United States Department of Energy
Office of Hearings and Appeals

In the Matter of:	Personnel Security Hearing	)		
		)		
Filing Date:	December 2, 2024	)	Case No.:	PSH-25-0035
		)		
		)		

Issued: April 15, 2025

Administrative Judge Decision

Janet R. H. Fishman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information.* (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. On April 9, 2024, after reporting late for work, the Individual disclosed to his supervisor that he had a problem with alcohol. Exhibit (Ex.) 5 at 20.[2] Later that day, the Individual underwent two Breath Alcohol Tests (BATs), the results of which showed the Individual's blood alcohol content was .153g/210L and .145g/210L. Ex. 5 at 20; Ex. 6 at 23.

In August 2024, the Local Security Office (LSO) referred the Individual for an evaluation by a DOE-contractor Psychologist (DOE Psychologist), who conducted a clinical interview of the Individual and issued a report (the Report) of her findings. Ex. 7. Based on her evaluation of the Individual, the DOE Psychologist opined that the Individual met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – Text Revisions* (*DSM-5-TR*) for a diagnosis of Alcohol Use Disorder (AUD), Severe, without adequate evidence of rehabilitation or reformation. *Id*. at 34. The DOE Psychologist also concluded that the Individual

[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 the DOE.

met the *DSM-5-TR* criteria for a diagnosis of Social Anxiety Disorder, and that his alcohol use has exacerbated his anxiety problem. *Id*.

In October 2024, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 7–8. In a 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) and Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id*. at 5–6.

The Individual requested an administrative hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from four witnesses: the Individual, his Therapist, his Counselor, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-25-0035 (Tr.). Counsel for the DOE submitted nine exhibits, marked as Exhibits 1 through 9. The Individual submitted thirty-one exhibits, marked as Exhibits A through EE.

II. The Summary of Security Concerns

A. Guideline G (Alcohol Consumption)

Under Guideline G, "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. Conditions that could raise a security concern under Guideline G include: "alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition," "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder," and a "diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder." *Id*. at ¶ 22(a), (c)–(d).

Under Guideline G, the LSO cited the DOE Psychologist's diagnosis of AUD, Severe, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also cited the Individual's admissions, during his psychological evaluation, that: in February 2024, he was drinking a fifth of whiskey per day and "blacking out" multiple times per week; that he was drinking alcohol straight from the bottle; that his drinking was "having negative effects on his physical and mental health;" and that he was experiencing "the shakes" during the day, while at work. *Id*. Finally, the LSO cited the Individual's positive April 9, 2024, BATs, and his admissions, made during his psychological evaluation, that he got drunk and blacked out the night before the BATs, and that he consumed "several shots of alcohol before going to work on April 9, 2024," and passed out, which made him late for work. *Id*. The LSO's invocation of Guideline G is justified.

B. Guideline I (Psychological Conditions)

Under Guideline I, "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. Conditions that raise a security

concern under Guideline I include "an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness." *Id*. at ¶ 28(b). In citing Guideline I, the LSO relied upon the DOE Psychologist's opinion that the Individual met the diagnostic criteria in the *DSM-5-TR* for a diagnosis of Social Anxiety Disorder, and that the condition could impair the Individual's judgment, stability, reliability, or trustworthiness, in part because "his alcohol use has exacerbated his anxiety problem." Ex. 1 at 6. The LSO's invocation of Guideline I is 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 their eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

Two weeks after his positive BATs, on April 23, 2024, the Individual enrolled in an Inpatient Treatment Program (ITP) for alcohol treatment. Ex. 5 at 20. While in this program, the Individual was diagnosed with AUD, Severe, and his treatment included medical detoxification, group therapy, and individual therapy. Ex. 7 at 29. However, treatment records from the ITP indicated that the Individual did not fully engage in treatment; although he attended group therapy, he did not complete his assignments, questioned whether he had a problem with alcohol, and expressed a desire to continue drinking with his friends and family. *Id.* at 28. On May 23, 2024, he was discharged from the ITP. *Id.* The ITP's discharge documentation indicated that, the Individual's prognosis was "guarded," because he was described as having "low insight" into the severity of his drinking problem and how it had affected him. *Id.* The ITP recommended that the Individual enter an intensive outpatient program (IOP), abstain from all "mood-altering chemicals," attend Alcoholics Anonymous (AA) meetings three to five times a week, and obtain an AA sponsor. *Id.* at 28.

On June 6, 2024, the Individual was admitted to an IOP (first IOP). Ex. M at 31; Ex. 7 at 29.[3] Progress notes from the first IOP indicate that it was held three hours a day, four days a week, and included group therapy and individual therapy sessions. Ex. 7 at 29. The Individual's participation in the group sessions was described as "minimal, unengaged, and any participation required prompting of the therapist." *Id*. His motivation for recovery ranged from "low to medium." *Id.*

On June 18, 2024, two weeks into the first IOP, the Individual missed a session and did not notify anyone of his absence. Ex. 7 at 29. When his IOP therapist called to check on him, the Individual said he was not feeling well, but the IOP therapist found his speech to be unclear. *Id.* Upon his return the next day, he was given an ethyl glucuronide (EtG) test for "suspected substance use." *Id.* When the IOP confronted him about a potentially positive EtG test,[4] the Individual admitted to consuming alcohol six days prior, on June 13, 2024. *Id.* On June 20, 2024, the Individual again failed to appear for treatment. *Id.* After his IOP therapist contacted him by telephone four days later, the Individual told the IOP therapist that he moved to another state to live with his parents and that he would like to transfer to an IOP there. *Id.*

On July 1, 2024, the Individual resumed treatment at the first IOP rather than transferring to another program, but his engagement with that IOP did not improve. Ex. 7 at 30. The IOP Counselor provided a letter which stated that the Individual "demonstrated limited engagement in group therapy sessions, [but] as treatment progressed, he exhibited increase[d] participation, becoming an active and constructive contributor." Ex. M at 31. Conversely, the DOE Psychologist's Report, which claimed to take information from the first IOP's progress notes, indicates that that the Individual showed a lack of progress completing assignments and that his motivation for recovery ranged from "low to medium." Ex. 7 at 30. On August 1, 2024, the Individual underwent a BAT at the first IOP, the results of which were positive for alcohol consumption. *Id.* The Individual denied consuming alcohol and claimed his positive BAT was caused by him ingesting "cold and flu syrup the night before." *Id.* The Individual later asked that he undergo alcohol testing at a laboratory, the results of an EtG test performed at a laboratory were negative for alcohol consumption. Ex. M. After the positive BAT, the IOP recommended that he continue his treatment for an additional week beyond his original discharge date. Ex. 7 at 30. On August 19, 2024, the Individual was discharged from the IOP. Ex. M.

During his August 6, 2024, psychological evaluation, the Individual told the DOE Psychologist that since his June 21, 2024, relapse during the IOP, he had abstained from alcohol. Ex. 7 at 28. As part of his evaluation, the Individual underwent Phosphatidylethanol[5] (PEth) testing on August 6, 2024, the result of which was negative and indicated the Individual had successfully abstained from alcohol during the past month. *Id.* at 42. The DOE Psychologist noted that the Individual had successfully maintained abstinence for less than two months since his June 2024 relapse. *Id.* at 33. The Individual told the DOE Psychologist that he believed that he would choose to drink in the future, because social events often involve drinking, and he would like to be able to join in

[3] The DOE Psychologist's Report referred to his admittance date as June 3, 2024, which the IOP refers to as June 6, 2024. Ex. 7 at 29; Ex. M at 31.

[4] The results of this test are not in evidence.

[5] "Phosphatidylethanol (PEth) is an abnormal cellular membrane phospholipid and was discovered for the first time in mammalians in 1983." *Phosphatidylethanol in Blood as a Marker of Chronic Alcohol Use: A Systematic Review and Meta-Analysis*, National Library of Medicine https://pmc.ncbi.nlm.nih.gov/articles/PMC3509610/ (last visited April 10, 2025).

"controlled social drinking." *Id.* at 28, 31. The DOE Psychologist found the Individual "demonstrated a complete lack of understanding of the severity of his drinking problem," and the nature of an AUD. *Id.* at 28.

