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

In the Matter of: Personnel Security Hearing

Filing Date: December 12, 2024

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Case No.: PSH-25-0045

Issued: May 2, 2025

## Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (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.”<sup>1</sup> As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual’s access authorization should not be restored.

## I. BACKGROUND

The Individual was granted access authorization in January 2020 in connection with his employment by a DOE contractor. Hearing Transcript, OHA Case No. PSH-25-0045 (Tr.) at 77. On September 27, 2023, the Individual submitted a Personnel Security Information Report (PSIR) to the local security office (LSO) disclosing that he had been arrested and charged with Driving Under the Influence (DUI). Exhibit (Ex.) 12 at 50.<sup>2</sup> On June 4, 2024, the Individual was required to undergo a workplace breath alcohol test (BAT) which estimated his blood alcohol content (BAC) at .063 g/210L. Ex. 7 at 28 (summarizing the results of an investigation into the matter by a DOE contractor in a July 2024 PSIR). In response to two letters of interrogatory (the 2023 LOI and 2024 LOI) issued to him by the LSO concerning these incidents, the Individual reported that he consumed alcohol to the point of intoxication on a monthly basis. Ex. 13 at 59; Ex. 14 at 67.

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

<sup>2</sup> 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.

On September 9, 2024, the Individual met with a DOE-contracted psychiatrist (DOE Psychiatrist) for a psychiatric evaluation. Ex. 15 at 73. During the evaluation, the Individual disclosed to the DOE Psychiatrist that on the morning of his positive workplace BAT he had avoided using a personal vehicle outfitted with an interlock device that he was required to install following his DUI and chose to drive to work in another vehicle despite likely being intoxicated. *Id.* at 74–75. Following the evaluation, the DOE Psychiatrist issued a report (Report) in which she opined that the Individual met sufficient criteria for a diagnosis of Alcohol Use Disorder (AUD), Mild, under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition (DSM-5)*. *Id.* at 78–79.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 7–9. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.* at 6.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted seventeen exhibits (Ex. 1–17). The Individual submitted eight exhibits (Ex. A–H).<sup>3</sup> The Individual testified on his own behalf and offered the testimony of a counselor employed by the DOE contractor’s Employee Assistance Program (EAP), a personal friend, and a facilitator at an intensive outpatient (IOP) treatment program he attended. Tr. at 3, 11, 24, 38, 53. The LSO offered the testimony of the DOE Psychiatrist. *Id.* at 3, 82.

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

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 6. “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. The SSC alleged that the Individual habitually consumed alcohol to the point of impaired judgment and cited the Individual’s DUI charge, use of an alternative vehicle while under the influence to bypass an interlock device installed on his vehicle, positive workplace BAT, and the opinion of the DOE Psychiatrist that the Individual met sufficient diagnostic criteria for a diagnosis of AUD, Mild, under the *DSM-5*. Ex. 1 at 6. The LSO’s allegations that the Individual engaged in alcohol-related incidents both away from work and at work, habitually consumed alcohol to the point of impaired judgment, was diagnosed with AUD, and failed to follow an alcohol-related court order justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a)–(d), (g).

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<sup>3</sup> The Individual’s initial Exhibit C – an Alcoholics Anonymous sign-in sheet submitted on April 4, 2025 – was replaced by an updated version submitted on April 21, 2025.

### 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 regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't 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).

An 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). An individual is afforded a full opportunity to present evidence supporting his or her 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

The Individual began consuming alcohol as a minor and by 2023 he was consuming alcohol to intoxication on an approximately monthly basis. Ex. 14 at 67 (reporting in response to the 2023 LOI that he would consume "about 5 drinks in an hour or two" to the point of intoxication); Ex. 15 at 74 (stating in the psychiatric evaluation that he began consuming alcohol as a minor); Tr. at 32 (testimony of the Individual's friend that the Individual's alcohol consumption reached its highest point in 2023 and that there were no significant events going on in the Individual's life to which she attributed his elevated drinking); Tr. at 74 (testimony of the Individual that this drinking occurred at a time when he "didn't have an identity"). A friend of the Individual talked to the Individual numerous times regarding her perception that his alcohol consumption was negatively affecting him and his relationships with loved ones because he would "skip out [] on work," "seeing [his] daughter" over whom he has partial custody, and social events due to his alcohol consumption and that he would lie about his alcohol consumption. Tr. at 25, 30–31.

