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Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing)
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Filing Date: November 7, 2024) Case No.: PSH-25-0023
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Issued: May 21, 2025

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (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 or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be granted.

I. Background

As part of the access authorization application process, the Individual completed, signed, and submitted a Questionnaire for National Security Positions (QNSP) in July 2023. Exhibit (Ex.) 9.² In the QNSP, the Individual disclosed that he was charged with Public Intoxication and Liquor Violation in June 2006, Child Abuse, Intoxication, and Liquor Violation in April 2014, and Negligent Use of a Firearm in December 2018. *Id.* at 119–21.

As part of the investigation process, the Individual underwent an Enhanced Subject Interview (ESI) conducted by an investigator in January 2024. Ex. 10 at 197. During the ESI, the investigator confirmed the 2006 Public Intoxication and Liquor Violation charges with the Individual, but the Individual "could not provide any details or information about [the] incident." *Id.* at 198. Regarding the 2014 Child Abuse, Intoxication, and Liquor Violation charges, the Individual told the investigator that at the time, he lived in an area that did not permit alcohol use, even by appropriately aged adults. *Id.* at 198–99. The Individual was drinking in his home with several

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 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.

friends, and law enforcement responded to the home following a complaint. *Id.* at 199. As alcohol was present and being consumed in the Individual's home, law enforcement personnel arrested the Individual. *Id.* As the Individual's minor children were asleep in their beds at the time of the incident, the Individual was charged with child abuse, and although he remembers being intoxicated, he could not remember how much alcohol he had consumed. *Id.* The Individual was, among other things, placed on probation and ordered to pay a fine. *Id.*

The Individual was confronted by the investigator with the fact that he was also charged with DWI at the time he was charged with Negligent Use of a Firearm in 2018, which the Individual confirmed. *Id.* at 200. The Individual stated that he failed to list the DWI charge in the QNSP because it had been deferred. *Id.* Regarding the incident, the Individual told the investigator that he had been drinking while performing some outdoor chores and activities on a friend's property. *Id.* As he was driving off the property and out the front gate, the Individual "passed out behind the wheel[.]" *Id.* He did not feel intoxicated at the time, but because "[h]e was tired" and had consumed a few beers, "he fell asleep." *Id.* He stated that he "does not know why he was charged with a firearms offense[.]" but acknowledged that "[h]e had a firearm in the backseat." *Id.* The Individual noted that the firearm had been secured and that he never attempted to "use it during the incident." *Id.*

The investigator also confronted the Individual with a February 1998 DWI charge, which the Individual failed to list on the QNSP. *Id.* The Individual told the investigator that on the day of the incident, he had gone to a bar with his ex-wife, as it was her birthday. *Id.* Although he admitted that he had consumed alcohol, he did not recall feeling intoxicated. *Id.* On the drive back home, the Individual's ex-wife asked him to stop the car on the shoulder of the road, because she was going to be sick. *Id.* A law enforcement officer approached the Individual and his ex-wife on the side of the road, smelled alcohol about their persons, and asked the Individual to perform field sobriety tests. *Id.* As the Individual failed the tests, he was taken to a detention center where he was held for several days. *Id.* The charges were ultimately dismissed. *Id.*

The Individual explained to the investigator that he also failed to disclose a 2022 DWI and Public Intoxication charge on his QNSP. *Id.* Regarding that incident, the Individual explained that he "had beer [while] ranching and was found by . . . officials . . . passed out in his vehicle." *Id.* at 201. He could not remember how much alcohol he had consumed on that occasion, but recalled that he had been "given a deferred sentence[.]" *Id.*

In the Letter of Interrogatory (LOI) that the Individual completed and submitted in June 2024 at the behest of the Local Security Office (LSO), he confirmed what he had told the investigator regarding the aforementioned alcohol-related incidents. Ex. 6. He clarified that the December 2018 DWI and Negligent Use of a Firearm charges were dismissed, and that he was also required to engage behavior health services in connection with the 2014 Child Abuse, Intoxication, and Liquor Violation charges. *Id.* at 26, 28.

