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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: September 9, 2024 )  
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Case No.: PSH-24-0190

Issued: March 11, 2025

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**Administrative Judge Decision**

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Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX Torres (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."<sup>1</sup> 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 her to hold an access authorization, which she received in November 2020. Exhibit (Ex.) 7 at 1. In December 2023, the Individual's parents each separately reported their concerns over their daughter's alcohol use to DOE. Ex. 1 at 3; Ex. 24 at 1. In the report that she made to the Local Security Office (LSO), the Individual's mother indicated that the Individual "is an alcoholic" and that the Individual "began drinking" after she began working for her current employer, the DOE contractor. Ex. 25 at 1. She noted that the Individual felt pressured by her coworkers to consume alcohol, and that as a result of her consumption, she "misses a lot of work[.]" *Id.* The Individual's father indicated that the Individual told him that "she wants to quit drinking, so [he] encouraged her to seek" treatment at an inpatient treatment facility. Ex. 24 at 2; Ex. G at 1. He indicated that he was "relieved" that his daughter, the Individual, "admitted to having a problem." Ex. G at 1. Both reports indicated that the Individual was consuming alcohol on a daily basis. Ex. 24 at 2; Ex. 25 at 1.

In the same week that her parents reported her alcohol consumption to the LSO, the Individual presented to the emergency room (ER) on two separate occasions. Ex. 1 at 3; Ex. 21 at 3; Ex. 22 at 1; Ex. 23 at 1; Ex. 7 at 1. The first time she presented to the ER, the Individual was experiencing

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<sup>1</sup> 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.

“severe weakness and alcohol withdrawal[.]” Ex. 1 at 3; Ex. 21 at 3; Ex. 22 at 1. She was diagnosed with alcohol abuse, alcohol withdrawal, and alcohol addiction. *Id.* On the second occasion she presented to the ER, the Individual had experienced “negative side effects” from a drug that had been prescribed to her two days prior, and she was diagnosed with alcohol abuse and alcohol withdrawal. Ex. 1 at 3; Ex. 23 at 1. Medical records indicate that she was also referred to a thirty-day “inpatient alcohol abuse treatment facility[.]” *Id.* The Individual sought treatment for her maladaptive alcohol consumption in December 2023 at a thirty-day inpatient treatment program, where she was diagnosed with Alcohol Use Disorder (AUD), Severe, and she completed the program in January 2024.<sup>2</sup> Ex. 1 at 3; Ex. 16 at 1; Ex. 17 at 1; Ex. 18 at 1; Ex. 21 at 1, 19; Ex. 8 at 2; Ex. 7 at 1. The Individual was cleared by a personal provider to return to work without restrictions in January 2024, an opinion with which the contractor’s Occupational Medicine program agreed. Ex. 17 at 1; Ex. 10 at 1. Occupational Medicine recommended that the Individual get in touch with her employer’s Employee Assistance Program (EAP). Ex. 10 at 1.

The LSO asked the Individual to complete two Letters of Interrogatory (LOI), which the Individual submitted in February 2024 and March 2024.<sup>3</sup> Ex. 7; Ex. 8; Ex. 13. As questions regarding her alcohol consumption remained, the Individual was asked to see a DOE-consultant psychologist (DOE Psychologist) for a psychological evaluation. Ex. 1. The Individual underwent the evaluation in April 2024, for which she submitted to a Phosphatidylethanol (PEth) test.<sup>4</sup> *Id.* at 6; Ex. 2. The DOE Psychologist compiled and issued a report (the Report) of her findings in April 2024, in which she concluded that the Individual met the criteria for a diagnosis of AUD, as set forth in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, Text Revision* (DSM-5-TR). Ex. 1 at 6–7. She also concluded that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 7.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified her that it possessed reliable information that created a substantial doubt regarding her continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guidelines G (Alcohol Consumption) and E (Personal Conduct) of the Adjudicative Guidelines. Ex. 29. The Notification Letter informed the Individual that she was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding her eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual

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<sup>2</sup> The treatment notes from the inpatient facility indicate that ER doctors provided the Individual with a “taper schedule,” so that she could reduce her alcohol intake. Ex. 21 at 3. However, the Individual was not able to stop drinking on her own, as she was consuming “a pint or more of vodka” every day for the past year. *Id.*

<sup>3</sup> Although listed as Exhibit 8 in the exhibit list, the DOE notebook did not contain a copy of the February 2024 LOI response. Exhibit 8 was a duplicate of Exhibit 13, the March 2024 LOI response.

