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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 12, 2024)
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Case No.: PSH-25-0047

Issued: May 5, 2025

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be restored.

I. Background

In late March 2024, a third party reported to the local security office (LSO) that the Individual had voluntarily submitted to alcohol treatment at an inpatient facility in late March 2024. Exhibit (Ex.) 6 at 23.² The report indicates that the Individual "had been regularly drinking after work and on the weekends." *Id.* at 23. The Individual was consuming approximately four "shots per sitting[,] every day after work and on weekends." *Id.* at 24. As a result, the Individual decided to "get in front of it before it becomes an addiction." *Id.* at 23.

The LSO subsequently requested that the Individual complete a Letter of Interrogatory (LOI), which the Individual signed and submitted in June 2024. Ex. 7. In the LOI response, the Individual indicated that she completed inpatient treatment in early May 2024. *Id.* at 25.

As questions still remained, the LSO asked the Individual to undergo a psychological evaluation conducted by a DOE-consultant psychologist (DOE Psychologist), which the Individual

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

² The exhibits submitted by 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.

completed in July 2024. Ex. 8. In conjunction with the evaluation, the Individual submitted to a phosphatidylethanol (PEth) test.³ *Id.* at 39. The DOE Psychologist issued a report (the Report) of his findings in August 2024. *Id.* In the Report, the DOE Psychologist concluded that pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR), the Individual suffered from Alcohol Use Disorder (AUD), Severe, in Early Remission, without adequate evidence of rehabilitation or reformation *Id.* at 40. Accordingly, the DOE Psychologist made a series of recommendations through which the Individual could show adequate evidence of rehabilitation or reformation. *Id.*

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified her that it possessed reliable information that created a substantial doubt regarding her continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that she was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding her eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on her own behalf and presented the testimony of her partner, her stepdaughter, her colleague, her aftercare clinical counselor, her AA sponsor, and a licensed alcohol and drug abuse counselor from the inpatient treatment program she attended. *See* Transcript of Hearing, OHA Case No. PSH-25-0047 (hereinafter cited as "Tr."). The Individual also submitted fourteen exhibits, marked Exhibits A through N. The DOE Counsel submitted eleven exhibits marked as Exhibits 1 through 11 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Under Guideline G, "[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are the "habitual or binge consumption of alcohol to the point of impaired judgment[.]" and "diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]" *Id.* at ¶ 22(c)–(d). Under Guideline G, the LSO alleged that the August 2024 Report indicates that the DOE Psychologist diagnosed the Individual with AUD, Severe, in Early Remission, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also alleged that the Individual "admitted that beginning approximately three years ago until March 2024, she would consume approximately four shots of vodka daily and drink to intoxication weekly[.]" *Id.* the LSO's invocation of Guideline G is justified.

III. Regulatory Standards

³ PEth tests "detect[] any significant alcohol use over the past three to four weeks." Ex. 8 at 39.

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

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

IV. Findings of Fact and Hearing Testimony

The Individual indicated in response to the LOI and during the psychological evaluation that she consumed alcohol socially for approximately twenty years, drinking to intoxication on a “less than monthly” basis and occasionally abstaining from alcohol for weeks at a time. Ex. 8 at 37; Ex. 7 at 27–28. Her consumption increased around 2021, and by October 2023, the Individual was consuming “two to six [one-and-a-half] ounce shots of vodka,” “on a semi-daily basis.” Ex. 8 at 37. When her partner noticed her increased alcohol consumption, the Individual began consuming “‘in secret’ in order to ‘take the edge off and feel more relaxed.’” *Id.* The Individual began drinking alcohol “most days of the week[,] if not daily, often consuming four to six ounces of vodka over two to three hours.” *Id.*; Ex. 7 at 28. The Individual's partner voiced her concern over the Individual's alcohol consumption in late March 2024, prompting the Individual to immediately seek inpatient treatment. Ex. 8 at 37; Ex. 7 at 29; Tr. at 73–74, 103. The Individual sought treatment in late March 2024, because she felt that her “alcohol intake was becoming more frequent and that [her] tolerance was getting higher[.]”⁴ Ex. 7 at 30. As a result, she “wanted to curtail [any] potential negative impact on [her] life.” *Id.* at 30; Tr. at 103.