As questions still remained, the Individual underwent a psychological evaluation with a DOE-consultant psychologist (DOE Psychologist) in July 2024. Ex. 7. The Individual submitted to a phosphatidylethanol (PEth) test in conjunction with the psychological evaluation, the results of

which were 330 ng/mL.³ *Id.* at 48. The DOE Psychologist issued a report (the Report) of his findings in August 2024, and in the Report, he concluded that, pursuant to the *Diagnostic and Statistical Manual of Mental Health Disorders—Fifth Edition, Text Revision (DSM-V-TR)*, the Individual suffers from Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. *Id.* at 52. The DOE Psychologist also concluded that the Individual “habitually and binge consumes alcohol to the point of impaired judgment” and suffers from Posttraumatic Stress Disorder (PTSD). *Id.*

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created a substantial doubt regarding his 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 I (Psychological Conditions) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his 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 testified on his own behalf and presented the testimony of an intensive outpatient treatment program (IOP) mental health therapist, his employer’s Employee Assistance Program (EAP) counselor, the EAP case manager, his girlfriend, and his foreman. *See* Transcript of Hearing, OHA Case No. PSH-25-0023 (hereinafter cited as “Tr.”). The Individual also submitted four exhibits, marked Exhibits A through D. The DOE Counsel submitted ten exhibits marked as Exhibits 1 through 10 and presented the testimony of the DOE Psychologist.

II. Notification Letter

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 are “alcohol-related incidents away from work, such as driving while under the influence[,]” “habitual or binge consumption of alcohol to the point of impaired judgment,” and “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (c)–(d). Under Guideline G, the LSO alleged that:

³ PEth is “a molecule made only when ingested alcohol reaches the surface of the red blood cell and reacts with a compound in the red blood cell membrane. Ex. 7 at 48. “[N]othing but ethyl alcohol can make PEth in the red blood cell [.]” *Id.* A PEth test result “exceeding 20 ng/mL is evidence of [National Institute of Alcohol Abuse and Alcoholism] ‘Low’ and [World Health Organization] ‘Medium’ risk of consumption.” *Id.* at 71.

1. The DOE Psychologist diagnosed the Individual with AUD, Moderate, without evidence of rehabilitation or reformation. Ex. 1 at 5. The DOE Psychologist also concluded that the Individual “habitually and binge consumes alcohol to the point of impaired judgment.” *Id.*
2. The Individual was arrested and charged with Public Intoxication and DWI in September 2022. *Id.*
3. The Individual was charged with DWI and Negligent Use of a Firearm in December 2018. *Id.*
4. The Individual was charged with Intoxication, Liquor Violation, and Child Abuse in April 2014. *Id.*
5. The Individual was charged with Public Intoxication in June 2006. *Id.*
6. The Individual was arrested and charged with DWI in February 1998. *Id.*

The LSO’s invocation of Guideline G is justified.

Guideline I

Under Guideline I, “[c]ertain emotional, mental, and personality conditions can impair one’s judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include “[a]n 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). Under Guideline I, the LSO alleged that the DOE Psychologist diagnosed the Individual with PTSD, which is a condition that impairs his judgment, reliability, stability, or trustworthiness. Ex. 1 at 5–6. 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 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). 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

Although the Individual consumed alcohol throughout his adulthood, his alcohol consumption increased in 2016, precipitating his divorce. Ex. 10 at 202; Ex. 7 at 46. He perceived that his consumption became problematic around 2018 or 2019, “after he witnessed the deaths of several family members” following a deadly accident. Ex. 10 at 202; Ex. 7 at 46; Tr. at 78–80. As a result of this traumatic event, the Individual began consuming alcohol to help him fall asleep. Ex. 10 at 202; Tr. at 80–81. At the time, in addition to the alcohol he was consuming on a daily basis during weekdays, he was consuming about twelve beers every Friday, Saturday, and Sunday. Ex. 7 at 46; Tr. at 81. The Report noted that the Individual suffered alcohol-related arrests in 1998, 2006, and 2014, which “indicates that his alcohol use was problematic prior to the accident.” Ex. 7 at 46. When his girlfriend confronted him about the fact that his consumption had increased, the Individual voluntarily sought outpatient substance abuse treatment for alcohol use from November 2022 to December 2023.⁴ Ex. 7 at 47; Ex. 6 at 34. The Individual was diagnosed with AUD, and “attended group and individual counseling sessions[.]” Ex. 7 at 47. The Individual understood that he had experienced difficulties with the passing of loved ones and that his alcohol consumption had become problematic. Ex. 6 at 34. The Individual was abstinent for a period of six months while he was seeking outpatient substance abuse treatment, but he began consuming alcohol again because he “thought . . . that [he] could handle it[.]” Tr. at 92, 101.

