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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: December 6, 2024 )  
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Case No.: PSH-25-0042

Issued:

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**Administrative Judge Decision**

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Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position.”<sup>1</sup> For the reasons set forth below, I conclude that the Individual’s security clearance should not be granted.

**I. BACKGROUND**

The Individual is employed by a DOE Contractor, originally in a position that required him to hold a security clearance, though he has been in an uncleared position for several years. In 2018, the Individual’s security clearance was revoked following discovery of alcohol and criminal conduct issues. In 2022, the Individual requested reconsideration of his security clearance revocation, his request was granted, and then previously unconsidered derogatory information was identified, triggering the present administrative review proceeding. The Local Security Office (LSO) issued a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order 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 the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of four witnesses—his former counselor, his friend, his girlfriend, and his mother—and testified on his own behalf. *See* Transcript of Hearing, OHA Case No. PSH-25-0042 (hereinafter cited as “Tr.”). The LSO presented the testimony of the DOE

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<sup>1</sup> Under the regulations, “[a]ccess authorization” means 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). Such authorization will also be referred to in this Decision as a security clearance.

psychologist who had evaluated the Individual. *Id.* The LSO submitted eighteen exhibits, marked as Exhibits 1 through 18 (hereinafter cited as “Ex.”).<sup>2</sup> The Individual submitted thirteen exhibits, marked as Exhibits A through M.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guidelines E and G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline E states that “[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. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.” Adjudicative Guidelines at ¶ 15. Conditions that could raise a security concern include:

- (a) Deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;
- (b) Deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative;
- (c) Credible adverse information in several adjudicative issue areas that is not sufficient for an adverse determination under any other single guideline, but which, when considered as a whole, 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;
- (d) Credible 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

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<sup>2</sup> The LSO’s exhibits will be cited using the exhibit number and the Bates stamp page number.

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:

- (1) Untrustworthy or unreliable behavior to include breach of client confidentiality, release of proprietary information, unauthorized release of sensitive corporate or government protected information;
  - (2) Any disruptive, violent, or other inappropriate behavior;
  - (3) A pattern of dishonesty or rule violations; and
  - (4) Evidence of significant misuse of Government or other employer's time or resources;
- (e) Personal conduct, or concealment of information about one's conduct, that creates a vulnerability to exploitation, manipulation, or duress by a foreign intelligence entity or other individual or group. Such conduct includes:
- (1) Engaging in activities which, if known, could affect the person's personal, professional, or community standing;
  - (2) While in another country, engaging in any activity that is illegal in that country;
  - (3) While in another country, engaging in any activity that, while legal there, is illegal in the United States;
- (f) Violation of a written or recorded commitment made by the individual to the employer as a condition of employment; and
- (g) Association with persons involved in criminal activity.

*Id.* at ¶ 16.

Guideline G states that 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 include:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;

- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) 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;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

*Id.* at ¶ 22.

The LSO alleges the following:

1. On June 26, 2024, a DOE psychologist (the Psychologist) evaluated the Individual. In his evaluation, the Individual reported having last consumed alcohol four or five weeks prior and having had no more than three drinks on that occasion. However, a Phosphatidyl Ethanol (PEth)<sup>3</sup> blood test reflected a positive result for alcohol at 60 ng/mL, indicating regular alcohol consumption and that the Individual's report of his last alcohol use was dishonest. The Psychologist diagnosed the Individual with Unspecified Alcohol-Related Disorder and indicated he had not demonstrated adequate evidence of rehabilitation or reformation, *see* Ex. 7 at 40–42; (Guideline E, G)
2. On October 26, 2017, a DOE Psychiatrist (the Psychiatrist) evaluated the Individual. In his evaluation, the Individual reported having last consumed alcohol on June 10, 2017. However, a PEth blood test reflected a positive result for alcohol at 680 ng/mL, indicating moderate to heavy alcohol consumption in the preceding twenty-one to twenty-eight days. The Psychiatrist diagnosed the Individual with Alcohol Use Disorder, mild severity, and indicated he had not demonstrated adequate evidence of rehabilitation or reformation, *see* Ex. 7 at 41; Ex. 9 at 82; (Guideline E, G)
3. An OHA Administrative Judge decision issued on June 26, 2018, states that the Individual's 2017 report of his last alcohol use was dishonest and that he lied because he was afraid of losing his job, *see* Ex. 14 at 108; (Guideline E)
4. On June 10, 2017, the Individual was arrested and charged with Felony Aggravated Battery (Great Bodily Harm) after slapping someone in the face with a serrated spatula and punching them. In his August 31, 2017, Personnel Security Interview (PSI), the

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<sup>3</sup> A PEth test measures a blood sample for levels of an alcohol byproduct. *Direct Ethanol Biomarker Testing: PETH*, Mayo Clinic Laboratories, <https://news.mayocliniclabs.com/2022/09/13/direct-ethanol-biomarker-testing-peth-test-in-focus/> (last visited June 28, 2023). The test can detect alcohol consumption in the three to four weeks preceding the test. *Id.*

Individual admitted that he consumed six beers prior to his arrest and that his Blood Alcohol Content (BAC) registered 0.11, *see* Ex. 14 at 105; (Guideline G)