The Individual attended a residential inpatient treatment program from late March 2024 to early May 2024, where she was diagnosed with AUD, Severe. Ex. 8 at 37; Tr. at 19, 103, 105. She initially spent several days in a detoxification unit when she entered inpatient treatment, and as she had only suffered “a slight tremor[,]” she was moved to the regular treatment unit. Ex. 8 at 37. Her treatment included weekly individual therapy sessions, group therapy sessions, meditation, education regarding recovery skills, relapse prevention, yoga, mindfulness training, grief support

⁴ The Individual told the DOE Psychologist and indicated in the LOI response that she last consumed alcohol the day she was admitted into inpatient care, when she consumed two ounces of vodka over the span of two hours. Ex. 8 at 37; Ex. 7 at 28.

groups, “individual reflection time,” and dance therapy. Tr. at 13–14, 109. Upon her successful completion of the inpatient treatment program, it was recommended for the Individual to transition to an intensive outpatient treatment program (IOP), attend ninety Alcoholics Anonymous (AA) meetings in ninety days, secure a sponsor, work the Twelve Steps, and follow-up with her primary care doctor. Ex. H at 1; Tr. at 103–04.

The Individual continued her treatment via an IOP upon her discharge from inpatient treatment in May 2024 and completed the program the day before the July 2024 psychological evaluation. Ex. 8 at 37; Ex. 10 at 74; Ex. 7 at 26; Ex. H at 1; Ex. I; Tr. at 105–06. The Individual opted to participate in one “to continue learning positive life skills” and because she felt that it was “a natural progression on [her] road to lifelong sobriety.” Ex. 7 at 27. Pursuant to the IOP, the Individual completed thirty group therapy sessions, ten individual therapy sessions, three “community support meetings,” and random drug and alcohol urine tests. Ex. 8 at 38; Ex. 10 at 74; Ex. 7 at 27; Ex. D; Tr. at 105–06, 108.

Also in May 2024, the Individual voluntarily reached out to her employer’s Employee Assistance Program (EAP) “to develop a monitoring contract.” Ex. 8 at 38; Ex. J; Tr. at 107. The monitoring contract will remain in effect for twenty-four months, and pursuant to the agreement, the Individual meets with an EAP doctor on monthly basis, submits to a PEth test every four to five weeks,⁵ submits to “random drug and breath alcohol tests each month in [the EAP] laboratory[,]”⁶ and agrees to continue with her treatment via an aftercare program and AA meetings. Ex. 8 at 38; Ex. J; Tr. at 64, 107. Pursuant to the monitoring contract, the Individual’s noncompliance will be reported to her management.⁷ Ex. J.

Following her discharge from inpatient treatment in July 2024, the Individual began attending aftercare, began keeping logs of the AA meetings she attended, and secured a sponsor.⁸ Ex. 8 at 38; Ex. E; Tr. at 104, 106–07. Aftercare consists of one group therapy session per week and one individual therapy session per week.⁹ Tr. at 106.

As indicated above, the Individual was evaluated by the DOE Psychologist in July 2024. Ex. 8. The DOE Psychologist indicated in the Report that in order for the Individual to show adequate

⁵ The Individual submitted to eleven PEth tests from May 2024 to March 2025, all of which were negative. Ex. A; Ex. 8 at 38; Ex. M.

⁶ From May 2024 to March 2025, the Individual submitted to eleven breath alcohol tests and eleven drug tests, all of which were negative. Ex. B; Ex. C; Tr at 108.

⁷ The EAP doctor described the Individual as “exceptionally well-motivated to succeed in all aspects of her recovery.” Ex. J. The EAP doctor noted that the Individual has an “excellent” prognosis. *Id.*

⁸ The Individual submitted AA attendance logs that indicate that from July 2024 to March 2025, she attended over seventy AA meetings. Ex. E. The Individual testified that she began attending AA meetings in March 2024, attending the recommended ninety meetings in ninety days. Tr. at 64, 104, 128. The Individual has collected sixteen AA chips. Ex. F. She testified that she does not “intend to ever stop going to AA.” Tr. at 135.