On September 23, 2023, the Individual was arrested and charged with DUI. Ex. 12 at 52. A breathalyzer test conducted during the traffic stop that led to the Individual's arrest estimated his BAC at .15 g/210L. *See* Ex. 15 at 74 (reflecting information gathered by the DOE Psychiatrist as part of the psychiatric evaluation). The Individual began abstaining from alcohol immediately after his DUI arrest. Tr. at 58; Ex. 14 at 67 (reflecting information provided by the Individual in response to the 2023 LOI). That same month, at the direction of the DOE contractor, the Individual enrolled in a twelve-week intensive outpatient program (IOP) for alcohol-related treatment. *Id.* at 69; Ex. 15 at 74. The Individual completed the IOP in February 2024. Ex. 15 at 74. Later that month, the Individual resumed alcohol consumption. Tr. at 58; *see also id.* at 78 (testifying that he did not

take the IOP seriously or accept that he had a problem with alcohol); Ex. 13 at 59 (indicating in his August 2024 response to the 2024 LOI that he consumed alcohol to intoxication about once monthly); Tr. at 33 (testimony of the Individual's friend that the Individual intended to abstain from alcohol following his DUI, but that his alcohol consumption "started up slowly again" with a few alcoholic drinks "here and there").

The Individual pleaded guilty to the DUI charge, and, pursuant to a March 2024 sentence, he was ordered to pay fines and fees, perform community service, and serve a one-year term of supervised probation. Ex. 9 at 36–39. Pursuant to the terms of the Individual's probation, he was required to, among other things, abstain from alcohol, have an ignition interlock device installed on his vehicle, and not operate any vehicle except that on which the ignition interlock device was installed. *Id.* at 38.

On the evening of June 3, 2024, into the early morning of June 4, 2024, the Individual consumed four 16-ounce beers and four shots of bourbon. Ex. 13 at 59; *see also* Ex. 15 at 74–75 (reflecting calculations performed by the DOE Psychiatrist that corroborated the accuracy of the Individual's self-described alcohol consumption). The Individual drove to work the following morning, although he was probably intoxicated, because he "felt fine to drive." Ex. 15 at 74–75. The Individual chose to use a vehicle other than the one on which the court-ordered ignition interlock device was installed to drive to work. *Id.* When the Individual began work at a DOE site on June 4, 2024, at approximately 7:00 AM, one of his colleagues smelled alcohol on his breath. Ex. 13 at 55; Ex. 15 at 75. The Individual was required to undergo a BAT, the results of which estimated his BAC at .063 g/210L. Ex. 7 at 28.

Following his positive workplace BAT, the DOE contractor placed the Individual on a fitness for duty (FFD) evaluation program pursuant to which he was required to undergo periodic alcohol testing. Ex. G at 1. From June 17, 2024, to August 14, 2024, the Individual underwent eight random ethyl glucuronide tests as part of the FFD program, each of which was negative for traces of alcohol. *Id.* at 2. On August 13, 2024, pursuant to the FFD program, the Individual began providing samples for Phosphatidylethanol (PEth)<sup>4</sup> testing on an approximately monthly basis. Ex. E. As of the date of the hearing, the Individual had undergone eight PEth tests from August 2024 to April 2025 as part of the FFD program, each of which was negative for traces of alcohol consumption. *Id.* at 1–7; Ex. H.

The Individual also enrolled in an educational class related to alcohol misuse through his employer's EAP, which he completed on August 29, 2024. Ex. D. The class, which was conducted on a weekly basis, educated students on topics such as quantifying a standard drink of alcohol, learning how alcohol interacts with the human body, and stages of recovery from alcohol misuse through facilitated discussions, presentations, and a course workbook. Tr. at 13–14. The Individual completed a second class through his employer's EAP, in February 2025, which provided resources related to abstinence from alcohol. Ex. F. This class required participants to abstain from alcohol and included mindfulness activities, group discussions on issues participants were facing, and guest speakers who spoke on their recovery experiences and strategies. Tr. at 15. According

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<sup>4</sup> PEth is a biomarker for alcohol consumption that can be detected in blood for up to four weeks following moderate or greater episodes of alcohol consumption. Ex. 15 at 76, 80.

to the EAP Counselor, the Individual attended as required, was an attentive participant, and reported that he found the classes helpful to him. *Id.* at 16. The EAP Counselor expressed the opinion that the Individual was more open and expressive than when he began attending the classes, which she considered to be positive to his recovery. *Id.* at 16–17.

On September 9, 2024, the Individual met with the DOE Psychiatrist for the psychiatric evaluation. Ex. 15 at 73. The Individual denied having consumed alcohol since June 4, 2024, but also denied believing that he had an issue with alcohol and indicated that he was considering “returning to moderate drinking at some point.” *Id.* at 75. At the request of the DOE Psychiatrist, the Individual provided a blood sample for a PEth test. *Id.* at 80. The results of the PEth test were negative, which the DOE Psychiatrist found to be indicative that the Individual had consumed “minimal to no” alcohol during the four weeks prior to the test. *Id.* at 76.

The DOE Psychiatrist issued her Report on September 23, 2024. *Id.* at 79. In the Report, the DOE Psychiatrist listed the eleven *DSM-5* AUD diagnostic criteria and the *DSM-5*’s instruction that the presence of two or three diagnostic criteria are consistent with a “Mild” severity of AUD, four or five criteria are consistent with a “Moderate” severity, and six or more criteria are consistent with “Severe” AUD. *Id.* at 77–78. She opined that the Individual met two diagnostic criteria for AUD under the *DSM-5*, and thus that the Individual’s AUD was “Mild.” *Id.* at 77–79. Specifically, she found that the Individual had demonstrated “recurrent alcohol use in situations in which it is physically hazardous” based on the Individual having reported to work intoxicated and repeatedly operated a vehicle while intoxicated, and she concluded that the Individual demonstrated alcohol tolerance based on his own reporting and his not feeling impaired when he drove to work intoxicated on June 4, 2024. *Id.* at 77–78. At the hearing, she testified that she did not find additional criteria applicable because the Individual expressly denied that his alcohol use impaired his work, social life, or relationships.<sup>5</sup> Tr. at 84, 86; *see infra* p. 7 (discussing information revealed at the hearing that led the DOE Psychiatrist to update her opinion). She recommended that the Individual demonstrate rehabilitation or reformation by completing an IOP, attending an aftercare program for an additional three months, and demonstrating a minimum of six months of abstinence from alcohol through monthly PEth testing. Ex. 15 at 79.

Approximately one week prior to the psychiatric evaluation, the FFD required the Individual to reenroll in the IOP in which he previously participated. Ex. B at 5; Tr. at 66. Clinicians at the IOP diagnosed the Individual with AUD, Moderate, in early remission. Ex. B at 5. The Individual participated in the IOP for six months, the first three months of which included weekly psychoeducational group classes, individual counseling, and SMART sessions, as well as biweekly group therapy. *Id.*; *see also* Tr. at 39–41 (testimony of IOP facilitator describing the IOP); Tr. at 58 (testimony of the Individual that the first three months of the IOP was the same program he had previously completed in February 2024). For the second three-month period of treatment, the Individual continued weekly SMART sessions and also attended weekly group therapy related to “moral recognition” which provided participants with education related to taking responsibility for

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<sup>5</sup> The DOE Psychiatrist’s testimony implicates three additional potential diagnostic criteria: “recurrent alcohol use result[ing] in a failure to fulfill major obligations at work, school, or home,” “continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol,” and “important social, occupational, or recreational activities are given up or reduced because of alcohol use.” Ex. 15 at 77 (listing the *DSM-5* diagnostic criteria for AUD).

their actions and accountability for their choices. Tr. at 39, 43. The Individual successfully completed the IOP on March 21, 2025. Ex. B at 2. In a letter dated March 25, 2025, a licensed clinical social worker (LCSW) employed by the IOP reported that the Individual had fully complied with the treatment process and “appear[ed] to have developed an understanding of his triggers, a healthy way to deal with unwanted feelings and thoughts, and a feeling of worthiness in himself,” all of which were “indicators of recovery” according to the LCSW. *Id.* at 5. The IOP facilitator perceived the Individual to have demonstrated “great change” during his participation in the IOP, from initially being “a little guarded” to fully and actively participating in the program. Tr. at 44–45.

Following completion of the IOP, the Individual enrolled in aftercare programming offered by the IOP. Ex. B at 5. The IOP’s aftercare consists of group therapy sessions to discuss challenges and successes in recovery. Tr. at 45. According to the LCSW, the Individual will “remain in aftercare for 3 to 6 months.” Ex. B at 5.

On December 18, 2024, a judge ordered the Individual’s early release from probation upon the recommendation of the Individual’s probation officer. Ex. A. The probation officer indicated in a submission to the court that the Individual had paid all court-ordered fines and fees, performed required community service, and had tested negative for traces of alcohol on all urinalysis tests he underwent. *Id.*

On March 17, 2025, the Individual began attending AA meetings. Ex. C. The Individual testified that he had obtained an AA sponsor and was working the first step of the twelve steps of the AA program. Tr. at 71. However, the Individual was unable to identify any of the steps of the AA program. *Id.*; *see also id.* at 80 (testifying that he and the AA sponsor were “going over methods on how to . . . keep up the love for myself and how to . . . deal with feelings of unworthiness”); *but see The Twelve Steps*, ALCOHOLICS ANONYMOUS, [aa.org/the-twelve-steps](https://aa.org/the-twelve-steps) (last visited Apr. 18, 2025) (indicating that the first step of AA is “admitt[ing] we were powerless over alcohol – that our lives had become unmanageable”). As of the date of the hearing, the Individual had attended seven AA meetings. Ex. C. The Individual testified that, although he intended to attend AA meetings twice weekly, he had missed three AA meetings he intended to attend and cited working out at a gym as one reason for missing the AA meetings. Tr. at 75, 79.

The Individual testified at the hearing that he had abstained from alcohol since June 2024. Tr. at 64; *see also* Ex. E at 1–7; Ex. H (negative PEth tests from August 2024 to April 2025). The Individual initially struggled to abstain from alcohol but stopped thinking about returning to alcohol consumption in December 2024 or January 2025 and no longer experiences difficulty abstaining from alcohol when spending time with friends who do consume alcohol. Tr. at 64–65, 76; *see also id.* at 28–29 (testimony of Individual’s friend that the Individual told her that he had struggled to abstain from alcohol for several months, but that consuming alcohol no longer crosses his mind). The Individual testified that he had identified “feelings of unworthiness” as a trigger for alcohol consumption. *Id.* at 70. He uses exercise, listening to podcasts, and social support from family and friends to deal with negative feelings in lieu of alcohol and to support his sobriety. *Id.* at 67, 69; *see also id.* at 29 (testimony of the Individual’s friend that she and the Individual’s family support him in abstaining from alcohol). The Individual plans to continue attending AA meetings and aftercare through the IOP, and to abstain from alcohol. *Id.* at 74–76; *see also id.* at 19

(testimony of EAP counselor that the Individual told her that his life had improved since he began abstaining from alcohol and that his intentions with respect to abstinence were “for now no alcohol”).

The DOE Psychiatrist testified that the IOP’s diagnosis of the Individual with AUD, Moderate, was likely more accurate than her previous diagnosis of AUD, Mild, in light of the testimony from the Individual and the Individual’s friend that alcohol negatively affected his professional, social, and relational functioning. *Id.* at 84. Had she been aware of these impairments when she authored the Report, she would have extended her recommendation for demonstrating abstinence from alcohol through PEth testing to one year and recommended lifelong AA participation for the Individual. *Id.* The DOE Psychiatrist opined that the Individual demonstrated substantially improved insight into the negative effects alcohol has had on his life since the psychiatric evaluation, and that social support from the Individual’s friend and his family for his abstinence was a positive indicator of recovery. *Id.* at 85–86. The DOE Psychiatrist further opined that the Individual’s prognosis was “very good” and that she estimated his risk of relapse at “3[ or] 4” out of 10, with 10 representing the highest likelihood of relapse. *Id.* at 90. However, she testified that the Individual’s AUD would not be in sustained remission until he achieved one year of abstinence from alcohol, that she would not conclude that the Individual had demonstrated rehabilitation until he demonstrated several additional months of abstinence, and that it would be important to make sure that the Individual “stays with his sponsor with AA” and reaches at least step three or four of the twelve steps of AA. *Id.* at 88–90, 92, 94. The DOE Psychiatrist indicated that, although she did not recommend AA attendance in her Report, she believed that it was extremely important for the Individual in light of her updated understanding of the severity of the Individual’s AUD and that he would be at “much higher risk” of relapse if he stopped attending. *Id.* at 92–93.