5. On July 24, 2010, the Individual was arrested and charged with Driving Under the Influence of Liquor or Drugs, Possession of Alcoholic Beverage by Minor, and Failure to Yield (Stop or Yield Sign). In his August 31, 2017, PSI, the Individual admitted that he consumed six beers prior to his arrest and that his BAC registered 0.11, *see* Ex. 17 at 281; (Guideline G)
6. On October 17, 2009, the Individual was arrested and charged with Possession of Alcoholic Beverages by a Minor. In his August 31, 2017, PSI, the Individual admitted that he was intoxicated prior to the arrest, *see* Ex. 4 at 20; Ex. 17 at 315–17; (Guideline G) and
7. In 2008 or 2009, the Individual’s university placed him on probation for returning to campus after drinking. In his August 31, 2017, PSI, the Individual admitted that he knew it was a violation of university policy to be intoxicated in the dorms, *see* Ex. 17 at 327. (Guideline G)

The LSO has alleged that the Individual intentionally and repeatedly misled the DOE-contractor mental health professionals—and, as a result, the DOE security professionals who relied on their opinions in determining his eligibility to hold a security clearance—calling into question his judgment, trustworthiness, and reliability. The LSO has also alleged that the Individual has continued consuming alcohol in a problematic way over the course of a decade and a half, despite suffering serious consequences, which also calls into question his judgment, trustworthiness, and reliability. Accordingly, the LSO’s security concerns under Guidelines E and G are justified. Adjudicative Guidelines at ¶¶ 16(b), 22(a), (d)–(f).

### 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 of 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 entire process is a conscientious scrutiny of a number of variables known as the “whole person concept.” Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. 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.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

#### IV. FINDINGS OF FACT

On June 10, 2017, at which time the Individual possessed a security clearance, the Individual was camping with friends and began drinking around 9:00 AM. Ex. 14 at 102–05. While cooking lunch between noon and 1:00 PM, the Individual and one of his friends began arguing. *Id.* A physical altercation ensued, during which the Individual struck his friend with the serrated spatula he had been using to cook. *Id.* The friend sustained a cut on his ear and pressed charges against the Individual later that day. *Id.* The Individual was arrested for felony Battery with a Deadly Weapon and ultimately pleaded guilty to a misdemeanor. *Id.* He received a deferred sentence contingent upon successful completion of probation, the terms of which included abstinence from alcohol. *Id.*

The Individual reported his arrest in a timely manner and the LSO referred him to the Psychiatrist for an evaluation because he had been drinking when the incident occurred. Ex. 14 at 105. In this November 1, 2017, evaluation, the Individual told the Psychiatrist that he had not consumed alcohol since June 10, 2017. Ex. 9 at 79. Prior to the evaluation, in August 2017, the Individual had told an investigator during an Enhanced Security Interview (ESI) that he had been consuming about fifteen drinks per month, one or two at a time, until he began abstaining in June 2017. Ex. 17 at 406–07, 412. The Psychiatrist ordered a PEth test for the Individual to verify the Individual’s assertion of abstinence. Ex. 9 at 81–82. The test returned a positive result for alcohol with a PEth level of 680 ng/mL; the lower limit for a positive result is 20 ng/mL. *Id.* at 82.

In his report on the evaluation, the Psychiatrist noted the discrepancy between the Individual’s assertion of abstinence and his test result showing alcohol consumption in the preceding three to four weeks, which was a violation of the terms of his probation. Ex. 9 at 82. He diagnosed the Individual with Alcohol Use Disorder, mild severity, and opined that the Individual was not reformed or rehabilitated from that condition. *Id.* at 83–84. The Psychiatrist wrote that the Individual could show rehabilitation by entering outpatient substance abuse treatment—or attending Alcoholics Anonymous (AA) along with individual counseling—for one year and by maintaining abstinence from alcohol for one year. *Id.* at 84.

The Individual’s security clearance was suspended, and he began the Administrative Review process for security concerns under Guidelines E, G, and J (Criminal Conduct). Ex. 14 at 103. He had a hearing on June 5, 2018, before an OHA Administrative Judge. *Id.* at 102. The Individual presented the testimony of his AA “sponsor.” *Id.* at 106. This person was a friend and colleague who began attending AA for the first time with the Individual and did not identify as a recovering alcoholic. *Id.* at 106–07. The Individual testified that he did not intend to get a sponsor from within the AA program. *Id.* at 107. The Psychiatrist later testified that this friend was not a sponsor because he was not a recovering alcoholic and suggested that the Individual find a different support program that more closely met his needs. *Id.*

In his own testimony, the Individual admitted that he had been dishonest about his alcohol consumption and characterized that choice as a mistake. Ex. 14 at 106. He testified that he had lied because he was afraid of losing his job. *Id.* at 107. He testified that he had stopped drinking just after the New Year in January 2018 and that he had been attending AA meetings once a week since March 2018. *Id.* at 106. He testified that he was also attending monthly counseling sessions and had done three individual sessions with an Employee Assistance Program counselor. *Id.* He presented the results of several PEth tests showing that he had not consumed alcohol in several months. *Id.* The Individual testified that he began attending AA in March 2018 in order to mitigate the LSO's security concerns, but he planned to continue attending until he was "100% at peace with [him]self." *Id.* at 107. The Individual also testified that "the administrative review process has taught him how alcohol use and criminal conduct can harm not just himself, but others . . . ." He stated that he intended to maintain his abstinence even if his clearance was not restored. *Id.* at 106.