<sup>4</sup> “PEth accumulates when ethanol binds to the red blood cell membrane[.]” and a “PEth level reflects the average amount of alcohol consumed over the previous [twenty-eight to thirty] days as red blood cells degrade an enzymatic action removes PEth.” Ex. 2 at 1–2. A result over 20 ng/mL indicates “moderate to heavy” alcohol use. *Id.* at 2.

testified on her own behalf and presented the testimony of her coworker and father. *See* Transcript of Hearing, OHA Case No. PSH-24-0190 (hereinafter cited as “Tr.”). The Individual also submitted nine exhibits, marked Exhibits A through I. The DOE Counsel submitted twenty-nine exhibits marked as Exhibits 1 through 29 and presented the testimony of the DOE Psychologist.

## **II. Notification Letter**

### **A. Guideline G**

Under Guideline G, “[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern is “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]” *Id.* at ¶ 22(d).<sup>5</sup> Under Guideline G, the LSO alleged that in April 2024, the DOE Psychologist diagnosed the Individual with AUD, Severe. Ex. 29 at 3.<sup>6</sup> The LSO’s allegations under Guideline G are justified.

### **B. Guideline E**

Under Guideline E, “[c]onduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual’s reliability, trustworthiness, and ability to protect classified or sensitive information.” Adjudicative Guidelines at ¶ 15. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are the “deliberate . . . falsification of relevant facts from any . . . personal history statement, or similar form used to conduct investigations . . . determine national security eligibility, or trustworthiness[.]” and “deliberately providing false or misleading information . . . concerning relevant facts to [a] . . . competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination.” *Id.* at ¶ 16(a)–(b). Another condition that could raise a disqualifying security concern is

[C]redible adverse information that is not explicitly covered under any other guideline and may not be sufficient by itself for an adverse determination, but which, when combined with all available information, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information. This includes, but is not limited to, consideration of . . . a pattern of dishonesty[.]

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<sup>5</sup> Although the DOE Psychologist concluded that the Individual “habitually and binge consumes alcohol to the point of impaired judgment,” the LSO did not allege the same in the Notification Letter and failed to invoke the disqualifying condition at ¶ 22(c) of the Adjudicative Guidelines.

<sup>6</sup> The LSO alleged additional facts which informed the DOE Psychologist’s diagnosis, but which do not present security concerns in of themselves.

*Id.* at ¶ 16(d).

Under Guideline E, the LSO alleged that:

1. The Individual indicated in the March 2024 LOI response that she last consumed alcohol in late January 2024. Ex. 29 at 4. However, when asked about the last time she consumed alcohol during her April 2024 psychological evaluation, the Individual told the DOE Psychologist that she consumed alcohol in February 2024. *Id.* “In view of [the Individual’s] PEth result and incomplete information regarding the extent and frequency regarding [her] alcohol use,” there are “concerns regarding [the Individual’s] honesty.” *Id.*
2. The Individual initially told the DOE Psychologist that she last consumed alcohol in February 2024, but once she was notified that she was being asked to submit a blood sample for a PEth test, the Individual indicated that she “had actually consumed alcohol two days prior to the [April 2024] psychological evaluation.” *Id.*
3. The Individual told an intake specialist at the inpatient treatment program that she was going to be drug tested weekly for two years by her employer. *Id.* However, at that time, the Individual had not signed an SOU “agreeing to be abstinent” and requiring “alcohol testing for two years.” *Id.*<sup>7</sup>

The LSO’s allegations under Guideline E are justified.

### III. Regulatory Standards

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

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h).

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<sup>7</sup> The LSO also listed as a relevant fact under Guideline E that the DOE Psychologist gave the Individual a “guarded” prognosis due to, among other things, “lack of candor.” This alleged fact does not raise a concern under Guideline E of the Adjudicative Guidelines.

Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

#### IV. Findings of Fact and Hearing Testimony

The Individual consumed alcohol socially in college and was abstinent from alcohol for the four years following graduation. Ex. 1 at 3; Ex. 8 at 5. She began consuming alcohol again in 2022, “to relax a little more.” Ex. 1 at 3; Tr. at 81. Her consumption increased in February 2023, and in the “second half of 2023[,]” the Individual was “drinking to intoxication three to four times per week.”<sup>8</sup> Ex. 1 at 3–4; Ex. 8 at 5–6; Ex. 7 at 2; Tr. at 82–83. Her consumption was primarily in the evening hours, “when she was home alone.” Ex. 1 at 3. When the DOE Psychologist asked her during the psychological evaluation how much she was drinking during this time, she indicated that she “never measured.” *Id.* She did indicate that “alcohol makes [her] really sick[,]” and that vodka is the only alcohol that she “can handle.”<sup>9</sup> *Id.* However, she indicated in the March 2024 LOI response that she would not drink more than a pint “at a time,” and she admitted to the DOE Psychologist that she “has blacked out a handful of times[,]” following the consumption of “more than a pint of alcohol[.]”<sup>10</sup> Ex. 1 at 3; Ex. 8 at 6. The record also indicates that there were times when the Individual took leave from work to treat hangover symptoms with intravenous fluids.<sup>11</sup> Ex. 1 at 3–4; Ex. 8 at 7; Ex. 7 at 2; Tr. at 84.

Prior to the December 2023 ER visits, the Individual would go through cycles of discontinuing her alcohol consumption, causing her to suffer through alcohol withdrawal symptoms, which she would endure at her home. Tr. at 86, 157–58. She estimated that she had suffered through withdrawal symptoms three or five times in 2023. *Id.* at 86, 157. At the time the Individual was drinking more frequently, the Individual’s father had observed that the Individual “did not look healthy anymore” and noticed a difference in her behavior, like reduced visits with her family. Ex. G at 1; Tr. at 39–42. Around December 2023, the Individual told her father that she wants “to get help[,]” and her father agreed to help her get in touch with a treatment facility. Tr. at 43–44. The weekend the Individual went to the ER for the first time, the Individual’s father had “compelled her to stay” at his home so that he could “help her detox from alcohol.” Ex. G at 1; Ex. 24 at 2; Tr. at 39, 49–50. The symptoms that the Individual experienced prompted the Individual’s father to take her to the ER. Tr. at 49–51, 76–77, 86. The Individual was prescribed medicine “to help take

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<sup>8</sup> Her consumption had increased due to ongoing marital problems and “boredom.” Ex. 8 at 6; Ex. 1 at 3.

<sup>9</sup> The Individual submitted medical discharge documents pertaining to a procedure that she underwent in June 2022. Ex. A. The documents indicate that “[a]lcohol consumption may elevate the risk of postoperative complications[,]” like “nausea, vomiting, and gastrointestinal discomfort[.]” *Id.* at 2. It was recommended that the Individual avoid alcohol consumption entirely, “especially the first few months following surgery.” Ex. at 3; Ex. 7 at 2. She testified that as a result of the surgery, vodka was the only alcohol that she could tolerate. Tr. at 83.

<sup>10</sup> In the March 2024 LOI response, the Individual estimated that she blacked out “over [ten] times” since February 2023. Ex. 8 at 7; Ex. 7 at 2.

<sup>11</sup> At the hearing, the Individual denied her prior statement indicating that she received the fluids for hangovers, stating that the fluids were recommended to her by her doctor for nutritional reasons. Tr. at 85, 155, 171–72.

the edge off [of her] withdrawal symptoms[.]” and she was released the same day. *Id.* at 50–51, 89. As stated above, the Individual was taken to the ER again two days later.<sup>12</sup> *Id.* at 50, 52, 88.