## **V. ANALYSIS**

### **Guideline G**

Conditions that could mitigate security concerns under Guideline G include:

- (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual’s current reliability, trustworthiness, or judgment;
- (b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; 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 engaged in a pattern of alcohol misuse, including becoming intoxicated on an at least monthly basis, that persisted until June 2024. As the Individual's alcohol misuse occurred at least monthly over an extended period of time, and persisted until less than a year prior to the hearing, the behavior was not infrequent and the passage of time is insufficient to mitigate the security concerns presented by the Individual's behavior. Moreover, the Individual did not identify any circumstances that would lead me to conclude that his alcohol misuse occurred under unusual circumstances. Accordingly, the first mitigating condition is inapplicable to the facts of this case. *Id.* at ¶ 23(a).

The Individual has acknowledged his maladaptive alcohol use, and participated in an IOP, EAP classes, and AA to address his alcohol misuse. He has also abstained from alcohol for approximately ten months, which exceeds the six months recommended in the Report. Nevertheless, I find the second mitigating condition inapplicable. The Individual previously successfully completed the same IOP he most recently completed, albeit for half of the duration of his most recent treatment, and abstained from alcohol for over four months. Despite these positive indications, the Individual relapsed almost immediately when he was no longer subject to alcohol monitoring by the IOP, and in doing so violated the terms of his probation and presented to work either intoxicated or nearly so. In light of the previous failure of the IOP to rehabilitate the Individual, I am skeptical of the extent to which repeating his participation has demonstrated effective action to overcome this problem on the part of the Individual. While the Individual has also completed EAP classes, they are far less intensive than the IOP that failed to previously rehabilitate the Individual and I do not believe that they will significantly influence the Individual's recovery compared to an IOP.

The Individual asserted that his first participation in the IOP was ineffective because he did not accept that he had a problematic relationship with alcohol and did not take the IOP seriously. I find that the Individual's AA participation reflects a similar lack of seriousness with respect to maintaining his recovery. The lack of evidence that the Individual has an AA sponsor as he claims, his inability to name the first AA step that he claimed to be working on, and his testimony that his work with his sponsor on the first step of AA consisted of self-acceptance, which bears no relation to the admission of powerlessness over alcohol that is the first step of AA, strongly suggests that the Individual is not actively participating in AA even if he is attending meetings. Moreover, despite committing to attending AA twice weekly, the Individual's attendance has been sporadic. The Individual's explanation for missing AA meetings indicated that he prioritized other activities over AA attendance. While the Individual is voluntarily attending AA and was not directed to do so in the Report, I find that the Individual's inconsistent and insubstantial AA participation is likely to foreshadow his approach to managing his AUD when he is no longer subject to monitoring and directed treatment.



Finally, although the Individual has demonstrated a longer pattern of abstinence than that recommended in the Report, the DOE Psychiatrist's recommendation in that regard was based on the information that she had available at that time. With the benefit of the information provided in the hearing, the DOE Psychiatrist concluded that the Individual's AUD was more severe than she had realized when she authored the Report. The DOE Psychiatrist's updated conclusion is supported by the "Moderate" severity of the Individual's AUD diagnosed during his most recent participation in the IOP and the testimony of the Individual and his friend that the Individual missed work, social gatherings, and time with his daughter due to alcohol use, which reflects social, professional, and relational impairments corresponding to *DSM-5* diagnostic criteria that the DOE Psychiatrist previously found absent. *See infra* note 5. With the benefit of this information, the DOE Psychiatrist concluded that the Individual's abstinence to date was insufficient to establish rehabilitation and that she would have recommended a one-year period of abstinence if she had the additional information at the time she authored the Report. The appropriateness of the "Moderate" AUD diagnosis is not in dispute as the DOE Psychiatrist and IOP both now share that conclusion. In light of the DOE Psychiatrist's updated opinion, and in consideration of the Individual's history of relapsing following treatment and abstinence, I find that the Individual's current ten months of abstinence from alcohol is not sufficiently established to find the second mitigating condition applicable. For the aforementioned reasons, I find that the Individual has not established the applicability of the second mitigating condition. *Id.* at ¶ 23(b).

The third mitigating condition is inapplicable to the facts of this case because of the Individual's relapse following completion of the IOP for the first time. *Id.* at ¶ 23(c). While the Individual has completed the IOP for a second time, I find that he has not established a sufficient period of abstinence from alcohol in light of the updated severity of his AUD for the reasons previously discussed. Thus, the fourth mitigating condition is inapplicable. *Id.* at ¶ 23(d).

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

## VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick  
Administrative Judge  
Office of Hearings and Appeals