At the time of the June 2024 LOI response, the Individual generally consumed about one can of beer on weekdays, and about two cans of beer “on weekends.” Ex. 6 at 31. He noted that he must consume approximately one “six pack” of beer to become inebriated. *Id.* at 32. He clarified that he was last intoxicated in May 2024, when he consumed approximately eight cans of beer. *Id.* The Individual acknowledged that a friend had previously expressed concern over his alcohol consumption, but that he believed he had “gotten better at staying away [from alcohol]” after securing employment with the DOE contractor. *Id.* at 33.

In the Report, the DOE Psychologist recommended that for the Individual to show rehabilitation or reformation, he must “enroll in and complete an [IOP], consistently engage in weekly aftercare support for [twelve] months,” and submit to monthly PEth testing.⁵ Ex. 7 at 52. Further, the DOE Psychologist indicated that the IOP should consist of at least nine hours of “therapeutic and educational meetings a week, usually in three [three-hour] sessions, for between [twelve] and [sixteen] weeks with a group and individual components.” *Id.*

⁴ At this time, the Individual was seeing a licensed alcohol and drug abuse counselor, with whom he still has occasional telephone conversations. Tr. at 91–92, 99, 101; Ex. 7 at 47. This particular treatment did not address the Individual’s PTSD. Ex. 7 at 47; Tr. at 91.

⁵ At the time of the hearing, the Individual had not submitted to any PEth testing beyond the one he submitted to in connection with the psychological evaluation. Tr. at 90.

Further, as indicated above, the DOE Psychologist concluded that the Individual suffers from PTSD. *Id.* at 52. The DOE Psychologist observed that the Individual would “unsuccessfully” consume alcohol to “mediate symptoms of PTSD,” which would, in turn, further exacerbate his alcohol use. *Id.* Therefore, the DOE Psychologist recommended that the Individual “seek appropriate treatment for his symptoms of PTSD[.]”⁶ *Id.*

In January 2025, after hearing some friends discuss treatment, the Individual began one-on-one therapy with a counselor, receiving treatment that was “alcohol related . . . in part.” Tr. at 34–35, 81. He and his counselor discuss his continuing efforts to remain abstinent, and the handful of occasions he was tempted to consume alcohol and how he coped with his cravings. *Id.* at 82. The Individual attends sessions with his counselor on a weekly basis, and each session lasts one hour.⁷ *Id.* at 36, 83–84. He appreciates the fact that his counselor is an active listener and offers him appropriate feedback and advice on “how to stay strong[.]” *Id.* at 84.

His counselor provided him with some information about an IOP offered by her practice, and she helped him enroll in the program in February 2025. *Id.* at 81–82. The Individual enrolled in a sixteen-week virtual IOP, and was promptly diagnosed with alcohol abuse, uncomplicated. *Id.* at 37, 44. The IOP consists of three group meetings every week, each meeting lasting an hour and a half. *Id.* at 39. IOP participants are required to keep their cameras on during meetings and remain abstinent from alcohol for the duration of this program.⁸ *Id.* at 37. The IOP employs the “Matrix Model” of recovery, and participants are taught “topics of early recovery skills, relapse prevention, [and] family education.” *Id.* at 38. Participants are also taught to identify triggers, learn coping mechanisms, and explore their relationship with alcohol. *Id.* The Individual’s IOP mental health therapist testified that the Individual “has remained fully engaged throughout the program[.]” and has had perfect attendance.⁹ *Id.* The IOP mental health therapist described the Individual’s participation as “highly communicative[.]” *Id.* at 43.