The Psychiatrist testified that the Individual was not yet rehabilitated or reformed but had a fair to good prognosis and was at medium risk for relapse. Ex. 14 at 107. In addition to his concerns about the Individual's choice of "sponsor," the Psychiatrist noted that the Individual had not been able to identify the first of the 12 Steps when asked. *Id.* He also expressed concern that the Individual had knowingly violated the terms of his probation. *Id.* Still, he believed the Individual had made a good initial effort to overcome his Alcohol Use Disorder and expressed approval of the Individual's ongoing treatment plan. *Id.*

An Administrative Judge issued a decision after the hearing in which she concluded that the Individual's security clearance should not be restored. Ex. 14 at 102, 108–09 (questioning the sincerity of the Individual's recovery efforts, finding the Individual had not established a pattern of abstinence, and finding that the Individual's dishonesty about his alcohol use raised doubts about how he would act in similar situations in the future). The hearing decision noted that the Individual had stated that the Administrative Review process had shown him that alcohol was harming himself and those around him. *Id.* at 106. The Individual's clearance was revoked, and he continued working at the DOE site in an uncleared position. Ex. 18 at 543. He remained sober for about seven months before returning to alcohol use. Tr. at 167. He began abstaining again around January 2020. *Id.* at 155. However, in a November 2023 ESI, the Individual told the investigator that he had abstained from 2018 to 2022. Ex. 18 at 542. In his June 2024 evaluation by the Psychologist, he said he stopped consuming alcohol from January 2019 to 2022, stating that prior to 2019 he had been consuming six or seven drinks in an evening about twice per week. Ex. 7 at 40.

On May 2, 2022, the Individual requested reconsideration of his eligibility to hold DOE access authorization. Ex. 11 at 94. He included the following statements in his request:

I ([Individual]) have acknowledged and continue to learn from previous mistakes and continue to demonstrate my willingness to conduct day-to-day activities in a manner that will provide positive outcomes in my personal and professional relationships. Since the revocation of my access authorization, I have voluntarily enrolled in individual therapy sessions, abstained from alcohol for approximately

2.3 years and counting, and have mentored individuals professionally and personally within the [local] Community. I have taken full ownership of my hardships and poor decisions from the past and use the experience as a learning activity for myself and for those who inquire on process improvement.

In summary, I recognize how my poor decisions were directly influenced by maladaptive alcohol consumption, which caused my trustworthiness and integrity to be compromised. I have made changes to eliminate those challenges and provide evidence of reestablishing my status as a trustworthy citizen/employee/friend/individual.

Ex. 11 at 94. In a letter attached to the Individual's reconsideration request, the Individual's counselor (Counselor) wrote that the Individual had seen him for therapy from October 2021 through January 2022 and that he had been sober for one year and nine months when he started sessions. Ex. 12 at 98. He wrote that in sessions they had explored his current program for continuing sobriety, triggers for relapse, and his intent to remain sober. *Id.* Noting that the Individual appeared to have been sober for over two years, the Counselor wrote that he believed the Individual's Alcohol Use Disorder, mild severity, was in sustained remission and that his prognosis for continued sobriety was excellent. *Id.*

In 2022, the Individual learned that he would become a father and had two celebratory drinks with his family but "didn't feel I was relapsing." Ex. 7 at 40. In July 2023, the Individual's request for reconsideration was granted. Ex. 13. In his November 2023 ESI, the Individual stated that he had not sought out the Counselor because he thought he was using alcohol to excess, but rather to help him become eligible to restore his security clearance. Ex. 18 at 542. He told the investigator that he had remained abstinent even after his clearance was not restored and had not resumed alcohol consumption until 2022. *Id.* He stated that he began having two or three beers with friends once every two or three weeks and that he did not believe his current alcohol consumption would negatively affect his professional or personal life. *Id.*; Ex. 18 at 542–43. When asked why he had lied to the Psychiatrist about whether he had recently consumed alcohol, he "could not provide a reason why he answered 'no.'" Ex. 18 at 543.

In late June 2024, the Individual underwent an evaluation by the Psychologist. Ex. 7. He described his current alcohol consumption as "nothing consistent . . . not uncommon to have something every two weeks on Thursday night if I'm not working Friday, to dinner with friends or coworkers, mainly beer, an occasional shot or seltzer . . . at the most three drinks between 5:00 and 8:30 p.m." after work. *Id.* at 40. He stated that he had not been intoxicated since 2017, which was discrepant from his report earlier in the interview that he had been regularly consuming six or seven drinks in a night as recently as 2019. *Id.* The Individual admitted that "he was 'dishonest with [the Psychiatrist] because I was afraid of losing my job. So, I'm telling you exactly what I'm doing now.'" *Id.* He stated repeatedly that he was being "completely honest (and) totally transparent." *Id.* He told the Psychologist that he had last consumed alcohol about a month before the evaluation when he had consumed two beers at dinner with a friend. *Id.* The Individual underwent a PEth test, which returned a positive result of 60 ng/mL.<sup>4</sup> *Id.* at 42. In her report, the Psychologist wrote that

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<sup>4</sup> The PEth test was interpreted by a medical doctor. Ex. 7 at 40–41.



“[w]hile the PEth test does not distinguish whether the person’s Positive [sic] test is the result of binge drinking, or drinking on a regular basis, it confirmed that [the Individual] is drinking considerably more than he reports.” *Id.* Later, at the hearing, the Individual admitted that up until one month before the 2024 evaluation, he was consuming six to ten drinks per day, five to six days per week, and that he was last intoxicated thirty days before the evaluation. Tr. at 164–65. He testified that he had stopped drinking thirty days before the evaluation so that he would get a negative result on the PEth test he correctly expected would be ordered. *Id.* at 165.

