted that the Individual stopped consuming alcohol prior to receiving the Report with the DOE Psychiatrist’s recommendations and that starting work on an issue like an AUD quickly is “a good prognostic sign.” *Id.* Finally, the DOE Psychiatrist explained that the Individual’s AUD was “on the mild end,” which also made him more comfortable with the Individual’s progress in a shorter period of time. *Id.* at 148–49. When asked why he felt the Individual’s current period of sobriety was different than the Individual’s previous attempts, the DOE Psychiatrist said that the testimony he heard, including the Counselor’s comment about the change being “like a light switch went on,” convinced him that the Individual has progressed enough to be considered reformed or rehabilitated. *Id.* at 149–50.

The DOE Psychiatrist stated that he felt the Individual’s prognosis regarding AUD was good on a good, fair, poor scale. *Id.* at 150, 155. He explained that he feels the combination of the Individual’s regular “Yogis in Recovery” meetings, his weekly meetings with his psychologist, and his monthly meetings with his Counselor are a sufficient constellation of treatments for the Individual to

continue to be successful in his recovery. *Id.* at 162. He testified that the Individual's AUD is in sustained remission. *Id.* at 164.

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.

Here, the Individual has clearly acknowledged his pattern of maladaptive alcohol use, and he has displayed a willingness to admit to his previous shortcomings without becoming defensive about them. He has been seeing a psychologist on a weekly basis to discuss issues in life, including his previous alcohol use. He has supplemented those sessions with monthly meetings with his Counselor although his Counselor no longer accepts his insurance plan to ensure he has consistency in his treatment. To complement his therapy, the Individual has tried several recovery meetings and found one that works well with his personality and lifestyle. He has provided a printout showing that he has been attending these yoga and recovery meeting sessions on a weekly basis. The attendance sheet also showed that the Individual has been attending other yoga classes regularly as well, and his testimony about how these classes have affected his outlook on life was compelling. The Individual also established that he has plans in place for how to be around other people who are consuming alcohol while remaining abstinent and that he has a strong support network that he can call on should he need it. The Individual testified that several of his coworkers were supportive of his sobriety and that he had made friends with several people in his recovery meetings who he felt comfortable reaching out to if necessary. More specifically, his wife's anecdote about the social event at a brewery with his coworkers showed that the Individual is

willing to lean on his support network to help him through potentially difficult situations when he needs the support.

The Individual testified to his commitment to abstinence from alcohol, and his testimony was corroborated by the testimony of his wife and his Counselor. The Individual also provided several PEth tests to provide laboratory proof of his abstinence which reflect his abstinence starting approximately early May 2024 through October 2024, even though the DOE Psychiatrist did not specifically recommend the Individual provide these tests as proof of abstinence. Both the wife and the Counselor's independent testimony about the change in the Individual's attitude toward sobriety and life were persuasive as well and showed how the Individual's perspective had changed compared to previous attempts at sobriety. While the Individual's period of abstinence and treatment at the time of the hearing was shorter than what the DOE Psychiatrist recommended in his Report, he has engaged in counseling with two providers who are providing treatment to address his substance abuse issues as recommended by the DOE Psychiatrist. The Individual's weekly recovery meeting is another form of regular treatment that the Individual participates in that goes beyond what was recommended by the DOE Psychiatrist. Further, the DOE Psychiatrist's testimony that he believed the Individual was rehabilitated and reformed has convinced me that the Individual's treatment, combined with his negative PEth tests, and the credible testimony of his witnesses, was sufficient to show that he has established a pattern of abstinence in accordance with the treatment recommendations.

For the reasons stated above, I find the Individual has mitigated the Guideline G security concerns raised by the LSO pursuant to mitigating factor (b).

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 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