The day after the second ER visit in December 2023, the Individual enrolled in a recovery program, and intake notes indicate that the Individual stated that she “really [did not] feel like [she] need[ed] to be [in treatment]” and that she was “just doing it for the sake of her work telling [her] to.” Ex. 21 at 6; Tr. at 52, 89–90. The notes also indicate that the Individual said that the matter of her inpatient treatment had to be reported to her employer, and that “[s]he will now have to be drug tested weekly for the next [two] years at work.” Ex. 21 at 6. The thirty-day inpatient treatment program that the Individual attended consisted of daily group therapy sessions, weekly individual therapy sessions, and other modes of therapy like music therapy. Ex. 8 at 2; Tr. at 158. As indicated above, the Individual satisfactorily completed the program in January 2024. Ex. 8 at 2. She was required to abstain from alcohol while in attendance. Ex. 1 at 4. The treatment program recommended that she attend and complete an IOP upon the completion of the inpatient program. Ex. 8 at 1–3.

The Individual reported in her March 2024 LOI response that she next consumed in January 2024, three days following her release from treatment, when she consumed approximately one pint of vodka.<sup>13</sup> Ex. 8 at 4; Ex. 7 at 2. She stated that marital difficulties triggered the episode of alcohol consumption, but that she “realize[d] this [was] not an excuse to drink[.]” Ex. 8 at 4. During the April 2024 psychological evaluation, the Individual told the DOE Psychologist that the first time she consumed alcohol after completing treatment was in February 2024, which was triggered by a telephone conversation she had with now her ex-husband. Ex. 1 at 4; Tr. at 59–60, 98–99. On this occasion, she consumed “less than nine ounces” of vodka. Tr. at 162. The DOE Psychologist asked her about the fact that she had indicated in her March 2024 LOI response that she consumed alcohol in late January 2024, three days after her discharge from the inpatient treatment program. Ex. 1 at 4; Ex. 7 at 2. The Report indicates that the Individual “exhibited pronounced surprise and confusion” in response to the question and insisted on the late February 2024 date as her last date of consumption. Ex. 1 at 4. The DOE Psychologist noted that once the Individual was informed that she was taking a PEth test in conjunction with the evaluation, she also admitted to consuming alcohol “[two] days prior to the evaluation[.]” *Id.* at 4; Tr. at 182. When asked how much alcohol she had consumed, she approximated that she had consumed on that occasion “[l]ess than [one] liter[.]” *Id.* She consumed the alcohol over the span of “two to three days.” Tr. at 162. However, the Individual maintained that she had not consumed alcohol from late February 2024 to two days prior to the evaluation. Ex. 1 at 4.

The Report indicates that the Individual initially signed up for an IOP online and explained to the DOE Psychologist that treatment was going to begin at the end of March 2024.<sup>14</sup> *Id.* at 4–5. She also told the DOE Psychologist that she intended to “enter an SOU contract with EAP,” as she

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<sup>12</sup> The Individual testified that she felt that her parents “were really pushing [her] to be hospitalized[.]” and indicated that her first trip to the ER “was [an] extreme and dramatic” response to her withdrawal symptoms. Tr. at 89.

<sup>13</sup> The Individual indicated in her testimony that this date was incorrect, and she did not realize that she had provided an incorrect date until she spoke to the DOE Psychologist. Tr. at 100. She maintained that her first drink following her release from treatment was in February 2024. *Id.*

<sup>14</sup> The Individual testified that at the time, she was trying to sort through her finances, and the IOP was going to cost “a couple thousand[] dollars[.]” Tr. at 112–13. Accordingly, she did not enroll in the IOP in early 2024. *Id.*

“was reportedly not under any testing/breathalyzer/blood testing requirements at work to verify abstinence.” *Id.* at 5. The DOE Psychologist observed in the Report that “[d]espite her stated intentions for IOP treatment, indefinite sobriety, and having no ‘intentions of hiding or concealing information,’ [the Individual’s] follow-up participation in outpatient treatment has been delayed, minimal, and insufficient for maintaining sobriety.” *Id.* At the time of the psychological evaluation, the Individual had attended “one or two” therapy session with an EAP provider and approximately five Alcoholics Anonymous (AA) meetings. *Id.*; Tr. at 95, 159–60.

As indicated above, the Individual submitted to a PEth test conducted in conjunction with the psychological evaluation.<sup>15</sup> The result of the PEth test was 664 ng/mL, which, according to the medical doctor who interpreted the results, indicated that the Individual “consumes alcohol very heavily.” Ex. 2 at 2; Ex. 4 at 1. The medical doctor also opined that a value of 664 ng/mL is consistent with “[four] or more drinks at one sitting for women” on a near daily basis. Ex. 2 at 2.

The DOE Psychologist concluded that the Individual “habitually and binge consumes alcohol to the point of impaired judgment[,]” and that she meets sufficient diagnostic criteria for a diagnosis of AUD, Severe. Ex. 1 at 6. She determined that when the Individual drinks, “[a]lcohol is often taken in larger amounts over a longer period than was intended[,]” the Individual has a “persistent desire or unsuccessful efforts to cut down or control alcohol use[,]” she experiences a “[c]raving[] or a strong desire or urge to use alcohol[,]” and the Individual “[c]ontinued alcohol use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of alcohol.” *Id.* at 6–7. Additionally, the Individual has experienced “[t]he characteristic withdrawal syndrome for alcohol” and tolerance. *Id.* at 7. In determining whether the Individual had shown adequate evidence of rehabilitation or reformation, the DOE Psychologist observed that although the Individual completed an inpatient treatment program, the Individual relapsed soon thereafter and experienced an episode of binge drinking two days prior to the psychological evaluation, and her failure to remain abstinent was likely due to marital complications and “a failure to participate in appropriate outpatient treatment[.]” *Id.*

The DOE Psychologist opined that for the Individual to achieve adequate rehabilitation or reformation, she must “consistently participate in an IOP that requires at least nine hours of therapeutic and educational meetings a week, usually in three-hour sessions, for between twelve to sixteen weeks.” *Id.* Further, the Individual should participate in “a twelve-step or similar” program with “familiarity with a recovery model[.]” *Id.* The Individual should participate in such a program for the duration of at least one year, attending meetings at least three times per week. *Id.* She should work the Twelve Steps of AA with a sponsor or “follow[] the guidelines of another mutual support group.” *Id.* The Individual should also remain abstinent from alcohol for two years and submit to monthly PEth tests for one year to demonstrate her ongoing abstinence. *Id.* at 7–8.

The DOE Psychologist opined in the Report that the Individual has “demonstrated a pattern of failure to report a truthful, consistent, and accurate history.” Ex. 1 at 8. The DOE Psychologist felt

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<sup>15</sup> At the hearing, the Individual noted that the nurse taking her blood used rubbing alcohol to swab her arm before inserting the needle, prompting other nurses to admonish the nurse, and thus, made the Individual wonder whether the nurse should have swabbed her arm with the rubbing alcohol prior taking her blood. Tr. at 108. The DOE Psychologist noted that “[it is] not reasonable or anywhere realistic to believe that swabbing [the Individual’s] arm with [rubbing] alcohol would have affected” the results “in any way.” *Id.* at 190.

that the Individual's "honesty in her responses . . . ha[s] been limited due to intentional attempts to minimize or misrepresent her alcohol use." *Id.* Accordingly, the DOE Psychologist gave the Individual a guarded prognosis "due to limitations in self-awareness, treatment compliance, and lack of candor." *Id.* at 7.

Several months after the psychological evaluation, the Individual made another visit to the ER in late July 2024 to treat alcohol withdrawal. Tr. at 114; Ex. C. The Individual indicated that she relapsed a third time in July 2024, when she consumed alcohol on just one occasion.<sup>16</sup> Tr. at 115. She consumed roughly one eight-ounce cup of alcohol after not having eaten the week prior, which resulted in her hospital visit. *Id.* at 116–17. About one month after her ER visit, she signed an SOU in August. Ex. C. In the SOU, the Individual agreed that her continued employment with the DOE contractor would be conditioned upon her compliance with several conditions, including the successful completion of a chemical dependency assessment and appropriate treatment approved by the contractor's EAP. Ex. D. She also agreed that "it is recommended as part of [her] follow-up treatment that [she] totally abstain from alcohol[.]" *Id.* Accordingly, the Individual agreed to be subject to random "breath, urine, and blood" testing and that she "will participate in personal counseling with the [contractor's] EAP, at intervals recommended by the EAP representative[.]" *Id.* Pursuant to the SOU, the Individual submitted to five urine tests from August 2024 to December 2024, all of which were negative for alcohol. Ex. E at 1–10.

In addition to seeing an EAP therapist, the Individual began seeing a private therapist in July 2024. Tr. at 126, 166. Due to her private therapist's schedule, she has not seen the therapist for a session "since November or December" 2024. *Id.* Although she was seeing her EAP therapist on a biweekly basis in 2024, she now sees him "as needed." *Id.* In total, she has seen the EAP therapist five or six times. *Id.* at 152–53. Through therapy, she was able to understand the root cause of why she would consume alcohol, which she concluded had to do with her marriage and the stress it caused. *Id.* at 126. The Individual also indicated that although she has attended online AA meetings as she deems necessary, she has not attended them for a full year in accordance with the DOE Psychologist's recommendations. *Id.* at 128–29, 170.

The Individual enrolled in an IOP in August 2024, where she received a diagnosis of AUD, Severe. Ex. B at 1; Tr. at 64; Ex. C. The IOP lasted twelve weeks and consisted of "[three] hours of group therapy per day, for [three] days per week, for a total of [nine] hours per week[.]" Ex. B at 1. The program also included individual therapy, which took place once per week. *Id.* In addition to seeing a therapist, the program also gave the Individual access to a "life coach." Tr. at 126. The Individual completed the program in early November 2024. Ex. B at 1–2; Ex. C. A November 2024 letter from the Individual's IOP case manager indicates that the Individual "made significant progress toward her treatment goals[.]" which included "maintaining . . . abstinence from all mood-altering chemicals, [t]o be completely sober." Ex. B at 1. The letter also indicates that the Individual has "implement[ed] relapse prevention strategies[.]" *Id.* The Individual's father testified that since the completing the IOP, the Individual will not "hang out with the individual[s] in [his] family that are drinking" at family functions. Tr. at 65. Instead, the Individual keeps her distance, as she knows how to avoid alcohol. *Id.* at 65–66, 74. The Individual testified that she does not experience cravings, but if she did, she would contact the life coach. *Id.* at 168–70. She would also seek

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<sup>16</sup> The Individual testified that she had only "relapsed a total of three times" in 2024, the second incident being in April 2024, the week of the psychological evaluation. Tr. at 104–05.



support from her father, and counts her “close friends, and family” as part of her support system. *Id.* at 169. The Individual submitted to a PEth test in mid-January 2025, the results of which were negative.<sup>17</sup> Ex. F; Ex. H; Ex. I. The Individual testified that to the best of her knowledge, “there [is not] a single test that was done by a medical professional that ever diagnosed [her] as an alcoholic.” Tr. at 94. Rather, she felt that because she had labeled herself as an alcoholic in seeking help, she was given the diagnosis. *Id.*

The DOE Psychologist testified that if the Individual had relapsed in January 2024, as she initially indicated in the March 2024 LOI response, then it would suggest to the DOE Psychologist that the inpatient treatment the Individual received from December 2023 to January 2024, “was not substantial enough or at least successful enough to prevent a quick relapse[.]” Tr. at 183. The DOE Psychologist noted in her testimony that she “[does not] see [the Individual] as somebody who is blatantly trying to lie or to be dishonest.” *Id.* at 186. Rather, she believes that the Individual does not “understand[] the gravity of her alcohol use disorder.” *Id.* She also believes that the Individual does not understand the “gravity of [the] recommendations.” *Id.* Although the Individual completed an IOP, it was “a really good start” and “is not enough to provide enough support for somebody with a severe alcohol use disorder[.]” *Id.* at 187. The DOE Psychologist would have liked the Individual to demonstrate a greater level of participation in AA, like working the Twelve Steps, especially because she has no information regarding the quality of the therapy the Individual receives. *Id.* at 188. She opined that the Individual’s AUD requires “a much greater level of treatment and more consistency.” *Id.* She noted that the fact that the Individual has consumed alcohol despite having undergone surgery in 2022 that makes alcohol consumption harmful is itself an indicator of AUD. *Id.* at 190–91. The DOE Psychologist observed that while the Individual is not drinking and driving or otherwise engaging in behaviors that are dangerous to other people, she has “engag[ed] in behaviors that are dangerous to her.” *Id.* at 197. The DOE Psychologist testified that after considering the testimony provided, she believes the Individual’s risk of relapse “is incredibly high[.]” as the Individual is not participating in an aftercare program. *Id.* at 200.

At the hearing, the Individual’s coworker testified that he has worked with the Individual for approximately five years, and he feels that they are “good friends.” *Id.* at 22–23. The Individual’s coworker initially testified that he sees the Individual in social settings where alcohol is typically consumed about three times in a month but later testified that such an occasion last occurred “well over a year” ago in the summer of 2023. *Id.* at 22–24. Since the summer of 2023, the Individual’s coworker has spent time with the Individual on occasions where they have “met for dinner or lunches” with other coworkers. *Id.* at 25. On the last occasion they met for dinner or lunch, the Individual “was not drinking alcohol.” *Id.* at 25–27. The Individual’s coworker denied seeing her in an intoxicated state prior to December 2023 but stated that he believes that he saw her in an intoxicated state in early summer 2024. *Id.* at 28, 31. On that occasion, he visited the Individual’s home, and the Individual told him that “she might have had a drink or two[.]” *Id.* at 29.

## V. Analysis

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<sup>17</sup> The Individual submitted a letter dated January 2025 from her private therapist, indicating that her January 2025 PEth test results are “medical proof of her sobriety.” Ex. I. The provider who wrote the letter does not appear to be a medical doctor and the letter does not indicate whether he has received special training to interpret PEth test results. *Id.* Accordingly, to the extent that the provider’s letter interprets the PEth test results, I have afforded it little weight.

### A. Guideline G

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (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 record indicates that the Individual has taken notable action in addressing her maladaptive alcohol consumption, I cannot conclude that she has mitigated the stated concerns. The Individual completed an inpatient program, but did not immediately follow up with an IOP, when such an action might have been impactful. What ultimately resulted was the Individual's relapse. It was only after the alleged third relapse in July 2024 that the Individual allegedly stopped consuming alcohol, signed an SOU, and attended an IOP. While it appears that the Individual is now trying to take appropriate actions to address her AUD, I have concerns about whether the Individual has developed sufficient insight into the role that alcohol has played in her life. As stated by the DOE Psychologist, the Individual has engaged in behavior that harms her, like consuming alcohol despite undergoing a medical procedure after which it was recommended that she abstain from such behavior. Further, I am concerned by the fact that the Individual believes that she received an AUD diagnosis simply because she sought treatment, and thus, labeled herself an alcoholic. *Supra* note 3. This, of course, may be indicative of the fact that the Individual has not accepted the severity of her diagnosis. While I can appreciate the fact that the Individual sought treatment via an IOP, she has not submitted evidence, like a log, corroborating her participation in AA. Additionally, by her own admission, she has not completed a full twelve months of AA attendance. Further, although she indicated that her last relapse was in July 2024, I only have evidence of one negative PEth test from January 2025. Even if I am to accept that the Individual has been abstinent since July 2024, this falls short of the two years of abstinence that the DOE Psychologist recommended. In light of the DOE Psychologist's opinion that the Individual is at very high risk of relapse, the Individual's relatively brief period of claimed abstinence provides me with little certainty that she will not engage in problematic alcohol consumption in the future.

The Individual has not remained abstinent from alcohol for the recommended two years, and further, the record indicates that at the height of her alcohol consumption, the Individual was consuming alcohol on a daily basis and to intoxication three to four times a week. Therefore, I cannot conclude that enough time has passed, that the behavior was infrequent, or that it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on her current reliability, trustworthiness, or judgment. Therefore, the Individual has failed to mitigate pursuant to mitigating factor (a).