The Psychologist opined in her report that the Individual habitually or binge consumed alcohol to the point of impaired judgment and diagnosed him with Unspecified Alcohol-Related Disorder (UAD) and opined that he had not demonstrated adequate evidence of rehabilitation or reformation. Ex. 7 at 42. Regarding ways in which the Individual could demonstrate rehabilitation, the Psychologist recommended that the Individual (1) resume attending two AA group meetings and one AA sponsor meeting every week and provide documentation of his attendance and that he had been working the 12 Steps for at least six months; or (2) attend outpatient alcohol counseling with a certified alcohol counselor on at least a weekly basis for at least six months; and (3) with either option, provide monthly PEth tests for that six month period to establish his abstinence from alcohol. *Id.* Regarding ways in which the Individual could demonstrate reformation, the Psychologist recommended that the Individual present twelve months of negative PEth tests but also recommended against choosing the path of reformation as the Individual’s dishonesty about his drinking would be better addressed in treatment or AA. *Id.*

The Individual submitted into evidence the results of PEth tests administered on November 12, 2024; December 5, 2024; January 3, 2025; January 31, 2025; February 28, 2025; and March 28, 2025. Ex. A; Ex. G. Each test returned a negative result. *Id.* The Individual admitted at the hearing that he waited until November to begin PEth testing because he had resumed drinking after the June 2024 psychological examination and did not stop until late September 2024. Tr. at 157, 165. On October 11, 2024, the Individual enrolled in an Intensive Outpatient Program (IOP) for substance abuse. Ex. F at 1. His treatment plan began on October 17, 2024, and his final therapy session occurred on March 19, 2025. *Id.* The IOP consisted of group and individual therapy sessions. *Id.* In late October 2024, the Individual began attending AA twice weekly, as documented by sign in sheets he submitted into evidence. Ex. B at 1–2.

The Individual’s IOP therapist<sup>5</sup> testified that she first met the Individual on October 17, 2024. Tr. at 12. He was diagnosed with Alcohol Use Disorder, severe, due in large part to alcohol’s impact on his life. *Id.* at 19. His initial alcohol test was negative, and, therefore, he was placed in a level one alcohol treatment program that included individual and group therapy. *Id.* at 12–14, 19, 24. The program was entirely online. *Id.* at 24. The program gave the Individual \$5.00 for each group and individual session he attended. *Id.* at 25. The therapist testified that this kind of monetary benefit is a proven modality for incentivizing attendance because it provides instant gratification for positive behaviors. *Id.* at 25–26. She noted that, while some patients were very motivated by the payments, the Individual had never mentioned it and did not seem to care about the financial incentive. *Id.* at 27. The therapist testified that the Individual was attending AA outside his IOP

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<sup>5</sup> After stipulation by the parties, the Individual’s therapist’s credentials as an expert in the field of substance abuse counseling were accepted. Tr. at 121.

while he was being treated. *Id.* at 12. She saw the Individual three times per week for the roughly five months he was in the program. *Id.* at 13, 20. She testified that the Individual was open and candid with her. *Id.* at 13. They worked on identifying and avoiding triggers, identifying the harms of alcohol use, communication skills, problem solving skills, emotional health, and family issues. *Id.* She testified that honesty and truthfulness was a very important part of the program. *Id.* at 14–15.

The therapist testified that she and the Individual worked on honesty and that he was aware of honesty's importance with recovery. Tr. at 14–15. She had not had any concerns with the Individual's honesty during his treatment. *Id.* at 16, 23–24. They would write out his problems on paper and dissect them to find their roots. *Id.* at 30. They would then work on solutions using structured decision making. *Id.* She testified that the Individual completed the program on March 21, 2025, and that aftercare recommendations included AA meetings on an as needed basis and utilization of the program's ongoing community support resources. *Id.* at 17. She testified that the Individual had learned his lesson regarding alcohol use and was motivated to remain abstinent so he could provide a stable life for his daughter. *Id.* at 17–18. She further testified that he had a strong family support system. *Id.* at 18. She testified that the Individual had emotionally matured through his therapy. *Id.* at 36. The therapist testified that any future alcohol use would be a relapse for the Individual. *Id.* at 28. They had discussed how even planning for alcohol consumption could be considered a relapse. *Id.* She testified that the Individual had committed to indefinite abstinence. *Id.* at 36. She gave the Individual an excellent prognosis. *Id.* at 38.

The Individual's friend who acted as his sponsor had known the Individual through work initially, since around 2017, but had been attending AA with him since October 2024. Tr. at 44–45, 56. He had consumed alcohol in moderation in the past but did not currently consume alcohol and had never been a member of a 12-Step program prior to beginning to attend with the Individual. *Id.* at 59–60, 71–72, 162–63.<sup>6</sup> He believed that the Individual had asked him to be his sponsor because he had traits that had allowed him to avoid addiction. *Id.* at 60–61. He had sporadic, seasonal social contact with the Individual outside of work and AA; he met with him as his sponsor once a week at a meeting and sometimes a second time to discuss personal recovery issues. *Id.* at 45, 51, 62. He testified that the Individual had asked him to be his sponsor and, a week or two later, he attended AA for the first time with the Individual. *Id.* at 69. It was the Individual's first time back at AA since he had quit years prior. *Id.* He testified that at AA, the Individual identifies himself as an alcoholic and that the Individual had committed to permanent sobriety and had taken accountability for his actions. *Id.* at 46. He testified that the Individual was working through the 12 Steps and was on the Tenth Step, though they had only worked on Steps Seven through Ten together. *Id.* at 47, 64. He testified that the Individual had done the others—including the Fourth Step, a moral inventory—prior to starting AA in that he had identified the issues he needed to work on and decided to get help through AA. *Id.* at 63–64. He believed the Individual had been working toward Steps One through Six, perhaps even unintentionally, before he began attending AA. *Id.* at 64–65.