⁶ The DOE Psychologist surmised that if the Individual did seek and receive appropriate treatment for his PTSD, his prognosis would likely be “positive[.]” Ex. 7 at 52. Should he fail to receive the recommended treatment, “his prognosis is poor.” *Id.* At the time of the hearing, the Individual was not receiving treatment for his PTSD. Tr. at 84. The Individual testified that his community health clinic is occasionally visited by a psychiatrist. *Id.* at 84–85. As the psychiatrist’s time is in great demand, the Individual was unable to speak with him until February 2025, when they discussed the Individual’s PTSD symptoms. *Id.* at 85. The February 2025 meeting was the first and only time he visited with the psychiatrist. *Id.* This single session was the only treatment the Individual received for his PTSD. *Id.* at 85–86. The psychiatrist did not recommend any medication. *Id.* at 103. When asked whether he still experiences PTSD symptoms, the Individual indicated that his symptoms have “changed a lot[.]” and that he has not experienced his symptoms since he stopped consuming alcohol. *Id.* at 86.

⁷ At the time of the hearing, the Individual had attended ten sessions with this counselor. Tr. at 36. He intends to see his counselor for at least one year. *Id.* at 84.

⁸ The IOP does not conduct alcohol tests, but rather, depends on self-reports to ascertain whether a participant has consumed alcohol. Tr. at 37.

⁹ The Individual completed the program the day prior to the hearing in May 2025. Tr. at 39, 89. The IOP does not have a dedicated aftercare program, but the Individual intends to continue to receive one-on-one therapy. *Id.* at 39–40, 42–43.

Also in February 2025, the Individual began attending his employer's EAP alcohol education class. Ex. C; Tr. at 14. The alcohol education class lasted six weeks and was completed in late March 2025. Ex. D. In early April 2025, the Individual began attending an EAP class supporting abstinence from alcohol, and at the time of the hearing in early May, the Individual had attended three sessions. Ex. C; Tr. at 14. The EAP counselor testified that the Individual was "always sitting to [her] right" during class meetings and she "could tell he was always listening and sharing and took in a lot of information." Tr. at 15. She also indicated that she saw the Individual for one individual therapy session in February 2025, during which they discussed the accident that took the life of his family members and the therapy he intended to secure to address his trauma from that incident. *Id.* at 17. They also discussed the fact that his alcohol consumption had increased following the accident, and that he had started a sixteen-week IOP. *Id.* at 18. The EAP counselor confirmed that the EAP does not conduct alcohol or drug testing, and that the Individual had told her that he last consumed alcohol on Super Bowl Sunday in February 2025.¹⁰ *Id.* at 19, 22–23.

The Individual testified that he does not "miss" the feeling of "being hung over and knowing that [he was not] 100 percent." *Id.* at 75. When he began attending EAP meetings, the Individual was initially concerned about being judged, as he understood that he would have to discuss his problems with the group. *Id.* at 75–76. However, as he realized that his fellow participants did not know him on a personal level, he was able to "open up and start . . . talking about [his] issues[.]" *Id.* at 77. He came to appreciate the fact that they would listen to him and offer him feedback. *Id.* The Individual also testified that on several occasions, he was tempted to consume alcohol to deal with his work stress and the stress caused by community politics. *Id.* at 82–83. He testified that he "[cannot] say that [he is] done [with alcohol], but [he is] trying very hard to stay away from [it]" as his life has generally improved. *Id.* at 92–93. He would reach out to his girlfriend for support in the event of a craving. *Id.* at 93. He also no longer keeps alcohol in his home. *Id.* at 94.

The Individual's foreman testified that the Individual "does a good job" and is "one of the guys with a better understanding of what [they] do there and a better understanding of the trade." *Id.* at 50, 52. He confirmed that he feels that the Individual is honest, trustworthy, and reliable. *Id.* at 52. He supports the fact that the Individual goes to counseling and allows the Individual to attend during the workday. *Id.* at 53–54. The Individual's foreman described the Individual as "necessary" to his workplace team. *Id.* at 54.

The Individual's girlfriend of approximately seven years testified that the Individual was abstinent from alcohol at the time of the hearing, and that to her knowledge, he does not keep alcohol in his home. *Id.* at 60–61. She stated that the Individual told her that he "gave up drinking" in order to "have a better life and be better for his kids, grandkids and for [them]." *Id.* at 61, 68. Since he stopped drinking, the Individual spends more time with her and her family. *Id.* at 61. The Individual's girlfriend confirmed at the hearing that she believed that his alcohol consumption had become a problem and traced the beginnings of his maladaptive alcohol use to the traumatic deaths

¹⁰ The Individual confirmed in his testimony that he last consumed alcohol on Super Bowl Sunday, when he consumed a twelve-pack of beer. Tr. at 72, 77. The Individual testified that he decided to stop drinking when he missed a few important events due to his alcohol consumption. *Id.* at 73. Although he had spoken to the DOE Psychologist in July 2024, he had not realized how serious his alcohol consumption had become until he missed those events. *Id.* at 74.

of his family members.¹¹ *Id.* at 61–62. As they are not cohabitating, the Individual’s girlfriend could not provide more than a rough estimate of how much the Individual was drinking but stated that the Individual began “cutting back” after she discussed his consumption with him. *Id.* at 62–63. She indicated that the Individual has told her that he does not intend to drink alcohol in the future. *Id.* at 64. Although she stated that she “know[s] he [has not]” consumed alcohol from the time he began abstaining, the Individual has told her that he occasionally desires a drink. *Id.* at 65. She knows that his friends and family know that he intends to abstain from alcohol, so they do not offer him any alcohol at social gatherings, and if the circumstances of the social gathering become “too much,” the Individual leaves. *Id.* at 65–66, 97–98.

The DOE Psychologist opined in his testimony that the Individual’s diagnosis had not changed, and although the Individual claimed to have remained abstinent since February 2025, he was not yet in early remission. *Id.* at 107. The DOE Psychologist stated that based on the information presented at the hearing, he was not satisfied that the Individual had followed the recommendations for sobriety made in the Report, as there was an “absence of any objective evidence for sobriety.” *Id.* at 107–08. However, assuming that the Individual’s self-reports of abstinence were correct, at the time of the hearing, he was days away from being in early remission. *Id.* at 108. The DOE Psychologist testified that the Individual had not shown adequate evidence of rehabilitation or reformation, as the record does not contain PEth tests evidencing sobriety, and although he completed an IOP, the Individual had not engaged in the recommended aftercare. *Id.* at 108–10. The DOE Psychologist testified that the Individual’s current prognosis is poor, as he is still early in his recovery and vulnerable to alcohol use in times of stress. *Id.* at 112. He also confirmed in his testimony that the PTSD diagnosis is still an active diagnosis, and although the Individual testified that he had made progress with regard to his PTSD symptoms, the Individual suffers from “compound PTSD,” as his previous experiences have caused him to consistently witness others in a state of severe injury or near death, resulting in trauma. *Id.* at 111. Accordingly, “although [he is] not reporting symptoms now, they can come back[.]” *Id.* The DOE Psychologist would have liked to have seen some indication that the Individual learned how to manage and cope with his PTSD symptoms outside the use of alcohol, which is why he recommended “PTSD-specific treatment.” *Id.*

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;

¹¹ The Individual’s girlfriend testified that the Individual became quite “angry,” and refused to talk to her about the accident. Tr. at 66–67. She believes that the Individual turned to alcohol for this reason. *Id.* Since abstaining from alcohol, the Individual has “opened up a little bit more,” which has improved their relationship. *Id.* at 68.

- (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

While the Individual has made notable strides in addressing the alcohol-related Guideline G concerns, I cannot conclude that he has mitigated those concerns. Based on the information in the record, the Individual last consumed alcohol on Super Bowl Sunday, which occurred in early February 2025. Although the Individual's decision to seek treatment for his alcohol consumption, which he realized had become maladaptive, was thoughtful and responsible, it occurred too late, and he went down the path of sobriety without the benefit of corroborating PEth tests to satisfy the DOE Psychologist's recommendations. Further, the Individual did not produce negative PEth tests to evidence his ongoing abstinence. While it appears that the Individual's participation in the IOP and EAP meetings has been satisfactory, and that his abstinence from alcohol has been a net positive in his life, at the time of the hearing, the Individual had not been abstinent long enough to show adequate evidence of rehabilitation or reformation. Further, while it appears from the record that the Individual received appropriate treatment at the IOP and he intends to continue his treatment efforts to hopefully address the poor judgment he exhibited before each alcohol-related incident, the most recent of which took place less than three years ago, the modest three months of abstinence the Individual has completed is not long enough to assuage any concerns that the Individual will repeat similar behavior by exercising the same judgment.