Whether the Individual has acknowledged that her pattern of alcohol consumption was maladaptive is not entirely clear, but the fact remains that although she has sought treatment, she has not established pattern of abstinence pursuant to treatment recommendations. Mitigating factor (b) has not been met.

As the Individual has a history of treatment and relapse, mitigating factor (c) is not applicable.

I cannot conclude that the Individual has mitigated the stated concerns pursuant to mitigating factor (d). Although she did attend two treatment programs, she has not participated in recommended aftercare. Further, she has not remained abstinent for two years, as recommended by the DOE Psychologist. The Individual has failed to mitigate the stated concerns pursuant to mitigating factor (d).

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

## **B. Guideline E**

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline E include:

- (a) The individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;
- (b) The refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;
- (c) The offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;
- (d) The individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances,

or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;

- (e) The individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;
- (f) The information was unsubstantiated or from a source of questionable reliability; and
- (g) Association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17.

The DOE Psychologist explicitly indicated in her report that the Individual's "honesty in her responses . . . have been limited due to intentional attempts to minimize or misrepresent her alcohol use." Ex. 1 at 8. However, in her testimony she indicated that she "[does not] see [the Individual] as somebody who is blatantly trying to lie or to be dishonest[.]" but rather, she believes that the Individual does not "understand[] the gravity of her alcohol use disorder." *Id.* at 186. There is, of course, a difference between the intentional minimization or misstatement of fact and a person's seeming inability to recognize the gravity of his/her illness, resulting in an unintentional minimization of his or her alcohol-related behavior. While I am willing to accept that individuals minimize their alcohol-related behavior due to the very nature of their illness, I ultimately do not find the Individual credible and I do not believe that her minimization or misstatement of fact was the result of her failure to understand the true nature of her illness.

First and foremost, the amount of alcohol the Individual reported drinking seems deeply inconsistent with the severity of her withdrawal symptoms. There are also some factual inconsistencies in the information that the Individual reported. For instance, she stated in the March 2024 LOI response that she first relapsed days after her release from inpatient treatment in January 2024, and that she previously received intravenous fluids to recover from hangover symptoms. However, at the hearing, the Individual insisted that both of those statements were not true. Further, she did not provide any explanation for the inconsistencies. A date of relapse is a factual piece of information that does not change, irrespective of how distorted one's perception of self may be due to the severity of one's AUD diagnosis. The Individual should have provided information regarding her last date of alcohol consumption in a straightforward manner, as opposed to providing answers that create doubt in the record. It is ultimately the Individual's burden to mitigate the stated concerns, and as the Individual has not alleviated my concerns pertaining to her credibility and the inconsistent information she provided, I cannot conclude that the Individual has mitigated any of the Guideline E concerns.

The Individual did not correct any of the inconsistent information before being confronted with the inconsistency. Accordingly, she has failed to mitigate the Guideline E concerns pursuant to mitigating factor (a).

The Individual did not allege that the inconsistent statements were the result of advice from an attorney or some other similar professional. Mitigating factor (b) is not applicable.

As the inconsistent statements pertain to information directly relevant to the Individual's ongoing AUD diagnosis, the investigation into the Individual's behavior, and the DOE Psychologist's analysis, I cannot conclude that the offense was minor, that enough time has passed since the offense occurred, that the behavior was infrequent, or that it occurred under unique circumstances. The Individual has failed to mitigate the Guideline E concerns pursuant to mitigating factor (c).

I have no information that the therapy the Individual is receiving is relevant to the alleged untruthful behavior. Mitigating factor (d) is therefore not applicable. The SSC did not contain allegations of vulnerability to exploitation, manipulation, or duress, and accordingly, mitigating factor (e) is not applicable. The Individual also did not allege that the inconsistent statements under Guideline E were the result of information obtained from an unsubstantiated source or a source of questionable reliability. Mitigating factor (f) is not applicable. The SSC also did not contain any allegation that the Individual was associated with persons involved in criminal activities. Mitigating factor (g) is not applicable.

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

## **VI. Conclusion**

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and E of the Adjudicative Guidelines. After considering all the evidence, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the Guideline G and Guideline E concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring her security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh  
Administrative Judge  
Office of Hearings and Appeals