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<sup>6</sup> Regarding the friend's alcohol use, the Individual testified, "I know he's drank before, but he doesn't drink ever, really, now. He grew up in a broken home, basically, where—but yeah, he's not currently a drinker." *Id.* at 162. He further testified that the friend had not been an alcoholic in the past. *Id.* at 163.

The friend acting as the Individual's sponsor testified that the Individual had a good support system now. Tr. at 48 He was available for the Individual at any time. *Id.* He testified that he believed the difference between 2017 and the present was that the Individual was attending AA meetings now, had discovered that he had people he could go to for guidance and support, and had finally recognized that he had problems with alcohol and honesty. *Id.* at 48, 67. He testified that the Individual told him he had been dishonest with the Psychiatrist and Psychologist about his alcohol use because he was afraid of losing his job, he was worried about people's perceptions of him, and he was still drinking and in the throes of his addiction at the time. *Id.* at 67–68.

The friend acting as sponsor testified that he believed he would know if the Individual relapsed because the Individual would tell him about it. Tr. at 57–58. He stated that if he believed the Individual may be drinking again, he would not confront him but would drop hints that he knew; he believed confronting the Individual in such a scenario would “cause him to shell up.” *Id.* at 58. He testified that he had learned from his sister, a therapist, that he should make sure the Individual did not feel judged. *Id.* at 66. He testified that he and the Individual had only attended open meetings (open to the public) and that the Individual had not attended any closed meetings (open only to self-identifying alcoholics). *Id.* at 65. He believed that “curiosity will drive” the Individual to eventually attend a closed meeting. *Id.* He testified that the Individual had not discussed with him how much and when he had been drinking previously and that in the years he had worked with the Individual as a colleague, he had never noticed the Individual suffering from the effects of alcohol. *Id.* at 71.

The Individual's girlfriend testified that she began dating the Individual in February 2023. Tr. at 89–90. At that time, she saw him about once per week and they often consumed alcohol on those occasions. *Id.* at 90. By June 2024, she would see the Individual three to four times per week. *Id.* at 83. She testified that at that time, the Individual consumed alcohol most weekends, but not to excess—typically a drink with dinner. *Id.* at 85–86, 95–96. She testified that the Individual last consumed alcohol while they were on vacation in August 2024 and that she had last consumed alcohol in front of the Individual in February 2025. *Id.* at 77, 92. She testified that she only drank on rare occasions. *Id.* at 77. She testified that the Individual had committed to staying sober. *Id.* at 77–78. She testified that the Individual's communication had improved due to his therapy and AA attendance. *Id.* at 79, 82. She was confident that the Individual would not consume alcohol in the future. *Id.* at 79–80. She testified that she was confident that the Individual was not consuming alcohol when she was not with him. *Id.* at 83. However, she testified that she did not believe that it would be a problem for the Individual to return to alcohol consumption in the future. *Id.* at 86–87.

The Individual's mother testified that she saw or talked to the Individual every day. Tr. at 99. She testified that the Individual had always been honest with her, both as a child and as an adult. *Id.* at 101, 104. She testified that the Individual would talk about his problems with her. *Id.* at 101. She testified that, to her knowledge, no one had ever told the Individual that he has a problem with alcohol. *Id.* at 108. She believed the Individual had not consumed alcohol from 2017 or 2018 until 2022. *Id.* at 107. She last saw him drink alcohol in August or September 2024. *Id.* at 100. She testified that the Individual intended to abstain from alcohol indefinitely. *Id.* She went on to state that the Individual had “made mistakes, as I'm sure a lot of people have, and I'm sure that he's

learned from them, and I just hope and wish that you can give him the opportunity to prove himself.” *Id.* at 102.

The Individual testified that he resumed alcohol consumption in 2022 because “it was just a celebratory moment. I didn’t realize the repercussions it was going to have moving forward.” Tr. at 156. Prior to seeing the Psychologist in June 2024, he was drinking six to ten drinks per day, five to six days per week. *Id.* at 164–65. He testified that he did not know why his girlfriend testified that he had consumed alcohol once per week and that she had consumed alcohol only on rare occasions; she had been present for his mid-week alcohol consumption and drank with him once per week. *Id.* at 165. He testified that his last intoxication occurred thirty days before his evaluation with the Psychologist and that he had abstained for the following thirty days with the intent to have a negative PEth test result. *Id.* He first saw the Psychologist’s recommendations when he received her report on October 1, 2024. *Id.* at 126. He had his intake with his IOP on October 11, 2024, and began attending AA on October 24, 2024. *Id.* at 137, 130. He presented testimony demonstrating that he understood the Psychologist’s recommendations. *Id.* at 126–27. He testified that he last drank alcohol in September 2024. *Id.* at 157.