The Report indicates that the Individual consumed alcohol as a way of "self-medicating anxiety he experiences around interpersonal interactions." Ex. 7 at 30. The Individual reported experiencing "delirium tremens while at work including shaking and confusion," but his symptoms did not bother or concern him enough to try and reduce his alcohol consumption. *Id.* Despite undergoing months of alcohol treatment, the Individual did not understand he had an alcohol problem until he realized his job might be at risk due to his alcohol consumption. *Id.* At the time of his evaluation, the Individual had not attended AA meetings or obtained an AA sponsor, as recommended by the ITP and first IOP. *Id.* The Individual told the DOE Psychologist that he did not like meetings or "hearing other peoples' stories and struggles." *Id.* The DOE Psychologist found the Individual to be "unapologetically opposed" to being open with others about his drinking problem and using peer support in his recovery. *Id.* at 31. She found that, although the Individual told his supervisor that he had a problem with alcohol, he was not taking responsibility for his drinking problem. *Id.* She stated in the Report that the Individual had completed the first IOP in an effort to avoid losing his job, rather than to acknowledge and address his problem with alcohol. *Id.*

The DOE Psychologist opined that the Individual met sufficient *DSM-5-TR* criteria for a diagnosis of AUD, Severe, without adequate evidence of rehabilitation or reformation. Ex. 7 at 34. To treat his AUD, Severe, the DOE Psychologist recommended that the Individual abstain from alcohol for at least 24 months and, if the Individual returned to work, for him to undergo PEth testing monthly during the first 12-month period and every two months for the second 12-month period. *Id.* She also recommended that the Individual participate in AA, at least three times a week, for at least the first 12-month period. *Id.* She noted that alternatives to AA included "SMART, Celebrate Recovery, Motivation-Enhanced Therapy, or 12-step Facilitation Therapy." *Id.* She also recommended the Individual receive counseling to address anxiety and depression. *Id.* As for the Individual's mental state, the DOE Psychologist found that he avoided social situations, did not enjoy social events, and had "difficulty forming close relationships." *Id.* at 32. She diagnosed the Individual with Social Anxiety Disorder, which was a "major contributing factor" to the Individual's alcohol use and had been a barrier to his ability to comply with alcohol treatment, "given that [treatment] required being in a social setting." *Id.* at 34. She also noted that, "when a mental condition that is contributing to substance abuse goes untreated, the likelihood of relapse is extremely high" and his prognosis was poor. *Id.*

In October 2024, the Individual began meeting with his Therapist to "learn how to arrest his alcoholism." Ex. DD. A letter from his Therapist indicated that they have met "almost every two weeks." *Id.* at 3. In addition, the Individual's family participated in two therapy sessions since October 2024. *Id.* at 3. The Therapist testified that the Individual was embarrassed, but honest about his alcohol consumption. Tr. at 17. He stated that the Individual will be helped by his AA sponsor, who he uses regularly; finding a social support group; attending many AA meetings; and working the AA steps. *Id.* at 22–23. The Therapist's letter also indicated that the Individual was transparent about his alcohol treatment during the sessions, was gradually becoming more comfortable with abstaining from alcohol, and if he continued with his current course of treatment, his prognosis for recovery would be excellent. Ex. DD at 2–3.

From November 8, 2024, to February 19, 2025, the Individual attended AA, and he submitted an attendance log to corroborate his testimony. Tr. at 53–74; Ex. B. He submitted a letter from his AA sponsor, which indicated that the Individual was completing his eighth step of AA, he regularly attended and participated in meetings, and he had been "diligent in his step work." Ex. K. The letter also indicated the Individual chaired the Saturday night AA meetings in January 2025. *Id.*

On January 27, 2025, the Individual enrolled in a second IOP. Ex. O. The Individual submitted a brochure from the IOP, which indicated that it treats a variety of mental health conditions, including anxiety disorders. Ex. N. He submitted three letters, dated February 2025, from the second IOP's Executive Director, to demonstrate his progress through treatment. Exs. O–Q. The letters indicated that the second IOP diagnosed the Individual with AUD, Moderate, in early remission, Social Anxiety Disorder, and Major Depressive Disorder, Moderate, in partial remission. Ex. Q. The letters also indicated the Individual was "actively engaged and motivated," he was proactive in expressing his history of challenges, was an active participant in group discussions, consistently applied coping skills to manage stress and showed a "positive attitude" toward his treatment. Exs. O–Q. The second IOP determined the Individual's prognosis was "good, so long as he continues to follow up in outpatient counseling, continues to engage in support groups and maintain compliance with his outpatient provider's recommendations." Ex. O. The Individual was expected to complete the second IOP on February 28, 2025. Ex. Q.

On February 5, 2025, the Individual was evaluated by a Licensed Psychologist. Ex. CC. After interviewing the Individual and reviewing records of the Individual's previous treatment, the Licensed Psychologist opined that the Individual had acknowledged the role his anxiety and social discomfort played in his use of alcohol. *Id.* at 3. He opined that the Individual began to identify and manage his triggers to drink alcohol more effectively, he was building a strong foundation for long-term recovery, and he was ready to return to work. *Id.* at 3–4. The Licensed Psychologist opined that the Individual's support system was robust and included his family, his Therapist, and AA. *Id.* at 3.

On February 7, 2025, the Individual began individual therapy sessions with his Counselor. Ex. BB. These individual sessions, which have occurred both in person and virtually, focused on his "life in general, emotional wellbeing, personal growth, and problems with alcohol." *Id.*; Tr. at 138. The Counselor testified that the Individual is in early remission from AUD. Tr. at 144. He continued that the Individual has some:

> fragility, at this point, that if we can scaffold him with some support services, some counseling session, . . ., I think his prognosis improves as he . . . keeps doing what he is doing, but he has to get more refined in that. He has to have some more strategies than just relying on these early recovery techniques or tools. . . . It has to be more dynamic and fluid so that he can make good choices on the fly, as things are happening.

Id. The Counselor also stated in a letter that the Individual's "feelings of social anxiety and loneliness are common" given that he is navigating emerging adulthood and establishing an independent lifestyle. Ex. BB at 3.

The Individual also submitted documentation that he underwent EtG testing, on August 1, 2024, and four blood tests, from August 1, 2024, through February 28, 2025, the results of which were

all negative for alcohol consumption. Exs. E–H, EE. The Individual alleged that these blood tests were PEth tests, as recommended in the DOE Psychologist's Report; however, the test reports indicate that the blood was tested for Ethanol. Tr. at 110; Ex. 7 at 34. Ethanol tests can find alcohol in a person's blood for up to twelve hours after consuming alcohol. *Blood Alcohol Level*, Medline Plus, https://medlineplus.gov/lab-tests/blood-alcohol-level/ (last visited April 10, 2025).

The Individual testified that his sobriety date is June 22, 2024. Tr. at 52. He asserted that he goes to six AA meetings a week and introduces himself as "an alcoholic." *Id.* The Individual stated that he met his sponsor at the first meeting. *Id.* at 58. He claimed that he took the first step of AA, admitting that he was powerless over alcohol, when he reported his alcohol problem to his supervisor. *Id.* at 60. The Individual testified that he had completed steps one through four, completing steps one through three in the ITP and step four in the first IOP. *Id.* at 74. In addition, he started working the steps with his sponsor, asserting that he had, therefore, completed steps one through four twice. *Id.* He asserted that, while attending the first IOP, in June 2024, he relapsed because there is a difference between admitting you are an alcoholic and accepting it, and he had a hard time accepting that he was an alcoholic. *Id.* at 60. The Individual claimed that he did not downplay the severity of his alcohol consumption, but rather, "didn't actually understand the severity of drinking because . . ., alcohol is everywhere, so . . . [he did not] understand how severe it was, and that it's more of a drug." *Id.* at 76.

The Individual said he never intends to consume alcohol again. Tr. at 63. He said that to achieve his continued abstinence, he needs to work and educate his family about his situation, continue working with his sponsor, and attend AA meetings. *Id.* The Individual also stated that he hopes to get PEth tests until January 2028. *Id.*; Ex. Y. He intends to continue attending six AA meetings a week until November 2025, after which he hopes to attend three to five until January 2026.[6] Tr. at 63. The Individual also asserted that he wants to continue meeting with his Counselor twice a month for the next three months transitioning to once a month thereafter for four months. Ex. Y.; Tr. at 66.

The Individual testified that his parents are "happy and supportive" of his sobriety. Tr. at 80. He stated that he has had two meetings with his Therapist that included his parents and one meeting with his Counselor that included his father. *Id.* He confirmed that he began therapy with his Therapist in October 2024. *Id.* at 82. His Therapist has helped him "sort out what to use as motivation." *Id.* at 134.

The DOE Psychologist, after listening to the hearing testimony, opined that she would now diagnose the Individual with AUD, Severe, in early remission. *Id.* at 167. She asserted that he is working toward rehabilitation and reformation, but that his time in recovery had "just not been long enough." *Id.* The DOE Psychologist testified that the Individual's prognosis is fair on a scale of poor, fair, and good. *Id.* at 167. She stated that in reaching her opinion that he has a fair prognosis she considered his eight months and thirteen days of sobriety, his four negative blood tests, his ITP and two IOPs, his familial support, and his support and access to his Therapist and his Counselor. *Id.* at 169–70. In addition, the DOE Psychologist testified that the Individual's insight regarding the severity of his alcohol use had changed, and he no longer appears to think alcohol will solve his problems. *Id.* at 170.

[6] In his sworn statement, the Individual said he would attend an average of seven AA meetings a week until November 2025 and three meetings a week for the following three months. Ex. Y.

The DOE Psychologist could not opine about whether the Individual's Social Anxiety Disorder diagnosis was a current problem. Tr. at 175. She indicated that he is "still pretty socially isolated" and his primary socialization is with family, all of which live in different states from the Individual. *Id.* at 175–76. She did admit that his Social Anxiety Disorder is amenable to treatment. *Id.* at 176. The DOE Psychologist asserted that she does not "see the behavioral change in terms of being more socially engaged and active with people in person where he primarily lives and works." *Id.* She did acknowledge that the Individual's attendance at AA is social interaction, but she stated that he needs relationships that were not based solely on his recovery. *Id.* at 179–80. The DOE Psychologist concluded that the Individual had "demonstrated [] ongoing and consistent compliance with his treatment for his Social Anxiety Disorder." *Id.* at 177.

V. Analysis

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.

Regarding factor (a), the Individual's two positive workplace BATs occurred less than one year before the hearing. At that time, the Individual was engaged in severely maladaptive alcohol use, and he relapsed less than nine months prior to the hearing. As the Individual has not yet resolved his AUD, Severe, I find that the passage of less than one year since his significant alcohol misuse is not enough time to mitigate the security concerns related to his alcohol consumption. The Individual's reported consumption of alcohol prior to treatment included consuming a fifth of whiskey per day, blacking out multiple times per week, and experiencing "'the shakes' while at work;" demonstrating that the Individual's alcohol consumption was frequent and extensive. Furthermore, there is no evidence that the Individual's alcohol consumption occurred under unusual circumstances. In light of the Individual's relatively recent relapse and the DOE

Psychologist's less than favorable prognosis, I cannot conclude that the Individual's maladaptive alcohol consumption is unlikely to recur, or that it no longer casts doubt on his current reliability, trustworthiness, and judgment. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(a).

Regarding factor (b), the Individual has admitted his maladaptive alcohol use. He testified that he introduces himself as an alcoholic at AA meetings. His history of treatment began in April 2024, but he showed resistance to that treatment prior to his evaluation by the DOE Psychologist. The Individual began seeing his Therapist in October 2024, which was when he appeared to become serious about his recovery. The Individual's Therapist, Licensed Psychologist, and Counselor all indicated that the Individual has acknowledged that his prior level of alcohol consumption was a problem, and he has acknowledged the role that his anxiety has play in his alcohol consumption. The Individual also submitted evidence he has taken steps to treat his AUD, Severe: he meets with his Therapist bi-weekly, he has attended AA since November 2024, currently attending six meetings per week; and he has attended therapy sessions with his Counselor since February 2025. However, the Individual only claimed to have abstained from alcohol for eight months and thirteen days, which he did not substantiate with PEth testing as recommended by the DOE Psychologist,[7] and the DOE Psychologist opined that he had not yet established a pattern of abstinence sufficient to achieve rehabilitation or reformation from his AUD, Severe. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(b)

Regarding factor (c), for four months, from April 2024 to August 2024, the Individual received alcohol treatment from the ITP Program, and the first IOP, only to be discharged from each program after the clinical notes indicated a lack of engagement. Further, he relapsed into problematic alcohol consumption, as evidenced by his June 2024 alcohol consumption during the first IOP.[8] After the ITP, he failed to follow recommendations for continued treatment upon discharge, delaying his attendance at the first IOP. Since meeting with the DOE Psychologist in August 2024, the Individual has met with his Therapist bi-weekly, begun therapy sessions with his Counselor, successfully completed a second IOP, and attended AA. However, I am persuaded by the opinion of the DOE Psychologist, who opined that, after eight months and thirteen days of claimed abstinence, the Individual is in early remission from his AUD, Severe, but he has not made sufficient progress to be fully reformed or rehabilitated and that his prognosis is only fair. Further, both his Therapist and the Licensed Psychiatrist stated that, although the Individual's prognosis is good, it is only good if he continues working his current program. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(c).

Regarding factor (d), while the Individual has completed a treatment program, the ITP, along with any required aftercare, both the first and second IOPs, I cannot find that he has established a pattern abstinence in accordance with the DOE Psychologist's treatment recommendations that he be abstinent for 24 months. At the hearing, he claimed that he had been abstinent for approximately eight months. But, the Individual relapsed during the first IOP, which does not give me confidence

[7] As mentioned above, the Individual submitted four blood tests that he purported tests for PEth, when in fact it is testing for ethanol. I am not convinced by these tests are PEth tests. Even if the tests were PEth tests, they would only constitute a fraction of the PEth testing recommended by the DOE Psychologist in her Report.

[8] In light of the negative EtG and PEth testing following the Individual's August 2024 BAT, I cannot conclude with certainty that he relapsed for a second time during treatment as opposed to testing positive on the BAT due to incidental alcohol consumption in medication as he claimed. *Supra* p. 4.

that eight months of sobriety, even if the Individual had substantiated this claim with the testing recommended by the DOE Psychologist, is sufficient to establish a pattern of abstinence after his AUD, Severe diagnosis. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(d).

Having concluded that none of the mitigating conditions are applicable to the facts of this case, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

Guideline I

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

> (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
>
> (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
>
> (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
>
> (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
>
> (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

Regarding the mitigating factors, in August 2024, after finding that the Individual consumed alcohol as a way of self-medicating his anxiety around interpersonal interactions, the DOE Psychologist diagnosed the Individual with Social Anxiety Disorder, and she recommended that the Individual receive counseling for anxiety and depression. She opined that the Individual's Social Anxiety Disorder exacerbates his AUD. Beginning in February 2025, one month before the hearing, the Individual participated in therapy sessions focused on his emotional wellbeing with his Counselor. Although the DOE Psychologist testified that the Individual is progressing through treatment, and has demonstrated ongoing and consistent compliance, I cannot find that one month of treatment is sufficient to justify her conclusion. Further, the Individual has not yet received an unqualified favorable prognosis from his treatment providers as to his Social Anxiety Disorder. The Licensed Psychologist and his Therapist both opined that the Individual's prognosis was good but cautioned that their prognoses were contingent on the Individual continuing with treatment.

The DOE Psychologist articulated that his prognosis was less than fully "good" and that she could not opine on whether the Individual's Social Anxiety Disorder was under control because he was still socially isolated. The Counselor concluded that the Individual is feeling social anxiety and loneliness, which I find also suggests that the Individual's Social Anxiety Disorder is not fully under control and that there is at least some indication of a current problem. Although Social Anxiety Disorder can be a temporary condition, I do not have sufficient evidence of treatment and improved symptoms to conclude that the situation has been resolved. Accordingly, I find that the Individual has not satisfied any of the mitigating conditions set forth at ¶ 29.

Having concluded that none of the mitigating conditions are applicable to the facts of this case, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and I 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 concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring his 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.

Janet R. H. Fishman
Administrative Judge
Office of Hearings and Appeals