As indicated above, the Individual has only been abstinent for approximately three months following years of regular maladaptive alcohol use, which resulted in alcohol-related incidents spanning decades. Accordingly, I cannot conclude that the behavior was infrequent, that enough time has passed, as the Individual has only recently embarked on his newfound sobriety, or that the Individual's maladaptive use and alleged alcohol-related incidents took place under such unusual circumstances that they are unlikely to recur and do not cast doubt on his current reliability, trustworthiness, or judgment. The Individual has failed to mitigate the stated Guideline G concerns pursuant to mitigating factor (a).

As stated above, the Individual recognized that his alcohol consumption had become maladaptive, and although he provided evidence indicating that he engaged various treatment providers and treatment programs to address his maladaptive alcohol consumption, the Individual has not been abstinent for twelve months and has not produced corroborating PEth tests, as recommended by the DOE Psychologist. Thus, he has not demonstrated the applicability of mitigating condition (b).

While the Individual is continuing his one-one-one counseling and current EAP group, the Individual does have a previous history of treatment and relapse when he received treatment in late 2022 and early 2023, remaining abstinent for approximately six months before resuming alcohol consumption. The Individual has also not submitted to any further PEth testing, and therefore, cannot demonstrate a clear and established pattern of abstinence in accordance with treatment recommendations. For the foregoing reasons, I cannot conclude that the Individual has mitigated the stated concerns pursuant to mitigating factors (c) and (d).

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 amendable 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.

There is no doubt from the record that the Individual suffered a great trauma when he watched as his family members passed away in an unfortunate accident. It is also clear from the record that the Individual had previously used alcohol to regulate his resulting PTSD symptoms. He testified that since abstaining from alcohol, he has not experienced his PTSD symptoms, and that he has seen a psychiatrist about his PTSD on only one occasion. While I am heartened by the Individual's testimony that he has not experienced any symptoms since abstaining from alcohol, I cannot ignore the fact that the Individual has not received dedicated, regular, and appropriate treatment to prevent the recurrence of his PTSD symptoms. Further, as indicated in the DOE Psychologist's testimony, there is no evidence in the record illustrating how the Individual manages his PTSD symptoms outside the use of alcohol.

As the Individual is not receiving ongoing treatment and did not put forth evidence of a treatment plan or a good prognosis, he has failed to mitigate the stated concerns pursuant to mitigating factors (a) and (b).

The DOE Psychologist testified that the Individual's diagnosis of PTSD still stands, and as I did not receive any indication from the DOE Psychologist that the Individual's PTSD is under control or in remission and has a low probability of recurrence or exacerbation, I cannot conclude that the Individual has mitigated the stated concerns pursuant to mitigating factor (c).

There is no indication in the record that the Individual's PTSD was temporary. In fact, the record indicates that he exhibited PTSD symptoms for quite some time, used alcohol to soothe himself and gain temporary relief from his symptoms, and did not seek ongoing treatment to resolve the matter. I cannot conclude that the Individual mitigated the stated concerns pursuant to mitigating factor (d).

Finally, while the Individual testified that he has not experienced PTSD symptoms since he stopped drinking alcohol, the Individual has only been abstinent since early February 2025 and has not received dedicated treatment to address his PTSD. His lack of readily identifiable symptoms does not evidence the lack of a current problem. Rather, it indicates that he is merely experiencing a lull in the acuity of his condition, despite the fact that his PTSD has gone untreated. The Individual has not mitigated the stated concerns pursuant to mitigating factor (e).

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 Guidelines G and I concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that granting 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 granted. 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