The Individual testified that at the IOP he gained a fundamental understanding of the psychology and physiology of addiction. Tr. at 132. He also learned about support systems, “resolution paths and plan[s],” and how to identify issues within himself. *Id.* The Individual testified that he learned that he was not alone in his alcohol issues and that he learned the importance of family in his support system. *Id.* at 134. He testified that resolution plans include a long- and short-term plan for maintaining sobriety; he planned to utilize the IOP’s aftercare and hopefully help others in his situation someday.<sup>7</sup> *Id.* at 134–35. Regarding what he had learned about identifying his issues, the Individual testified that he had admitted that he was “not drinking in the normal range,” that he was “being dishonest about it and not being honest with others about my alcohol consumption,” and that he “internalized my own emotions.” *Id.* at 134. The Individual had also learned about triggers and how to manage them. *Id.* at 132. He described his triggers as stress and good memories of alcohol use. *Id.* at 135–36. He testified that he dealt with triggers by exercising and talking to his sponsor and support system. *Id.* at 136. The Individual testified that, “most importantly, I learned about the importance of honesty in everyday life,” and that he had to “start acknowledging accountability.” *Id.* at 132, 137. He added, “now I know that dishonesty has more repercussions than just being honest upfront. There may be repercussions both ways, but there are by far more with dishonest behavior.” *Id.* at 139. He testified that in the past he didn’t have the “resources and the continuous reinforcement” that he got from therapy, but now he had “AA under my belt” and had “completed therapy.” *Id.* He testified that he intended to continue attending AA indefinitely and would like to find a new counselor so that he could continue attending therapy for as long as it was still beneficial. *Id.* at 139–40. The Individual had compiled a list of potential therapists by asking others for recommendations, but as of the hearing date he had not reached out to any of them to schedule an intake.<sup>8</sup> *Id.* at 181–82. When asked why he had not continued therapy with his

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<sup>7</sup> Presumably, he intended to utilize the IOP’s aftercare program in the future because at the time of the hearing he was not attending aftercare or individual counseling at the IOP. Tr. at 140, 150, 181–82.

<sup>8</sup> When the IOP ended, the Individual did not continue seeing his IOP therapist. Tr. at 137. After the hearing, in response to a request for the list of therapists he had compiled, he wrote that he had “had an epiphany” and re-enrolled with the IOP’s maintenance program for weekly one-on-one counseling with his IOP therapist. Ex. L.

IOP counselor he testified, “[s]o, it’s just different. So that was a program that, it was part of the level one outpatient program as a whole. For aftercare, I’m looking for a day-to-day.” *Id.* at 150.

The Individual testified that he had a strong support system, specifically his girlfriend, his mother, the friend who was acting as his sponsor, AA, and future counseling. Tr. at 141. He testified that his relationship with the friend acting as sponsor was “unique in the sense that he has never judged me, no matter what I tell him . . . . And there’s never any judgment on what we present to each other.” *Id.* at 148; *see also id.* at 162 (“[T]he basis for our connection is trust and no judgment . . . .”). He testified that he intended to completely abstain from alcohol indefinitely. *Id.* at 142. He testified that he is sometimes in settings where others are drinking alcohol and that he does not find it hard to abstain in those situations. *Id.* He also testified that he attended AA three times each week while in the IOP and began attending about once per week after completing the IOP. *Id.* at 128; Ex. B. The sign-in sheets submitted by the Individual show that the Individual attended AA twice per week at most from late October 2024 to early February 2025 and then reduced his AA attendance to once weekly through March 24, 2025. Ex. B at 2.

The Individual testified that he lied to the Psychiatrist about his alcohol use in 2017 because he was afraid of losing his security clearance and his job. Tr. at 153. He testified that he lied to Psychologist about his alcohol use in 2024 because he was afraid of not obtaining his security clearance and of losing his job. *Id.* at 154. He testified that in 2024 he was not being honest with himself about his alcohol use, that he was in denial and trying to justify his alcohol use. *Id.* Echoing his 2018 hearing testimony, the Individual testified that his prior years long bouts of sobriety were different from his current period of abstinence because he had now acknowledged that he had a problem with alcohol, he had been through AA and therapy, and he had a sponsor and support system that included his girlfriend and his family. *Id.* at 157; *cf.* Ex. 14 at 106–07. He testified that unlike in 2018, he had the tools to maintain sobriety and wanted to be a role model for his daughter. *Id.* at 160. He testified that he now had infrequent contact with the friend who had acted as his sponsor in 2018. *Id.* at 174. He testified that during his years of sobriety between 2020 and 2022, he attended AA infrequently but had a sponsor who was a recovering alcoholic in the AA program. *Id.* at 171, 174. He testified that he did not formally work the 12 Steps with that sponsor. *Id.* at 174. The Individual testified that even if his security clearance was not restored, he would not return to consuming alcohol. *Id.* at 161. He stated that “when I set my mind to [abstinence from alcohol], I can do it, but now I have the tools to help maintain that sobriety moving forward, based on the treatment I’ve undergone.” *Id.* at 158.

The Psychologist testified that, based on the information presented at the hearing, she did not see adequate evidence that the Individual was rehabilitated or reformed. Tr. at 192. She testified that the Individual had fallen short of her recommendations in terms of the length of his treatment program—about a month shy of the recommended six months—and in terms of his choice not to have an AA sponsor who had experienced alcohol issues and previously attended AA. *Id.* at 187. She testified that his sponsorship choice did not discount the work he had done in AA, but she believed that he could not effectively work the steps without “someone who has been down that road, can relate to the struggles of it, can spot certain things that could be concerning, or if the person isn’t going quite far enough in how they’re going through the steps.” *Id.* at 188. She testified that the Individual’s previous therapy was not primarily alcohol-focused and that the recent IOP was his first time truly being treated for his alcohol issues. *Id.* at 188–89. The Psychologist testified

that she was not surprised that the Individual had relapsed in the past because of the quality of the interventions he had received. *Id.* at 190.