⁹ At the time of the hearing, the Individual was still attending aftercare. Tr. at 106. Throughout her time in the IOP and aftercare, the Individual submitted to twenty-one drug and alcohol urine tests from May 2024 to March 2025, all of which were negative. Ex. D.

evidence of rehabilitation or reformation, she should abstain from alcohol for the span of at least twelve months and continue attending AA meetings twice per week upon the completion of the aftercare program in which she was participating. Ex. 8 at 40. The Individual should also maintain her AA sponsor and document her participation in AA meetings via a sign-in sheet. *Id.* The DOE Psychologist indicated that “the total time in all treatments combined should equal not less than one year[,]” and that “[o]nline programs are not acceptable.” *Id.* Lastly, the Individual should submit to PEth tests “at least once every four to six weeks over the course of twelve months.” *Id.*

The alcohol and drug abuse counselor from the inpatient facility that the Individual attended testified in the March 2025 hearing that the Individual not only saw him for weekly individual therapy sessions, but she also informally kept him abreast of matters by engaging him in discussion outside of their usual counseling hours. Tr. at 12–14. Accordingly, he had daily contact with the Individual while she was in the inpatient facility. *Id.* at 14. He described the Individual’s participation as “miraculous, active, engaged, resilient, creative, and courageous[,]” and stated that the Individual “did an incredible job[.]” *Id.* He noted that the Individual “did a great job of personalizing the brain disease of addiction, which . . . reduce[d] shame and reduce[d] . . . the bargaining and denial [stages.]” *Id.* at 14–15. The alcohol and drug abuse counselor indicated that the Individual was quite honest and forthright, and that she “completed her treatment plan [and] followed the aftercare recommendations.” *Id.* at 16. He confirmed in his testimony that the Individual told him that she has no intention of drinking alcohol in the future, and that she “[w]ill protect her recovery, no matter what.” *Id.* at 18.

The Individual’s IOP aftercare clinical counselor testified that he first began seeing the Individual in July 2024, and that they continue to meet on a weekly basis. *Id.* at 33–34. The clinical counselor confirmed that in addition to seeing him, the Individual also attends a weekly aftercare group. *Id.* at 34–35. He described the Individual’s participation as “remarkable” and “consistent,” and described the Individual as “curious.” *Id.* at 35. With him, the Individual learns better communication skills, “thought stopping techniques to address triggers,” how to be aware of triggers, and how to set boundaries, and also sets goals, and participates in mindfulness activities and meditation. *Id.* at 35, 109. They have also done some grief counseling together. *Id.* He confirmed that the Individual has been compliant with his treatment recommendations, and that she is aware that AUD “is a chronic condition[.]” *Id.* at 36. He stated that her prognosis is excellent, and feels that of all of his clients, “she stands a greater chance . . . to maintain stable abstinence into the future.” *Id.* at 37. The clinical counselor confirmed that although she suffers from AUD, Moderate to Severe, the Individual is currently in sustained remission. *Id.* at 38. He said that the Individual understands that in the past, “drinking [did not] improve her life,” and accordingly, “it has no appeal” for her. *Id.* at 42.

The Individual’s colleague of fifteen years testified that the Individual “has always been a good member of [their] team.” *Id.* at 49–50. He indicated that her staff holds her in “very high regard” and noted that she is trusted with a “high level of responsibility.” *Id.* at 50–51. The Individual’s colleague stated that he has “for years, treated her as a confidant . . . for many issues.” *Id.* at 51. He never suspected that the Individual had issues with alcohol and asserted that her past alcohol consumption had not impacted her work performance. *Id.* He described her as reliable and “highly trustworthy,” and noted that she exhibits good judgment. *Id.* at 51–52.