The Psychologist testified that the Individual was mostly rehabilitated, but not fully. Tr. at 191. She testified that to show full rehabilitation, the Individual would need to get a “legitimate sponsor” from AA and work the 12 Steps with him, alongside adjunctive, ongoing individual therapy. *Id.* at 191. She testified that having a legitimate AA sponsor was important, especially for honesty, because they make judgments about their sponsees and hold them accountable; she testified that this is “one of the things that, frankly, is a disadvantage to having a friend [as a sponsor].” *Id.* at 197–98. Still, she opined that the Individual had a good prognosis and “probably a low risk” for relapse. *Id.* at 192–93.

## V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. “Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security.” Adjudicative Guidelines ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO’s security concerns have been mitigated such that restoring the Individual’s clearance is not an unacceptable risk to national security.

The word “learned” appears 47 times in the transcript of the hearing, from the therapist saying the Individual had learned his lesson to his mother saying the Individual had learned from his mistakes to the Individual describing what he had learned in his IOP and AA. In 2018, he testified that he had learned how alcohol had harmed himself and others in his life. The Individual testified in this hearing, as he did in the 2018 hearing, that he would continue abstaining from alcohol even if his security clearance was not restored. Throughout his exhibits and testimony, the Individual emphasized that he was motivated to abstain from alcohol and be honest because he wanted to provide a good life for his daughter. His mother hoped he would get the chance to “prove himself.” In reaching my Decision, I take into consideration that the Individual had the opportunity to demonstrate that he had learned his lesson after reinstatement of his security clearance was denied in 2018. The testimony given at the hearing described significant change in the Individual, particularly in his recovery from his Alcohol Use Disorder. However, the weight of his actions—a repeat of the maladaptive alcohol consumption and intentional attempts to mislead security clearance professionals that resulted in the initial security clearance revocation despite having

suffered serious consequences arising from the revocation—speaks volumes about his current and future eligibility to hold a security clearance. For these reasons and those discussed below, I cannot at this time find that the Individual has mitigated the security concerns under Guidelines E and G.

### **A. Guideline G**

Conditions that may mitigate Guideline G concerns 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; or
- (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.

The Individual has not demonstrated the ability to quickly regroup from relapse and course correct, instead continuing to drink at increasing levels for months or years before attempting abstinence again. The Individual's most recent relapse started with one celebratory drink with some of the very people he now identifies as his current support system and led to extreme levels of alcohol consumption: six to ten drinks per day, five to six days per week. Given the Individual's pattern—several months of sobriety followed by months or years of relapse before abstaining again—the passage of time must be measured in years. The Individual has relapsed after being sober for longer periods than his current eight months of sobriety. I cannot conclude, based on the passage of time alone, that the Individual's alcohol use no longer casts doubt on his judgment, reliability, or trustworthiness. Similarly, the Individual's pattern of alcohol use includes episodes of near daily binge consumption as well as a cycle of relapse. Given the consistent nature of his alcohol use and his recurring relapses, I cannot conclude that his concerning behavior was infrequent or occurred under unusual circumstances. Accordingly, mitigating condition (a) does not apply.

The Individual acknowledged his maladaptive pattern of alcohol use and stated that alcohol had hurt him and caused him to hurt others. He credibly testified that he wanted to be a good role model for his daughter. However, I find that the Individual has not taken sufficient action to overcome his alcohol misuse for me to find the second mitigating condition applicable. The Individual has not followed the Psychologist's recommendation with respect to AA participation because he has not attended AA twice weekly for six months and has not worked with an AA sponsor. While the Individual successfully completed the IOP recommended by the Psychologist, the duration was somewhat shorter than that recommended by the Psychologist, and she opined that he was not yet

fully rehabilitated in part due to this shortfall. As the Individual did not participate in an IOP for a full six months as recommended by the Psychologist, I consider her alternative recommendation for reformation via twelve months of abstinence from alcohol the applicable period of abstinence. The Individual's eight months of abstinence from alcohol corroborated through PEth testing does not meet this treatment recommendation.

In finding that the Individual has demonstrated insufficient evidence of actions to overcome his alcohol problem and an insufficient pattern of abstinence in compliance with treatment recommendations, despite the relatively positive prognosis from the Psychologist, I am guided by the considerations set forth at 10 C.F.R. § 710.7(c) which require me to take into account in applying the Adjudicative Guidelines, among other things, the nature, extent, and seriousness of the conduct, the frequency and recency of the conduct, the age and maturity of the individual at the time of the conduct, the likelihood of continuation or recurrence, and other relevant and material factors. The Individual's history of problematic alcohol use goes back years and includes multiple relapses after significant periods of abstinence. While the Individual has made progress, his history indicates that after a period of six to twenty-four months, he may return to problematic drinking. He has demonstrated an inability to learn from the consequences of his actions that extends well beyond youthful mistakes. Moreover, his testimony that he has resolved the underlying reasons for alcohol misuse mirrors his testimony in the 2018 administrative hearing, which calls into doubt whether he will continue to abstain in the future. I cannot find that he has demonstrated an established pattern of abstinence, in accordance with treatment recommendations or otherwise.

Additionally, the Individual chose to engage with AA in a way that circumvents one of the program's pillars: sponsorship by another alcoholic.<sup>9</sup> Even after being told at his 2018 hearing that a person who was not in recovery from addiction could not be an AA sponsor, the Individual asked a friend who does not drink and was not in recovery from addiction to attend AA with him and be his sponsor, just as he did in 2018. This not only reflects negatively on his claims of rehabilitation but also raises questions about the Individual's judgment and decision-making skills. Though the Individual stated at the hearing that he wanted to continue attending AA, he had decreased his participation in the program by half when he finished his outpatient program—a time when he was more vulnerable to relapse due to ending his group and individual therapy sessions. Additionally, the Individual only attends open AA meetings (open to non-alcoholics). He was unable to articulate why he is so hesitant to engage with AA in the traditional way but repeatedly stated that he likes having his friend as a sponsor because there is "no judgment." The Psychologist noted that judgment, *i.e.* accountability, is actually an important aspect of having a sponsor and part of why sponsorship is helpful to people who are new to sobriety.

In light of the aforementioned considerations, I find that the Individual's efforts are insufficient and that mitigating condition (b) does not apply. Similarly, because the Individual's treatment program did not meet the timing requirements recommended by the Psychologist, and the

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<sup>9</sup> AA, while an important resource for many people seeking to recover from an alcohol addiction, is not a treatment program. It is not led by professionals employing evidence-based methodologies. It is a support community built on honesty and accountability. Because it is not a treatment program, it is not germane to the discussion of mitigating conditions (c) or (d). Any discussion of it in relation to these mitigating conditions is under the caveat that even if AA were treatment, the Individual did not fully engage in it.



Individual has not demonstrated an established pattern of abstinence, mitigating condition (d) also does not apply.

The Individual has a history of discontinuing treatment and later relapsing. Though the Psychologist characterized the IOP as the Individual's first real alcohol treatment, the Individual himself represented to DOE in 2022, via the letter from the Counselor he submitted with his request for reconsideration, that the Counselor was treating his alcohol use disorder. Within a few months of discontinuing treatment with the Counselor, the Individual relapsed. Correlation is not always indicative of causation, but it is yet another data point that raises doubt about the Individual's ability to remain abstinent long-term. Moreover, even if the Individual's prior treatment by the Counselor was not for alcohol-related issues, the fact that the Individual enrolled in additional treatment after the hearing does not establish the applicability of the third mitigating condition because there is no information in the record as to the Individual's participation and progress in further treatment which has yet to occur. As such, mitigating condition (c) does not apply.

Because doubts must be resolved in favor of the national security, I find that the security concerns under Guideline G have not been mitigated.

## **B. Guideline E**

Conditions that could mitigate Guideline E concerns 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. Mitigating conditions (e), (f), and (g) are not relevant to this proceeding.

Neither mitigating condition (a) nor (b) applies here because the Individual's dishonesty was intentional and he did not correct his characterization of his alcohol use until after being confronted with the PEth test results. The exhibits and hearing testimony show that the Individual sought to intentionally mislead the DOE-contracted mental health professionals. He made no prompt, good-faith effort to correct his statements and there is no allegation that he made false statements on the advice of counsel. Although not cited in the SSC, the LSO's evidentiary submissions show that the Individual provided similar falsehoods concerning his alcohol consumption practices to the ESI investigators which the Individual never expressly corrected, further emphasizing the seriousness and intentionality of the Individual's personal conduct as well as the doubts about his judgment, reliability, and trustworthiness.

Mitigating condition (c) does not apply because the Individual intentionally provided false information about his alcohol consumption multiple times, despite having received serious consequences the last time he did it. The fact that he repeated any behavior that so negatively affected his life calls his judgment into question. The fact that the repeated behavior is "of special interest" (*see* Adjudicative Guidelines at ¶ 15) indicates that the offense is not minor. Furthermore, I cannot find that the circumstances were unique because the Individual has now misled security professionals about his alcohol consumption on at least four occasions: the 2017 ESI, the 2017 psychiatric evaluation, the 2023 ESI, and the 2024 psychological evaluation. While one datum point can be an anomaly, four are enough establish a pattern, in this case spanning seven years. In that same vein, while the Individual has made progress in therapy, including work on decision-making specifically, I cannot conclude that the behavior is unlikely to recur due to the sheer number of times the Individual has intentionally misled security professionals, the recency of the last two offenses, and the blatant, calculated nature of the last offense.

Mitigating condition (d) does not apply because doubt remains as to whether the Individual will not lie to stay out of trouble if such a situation arose in the future. The Individual acknowledges that it was a mistake to lie about his alcohol use and stated that he had lied because he had not been able to be honest with himself about his alcohol issues. However, he acknowledged in 2017 that the Administrative Review process had shown him how his alcohol use was hurting himself and others. In 2025, the Individual says the same thing, glossing over the first time he went through Administrative Review, in part for the same issue. In looking at the Individual as a whole person, his past is important, and it is inappropriate to simply pretend that he has not said all this before. The nature of the offense, planning at least thirty days out to lie in a security clearance investigation, casts doubt on his trustworthiness and reliability that is difficult to mitigate under the best circumstances; the seriousness and possible consequences of providing false information have not been a bar to dishonesty for him in the past. The testimony the Individual gave regarding his progress is outweighed by the actions he took after giving similar testimony in the past. The repetition of lying in a security clearance investigation seven years after originally losing his

security clearance, in part for lying in a security clearance investigation, also casts doubt on the Individual's assertions that he has matured significantly since last June such that he now knows not to lie. If seven years was not enough time to learn from the serious consequences of his actions the first time, I am not convinced that eight more months<sup>10</sup> can make a big enough difference to remove all doubts about his trustworthiness, judgment, and reliability.

Accordingly, I cannot find that the Individual has mitigated the Guideline E security concerns.

## **VI. CONCLUSION**

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guidelines E and G of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that granting DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should not grant access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin  
Administrative Judge  
Office of Hearings and Appeals

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<sup>10</sup> This refers to the period beginning in October when the Individual started treatment.