The Individual's partner of nearly two decades testified that the Individual's stressors began around 2020, following the passing of a loved one. *Id.* at 59–60. The Individual held “a lot of resentment and anger” over the fact that she could not ensure her loved one's preferred burial. *Id.* at 61. The Individual was also experiencing a considerable amount of stress caring for her elderly parents, which was in addition to routine work stress. *Id.* at 61–62. Ultimately, the Individual recognized that the stress had resulted in her alcohol use, and she sought help to remedy the matter. *Id.* at 62. The Individual's partner supported the Individual's decision to seek inpatient treatment and remained abreast of the Individual's progress in the program. *Id.* at 62–63. The Individual's partner also attended approximately five or six AA meetings in support of the Individual, as well as family nights hosted by the IOP. *Id.* at 63. She also attends individual therapy to help her understand the Individual's struggles and to learn how to be of greater support to the Individual. *Id.* She noted that now, the Individual is “more positive, and a lot less stressed.” *Id.* at 65. The couple no longer keeps alcohol in the home, and the Individual's partner does not drink alcohol. *Id.* at 66. She noted that the Individual has a robust support system, which includes her, her extended family, and her daughter, as well as the friends the Individual has made through AA. *Id.* She confirmed that the Individual wants to “remain sober for the rest of her life.” *Id.*

The Individual's stepdaughter, who the Individual raised, testified that she is supportive of the Individual's sobriety. *Id.* at 83–85. She confirmed that although the Individual has been around alcohol, she has neither seen the Individual consume alcohol since March 2024, nor has she heard the Individual express a desire to drink. *Id.* at 85. She has seen the Individual “surround[] herself with like-minded people [who] are also in treatment.” *Id.* at 86. This has proven helpful to the Individual's ongoing endeavor to remain abstinent from alcohol. *Id.* She confirmed that the Individual no longer uses alcohol to cope with stressful situations. *Id.* at 87. Instead, the Individual uses coping mechanisms like spending time with family, playing sports, and attending aftercare and AA meetings. *Id.*

The Individual's AA sponsor testified that she speaks to the Individual on a bi-weekly basis, at minimum. *Id.* at 92. She described the Individual as an active participant in AA, and someone who shares, is honest, and contributes to meetings. *Id.* at 93. They are working the Twelve Steps of AA together and are currently “halfway through the fourth step.” *Id.* The Individual's AA sponsor confirmed that the Individual identifies herself as an alcoholic at meetings, that the Individual does not intend to drink alcohol again, that the Individual attends three to four meetings per week, and that she “goes out and does fellowship” after meetings. *Id.* at 93–95.

At the hearing, the DOE Psychologist testified that the Individual had shown adequate evidence of rehabilitation and reformation. *Id.* at 140. He noted that his initial impression of the Individual was of someone “invested in treatment,” but someone who “[had not] had enough time[.]” *Id.* at 140–41. He indicated that the Individual had been “very open about her alcohol problem” and she “[did not] appear to want to minimize any of it[.]” *Id.* at 141. He indicated that the Individual satisfied his recommendations, and that she had an excellent prognosis. *Id.* at 141–43.

V. Analysis

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

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) The individual has successfully completed a treatment program along with any required aftercare and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

The Individual's actions since March 2024 have been above reproach. The Individual recognized that her alcohol consumption had become maladaptive and swiftly enrolled in an inpatient treatment program when her partner voiced her concerns in March 2024. Once she successfully completed the program, she opted to comply with the recommendations made by the inpatient treatment facility and enrolled in an IOP. Upon her completion of the IOP, the Individual began attending aftercare, a program she was still attending at the time of the hearing. She has thoroughly altered her lifestyle to achieve her ambition of remaining abstinent. She attends therapy on a weekly basis, attends AA meetings multiple times a week, and has constructed a robust support network. The record is replete with negative PEth and urine tests, spanning as far back as March 2024. Witnesses involved in the Individual's treatment described the Individual's participation in extremely positive terms, impressing upon me the Individual's earnest desire to remain sober, as well as the depth of her commitment. It is unsurprising then that the Individual's IOP aftercare clinical counselor and the DOE Psychologist both determined that the Individual has an excellent prognosis. Finally, the DOE Psychologist testified that the Individual has complied with his recommendations and, accordingly, has shown adequate evidence of rehabilitation and reformation. The Individual has mitigated the stated concerns pursuant to mitigating factors (b) and (c).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve

the Guideline G concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring her security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals