

**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)	Case No.: PSH-25-0040
)	
_____)	

Issued: May 30, 2025

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (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.”¹ For the reasons set forth below, I conclude that the Individual’s security clearance should not be restored.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position which requires him to hold a security clearance. Derogatory information was discovered regarding the Individual’s alcohol consumption. The Local Security Office (LSO) began the present administrative review proceeding by issuing 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 continue holding 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, convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of three witnesses and testified on his own behalf. The LSO presented the testimony of the DOE psychologist who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-25-0040 (hereinafter cited as “Tr.”). The LSO submitted fourteen exhibits, marked as Exhibits 1 through 14 (hereinafter cited as “Ex.”). The Individual submitted eight exhibits, marked as Exhibits A through H.

¹ 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.

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 Guideline 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 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.

In the Summary of Security Concerns that accompanied the Notification Letter, the LSO alleges:

1. In a May 2024 evaluation by a DOE Contractor psychologist (the Psychologist), the Individual admitted that he had abstained from alcohol for about a year and a half before

having a severe relapse and that during the relapse he would drink a six pack of IPA beer or a 750 mL bottle of bourbon over two days,² Ex. 11 at 118, 120;³

2. During the May 2024 evaluation, the Psychologist diagnosed the Individual with Alcohol Use Disorder (AUD), severe severity, in early remission but without evidence of rehabilitation or reformation, and opined that the condition could impair the Individual's judgment and reliability, Ex. 11 at 120;
3. After a May 2021 evaluation, a DOE Contractor psychiatrist (the Psychiatrist) diagnosed the Individual with AUD, severe severity, in early remission but without evidence of rehabilitation or reformation, Ex. 13 at 159–60; and
4. During a 2021 Administrative Review process triggered by his alcohol use, the Individual stated to DOE that he had been sober for a year and a half and intended to remain that way, which statement the agency relied upon in granting the Individual's clearance at that time, Ex. 10 at 50.

Ex. 1 at 1. The LSO alleges that the Individual has been diagnosed with AUD by a duly qualified medical professional, so its security concerns under Guideline G are justified. Adjudicative Guidelines at ¶ 22(d)–(e).

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.*

² While the Summary of Security Concerns states that the Individual would consume a 750-liter bottle of bourbon over a two-day period, agency counsel certified to the court that this is a typographical error. Ex. 1 at 1; Tr. at 72–73.

³ Citations to DOE exhibits will use the Bates stamp page number.

§ 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

The Individual began drinking alcohol in 2007 when he was 20 years old. Ex. 11 at 118. He entered college four years later and began drinking heavily on weekends. *Id.* In his third year of college, he began drinking two to three drinks on two or three weeknights every week, in addition to his weekend consumption, to help him sleep. *Id.* By 2014, the Individual was drinking eight to ten beers or liquor drinks daily to help him sleep. *Id.* He maintained this level of drinking until June 2019, when he attended an Intensive Outpatient Program (IOP) for substance abuse to address his alcohol use. *Id.* Activities included cutting out pictures from magazines and making dream boards, which did not resonate with the Individual. Tr. at 56. He had difficulty engaging with the program and stopped attending after about two months. *Id.*; Ex. 6 at 23. The Individual maintained abstinence from June 2019 until August or September of that year when he began drinking again due to social pressure. Ex. 6 at 24. He started by consuming four to six beers on the weekend, but his alcohol consumption increased over time until he was consuming eight drinks every night. *Id.* In May 2020, the Individual consumed over fifteen drinks in a night and realized he still had a problem with alcohol. Ex. 13 at 156. In June 2020, the Individual attempted to abstain from alcohol because it was affecting his blood pressure and because he did not want to be dependent on alcohol. *Id.* at 155. He attempted the “Sinclair Method,” in which alcohol is consumed while taking the medication Naltrexone; the Method claims that this conditions the brain to find alcohol less desirable. Tr. at 57; Ex. 10 at 37. He relapsed in January 2021 and entered a different IOP on February 8, 2021. Ex. 13 at 156, 158.

The Individual reported his alcohol treatment on his Questionnaire for National Security Positions (QNSP) in August 2020 as part of his initial application for a security clearance. Ex. 14 at 194, 232. This triggered an investigation into the Individual’s alcohol use. *Id.* at 247. A security clearance investigator’s notes from an Enhanced Subject Interview (ESI) with the Individual in August 2020 stated that the Individual “feels he is doing alright now abstaining without a program,” and that “[i]f he thinks he will have a problem again, he will join another program.” *Id.* at 245, 248. The Individual was referred to the Psychiatrist for an evaluation, which occurred in May 2021, by which point he had relapsed and entered the second IOP, which used a multi-faceted approach of general medicine, psychiatric care, and talk therapy. Ex. 13 at 152–23, 156, 158; Tr. at 66. The Psychiatrist diagnosed the Individual with AUD, severe. Ex. 13 at 158. In his report on the evaluation, the Psychiatrist wrote that the Individual was not rehabilitated or reformed from his AUD. *Id.* at 159. He recommended that the Individual, to show reformation, should have a full year of abstinence, or, to show rehabilitation, should continue his IOP and continue his attendance of the SMART Recovery program until January 2022. *Id.* He further recommended that the Individual should submit to random breath tests for alcohol, administered by his employer, and

monthly Phosphatidylethanol (PEth) tests until January 2022.⁴ *Id.* The Individual remained in the second IOP until June 2022, attending weekly individual therapy sessions as well as four to five group sessions each week. Ex. 11 at 119. He submitted to random alcohol testing every three months and did not consume alcohol for at least a year and a half. *Id.*

In August 2021, the LSO sent the Individual a Notification Letter stating that there was substantial doubt regarding his eligibility for access authorization due to his diagnosis of AUD, severe. Ex. 8 at 29. The Individual declined a hearing on the matter and requested that the manager responsible for his site's LSO make a determination on his eligibility to hold a security clearance. Ex. 10 at 33–34. In May 2022, the Individual was notified that his security clearance had been denied; he filed an appeal in July 2022. *Id.* The Individual argued that he had, by now, surpassed the Psychiatrist's recommendations for rehabilitation and reformation and stated that he “intend[ed] to continue sobriety beyond January 2022.”⁵ *Id.* at 35, 50. He stated in an affidavit that he had “no intention or desire to resume my use of alcohol.” *Id.* at 80. He had abstained from alcohol for eighteen months and had continued to attend his IOP. *Id.* at 36. He also submitted the negative results of two PEth tests, from September and October 2021, as proof of his abstinence. *Id.* at 36. He presented a letter from his therapist at the second IOP, whom he had continued to see after completing the IOP, in which she stated that the Individual's AUD was in sustained remission. *Id.* at 82. The Individual also argued that he had “a very strong support system through his family, friends, and other people with whom he frequently interact[ed].” *Id.* at 40. In October 2022, the Appeal Panel granted the Individual's access authorization. Ex. 9 at 31.

The Individual began drinking alcohol again in 2023 when he consumed a beer at dinner with colleagues while on work travel. Ex. 11 at 119. Once a month or so thereafter, he would buy a six pack of beer and consume it over one or two nights. *Id.* In March 2024, the Individual was experiencing significant stress and consumed half a bottle of bourbon in one night. *Id.* at 117; Tr. at 72. He finished the bottle the following night. Ex. 11 at 117. He experienced alcohol withdrawal symptoms in the afternoon, so he bought a bottle of vodka and consumed about a pint of vodka every night that week. Tr. at 77; Ex. 7 at 27. He continued drinking heavily throughout the weekend and into the following week. Tr. at 77. On Tuesday, the Individual missed his second weekly therapy session in a row and his therapist, who he had informed of his relapse the previous week, called the local emergency services to do a wellness check on the Individual. *Id.* at 78–79, 81. The Individual's front door was unlocked so the response team was able to enter directly; they found him in his home, gave him a calming medication, and transported him to the hospital. *Id.* at 79–80. He was treated with medication for alcohol withdrawal and intravenous rehydration and was discharged after four days. Ex. 11 at 118. He entered a third IOP the next day, which consisted of three group sessions weekly, and resumed therapy with his previous therapist from the second IOP. *Id.* He also began attending SMART Recovery meetings again once per week. Tr. at 85.

⁴ 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.*

⁵ This statement was made in a letter to the personnel security manager, originally sent in November 2021, that was included as an attachment to the appeal.

On April 4, 2024, The Individual signed a two-year abstinence agreement with his employer and DOE. Ex. A. The Individual agreed to maintain total abstinence from alcohol and drugs, report his prescriptions to his Employee Assistance Program counselor within two days of issuance, submit to random alcohol and drug testing within two hours of notification, attend his IOP three times weekly for ten to twelve weeks, continue seeing his therapist once weekly, and continue attending SMART recovery once weekly. *Id.* at 1. In the agreement, the Individual also acknowledged that he must report non-compliance to specific staff and that his “reported failure to comply with the agreement may result in disciplinary action, up to and including termination of [his] employment with [the DOE Contractor].” *Id.* at 2. The Individual completed the ninety-day third IOP on July 2, 2024. Ex. E at 1. He submitted into evidence a letter from his treatment provider showing that he had attended individual therapy twice in March 2024, four times in April, twice in May, twice in June, four times in July, four times in August, three times in September, twice in October, twice in November, once in December, twice in January 2025, and once per month for February, March, and April 2025. Ex. D at 1.

On May 20, 2024, the Individual was evaluated by the Psychologist. Ex. 11 at 116. The Psychologist prepared a report of her evaluation. Ex. 11. In the report, the Psychologist opined that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) diagnostic criteria for AUD, severe, in early remission. *Id.* at 120. She wrote that the Individual met nine of the eleven criteria for AUD. *Id.* She opined that the Individual had not shown evidence of medical rehabilitation or reformation from AUD and made recommendations for how the Individual could demonstrate rehabilitation, noting that the Individual had chosen the rehabilitation route (formal treatment) as opposed to the reformation route (no formal treatment). *Id.* at 120–21. Per the report, the Individual could show medical rehabilitation by completing his IOP and participating in aftercare for a total of twelve months between both activities. *Id.* at 121. She added that the Individual should provide evidence of abstinence during that twelve-month period by submitting to monthly PEth testing. *Id.* The Psychologist wrote that the Individual’s “intention of life-long abstinence would be in [his] best interest.” *Id.*

The Individual submitted the results of thirteen PEth tests, taken once a month from April 29, 2024, through April 23, 2025. Ex. B; Ex. B Supp. The result of the first test was positive, but, according to the medical doctor who interpreted the test results, this was expected and consistent with the Individual’s reported recent alcohol consumption. Ex. B at 1; Ex. C at 1. The remainder of the tests yielded negative results. Ex. B *passim*. The Individual also submitted three letters of reference: one from a colleague, one from a person who rents a home from the Individual, and one from the Individual’s girlfriend. Ex. F; Ex. G; Ex. H. Each letter stated that the writer believed the Individual to be trustworthy and committed to abstaining from alcohol. *Id.*

At the hearing, the Individual presented the testimony of a colleague (different from the reference letter author), his sister, and a lifelong friend he had seen occasionally in recent years. He also testified on his own behalf. DOE presented the testimony of the Psychologist.

The Individual’s colleague had known him since 2019, and, at one point, they worked in the same office. Tr. at 11. They saw each other at work daily but spoke outside of work infrequently. *Id.* at 12. The Individual had informed her of his March 2024 relapse one or two months after he was discharged from the hospital. *Id.* The colleague had been surprised at that time to learn that the

Individual had a history of alcohol issues; she had never noticed anything during his relapse period that led her to believe something was wrong. *Id.* at 13–14. She testified that, in the past, when she had seen the Individual at work social events he would consume “just a single beer, but never excessive,” which she clarified to mean never more than three beers at a work event. *Id.* at 13. She testified that the Individual now consumed non-alcoholic drinks like lemonade or soda at work social events. *Id.* She testified that since his March 2024 relapse, the Individual was more open about his alcohol issues and had told most of their colleagues that he did not drink. *Id.* at 14. She believed the Individual planned to remain abstinent indefinitely. *Id.* at 15. She described the Individual as a rule-follower and testified that he was honest and trustworthy. *Id.* The colleague believed that the Individual had a strong support system. *Id.* at 18.

The Individual’s sister spoke with him about once a month and they saw each other a few times a year. Tr. at 21. She testified that she could tell when the Individual had been drinking because he would become “a little theatrical.” *Id.* at 25. She first became concerned about the Individual’s alcohol consumption in 2018 or 2019 after their mother raised the issue to her. *Id.* at 21. The sister testified that, after the March 2024 relapse, the Individual changed and wanted to do better for himself. *Id.* She further testified that in 2019 and 2021, the Individual had been struggling and “wanted to get better.” *Id.*

The sister testified that she and the Individual had discussed the childhood trauma that may have been an underlying stressor affecting the Individual’s alcohol issues. *Id.* at 23–24. She testified that the Individual was in a good relationship that he wanted to maintain and had a good job that he wanted to keep. *Id.* at 26. She believed the Individual would reach out to her or their mother if he was having an urge to drink. *Id.* at 26–27. She had heard the Individual say that he wanted to remain abstinent indefinitely. *Id.* at 27. She testified that after his previous relapses, the Individual had also expressed his intent to remain abstinent indefinitely. *Id.* at 31. She believed the Individual’s treatment since his last relapse had helped him a lot and described the Individual as “standing a bit taller than he used to.” *Id.* at 32. She had always found him reliable, honest, and of sound judgment. *Id.* at 27.

The Individual’s friend had known the Individual for his entire life. Tr. at 36. They currently communicated about once a month and saw each other a few times a year. *Id.* at 38–39. The friend testified that, in 2019, the Individual’s drinking had increased and the Individual told him he was seeking treatment because alcohol was causing problems in his life. *Id.* at 39. He was not aware of any other times when the Individual was drinking too much. *Id.* at 38–39. He had been surprised to hear that the Individual was consuming so much alcohol that he was having problems. *Id.* at 40. He testified that the Individual had matured since he had “sought help and stopped drinking.” *Id.* He testified that he was also surprised by the Individual’s 2024 relapse because he had consumed alcohol in front of the Individual on several occasions and the Individual had been quite strict about abstaining. *Id.* at 42. The friend was not aware of any of the Individual’s relapses between 2019 and 2024. *Id.* at 51. He last saw the Individual around Thanksgiving or Christmas 2024 and had not seen the Individual consume any alcohol. *Id.* They had gone to a vacation town with other old friends; many of the attendees were drinking alcohol, some to excess, but the Individual remained sober and, the friend testified, did not appear to be tempted at any moment. *Id.* at 45–46. The friend testified that the Individual told him he intended to remain sober permanently. *Id.* at 43. He testified that the Individual was trustworthy and honest. *Id.*

The Individual testified that he began consuming alcohol again in the summer of 2023 after his security clearance was granted on appeal. Tr. at 69. He believed at the time that with his insomnia and depression being well-treated, he could drink in moderation. *Id.* at 70. For the remainder of 2023, he only consumed alcohol at work functions and on first dates. *Id.* at 70. He testified that he only consumed one or two drinks on those occasions. *Id.* at 71. In early 2024, the Individual was experiencing increased stress at work and started purchasing a six pack of beer on a Friday now and then. *Id.* at 72. He testified that he had not previously identified stress as a trigger for alcohol consumption. *Id.* At the hearing, the Individual testified that he did not consider this alcohol consumption to be a relapse because he had been drinking in moderation. *Id.* at 103. One day in March 2024, he remembered that he used to like bourbon and bought a bottle. *Id.* at 72. This was the start of his binge episode that ended with a hospital admission. *Id.* The Individual testified that he last consumed alcohol on March 25, 2024. *Id.* at 101. He testified that he intended to maintain lifelong abstinence from alcohol. *Id.* at 102.

The Individual testified that the new, third IOP was good for him and he liked engaging with the group. Tr. at 83. He liked being able to help others by giving his perspectives from his past recovery experiences. *Id.* He realized that his alcohol consumption had spiraled out of control so quickly that he could never risk drinking moderately again. *Id.* at 84. He continued individual therapy with the counselor from his second IOP. *Id.* While attending the third IOP, he attended SMART Recovery meetings once weekly. *Id.* at 85. When the IOP ended, he decreased his SMART Recovery attendance to “as needed.” *Id.* at 93. He acknowledged that this was contrary to the abstinence agreement he signed with his employer. *Id.* He testified that he had “definitely been honest with the [doctor overseeing his abstinence agreement] about not attending SMART Recovery every week, because he usually asks if I’m going.” *Id.* at 95. He testified that he was “pretty sure I’ve been completely honest with him about my frequency” of attending individual therapy, which he had decreased to about once per month. *Id.* at 94–95. He testified that one of the reasons he stopped weekly attendance at SMART Recovery is that the program encourages living a balanced life, and he had not been attending lately because he was pursuing hobbies like pickleball instead.⁶ *Id.* at 105–06. The Individual testified that he did not think about his abstinence agreement when he stopped attending SMART Recovery weekly. *Id.* at 106. However, he also testified that he had weekly check-ins with the doctor overseeing the abstinence agreement during which he was consistently asked about his SMART Recovery attendance. *Id.* at 95.

The Individual testified that the most important thing he had learned in the third IOP was that he did not want to have to go to an IOP again and be one of the people he would see joining and quitting the program. *Id.* at 85. He learned that stress is a trigger for him and testified that he dealt with stress through exercise. *Id.* at 86. The Individual testified that his relationship had been extremely helpful as well. *Id.* at 87. He also identified isolation as a trigger for alcohol consumption and testified that he would force himself to be around other people if he noticed himself isolating. *Id.* He identified depression as his biggest trigger for alcohol. *Id.* at 110. He had participated in talk therapy and cognitive behavioral therapy in his individual sessions. *Id.* at 115. The Individual had worked on his depression quite a bit, with the assistance of medication. *Id.* at 67–68. By the

⁶ He clarified that the pickleball group was not a sobriety-oriented group. Tr. at 106.

time of the hearing, he had, under a doctor's supervision, discontinued his use of anti-depressants. *Id.* at 68.

The Individual planned to return to the second IOP in the near future and participate in a year of monthly group therapy sessions instead of individual therapy sessions. Tr. at 101, 112. He testified that he had not opted to continue monthly individual therapy in addition to the group sessions, but would consider it in the future if he began experiencing depressive symptoms again. *Id.* at 108. He testified that if he began experiencing depressive symptoms, he would not be able to begin individual therapy in a timely manner, but he would be able to get medication for depression. *Id.* at 109–10. The Individual testified that though depression was his biggest trigger, experiencing symptoms of depression would not be considered enough of a crisis for him to access walk-in therapy appointments at the IOP. *Id.* He testified that it typically takes a month of depressive symptoms before he relapses. *Id.* at 112.

The Individual's girlfriend was aware that he was in recovery. Tr. at 88. She would sometimes drink in front of the Individual, but he testified that it did not bother him and that he "really [hadn't] drank socially in years." *Id.* He testified that his friends knew why he did not drink and would hold him accountable if they saw him drinking. *Id.* at 90. However, he acknowledged that because he tended to drink in isolation, his friends would only know about his drinking if he told them. *Id.* The Individual testified that he could rely on his mother and girlfriend for support, as well as his individual therapist. *Id.* at 90–91. He had a plan to be with family or friends on holidays to avoid feeling isolated. *Id.* at 112–13. He was also prioritizing sleep to help with stress. *Id.* at 113.

The Individual testified that though he had also expressed a desire to permanently abstain from alcohol before his previous relapses, the difference then had been that he believed resolving his insomnia and depression would allow him to drink in moderation. Tr. at 103.

The Psychologist testified that the Individual's awareness and willingness to seek emergency therapy services if he was worried about relapse compensated for the fact that such services could be challenging to obtain in their area. *Id.* at 127–28. She testified that the Individual had a history of treatment and relapse. *Id.* at 130. She testified that she had read a recent study stating that it takes a person an average of eleven attempts before the person is able to maintain abstinence. *Id.* at 131. She believed that needing to hold a security clearance was a factor that could lower that number. *Id.* She characterized the Individual's choice to resume alcohol consumption in 2023 as a relapse. *Id.* The Psychologist expressed mild concern that the Individual was only attending aftercare once monthly. *Id.* at 140. She testified that the Individual was medically rehabilitated from his AUD, which she characterized as being in sustained remission. *Id.* at 140–41. She gave him a very good prognosis and stated that the Individual will need to be aware and monitor himself to avoid relapse for the rest of his life. *Id.* at 141. The Psychologist testified that the difference between the Individual's prior Administrative Review process and his current Administrative Review proceeding was that, currently, the Individual had "accepted that anything short of abstinence will not work for him." *Id.* at 142. She testified that the Individual has also had additional therapy, has developed a strong support system, and has been getting better sleep. *Id.* at 148–49. She further testified that the Individual's depression was "well-managed," and he had been using exercise as a healthy coping mechanism. *Id.* at 149. She testified that the Individual's perspective was different now because "before he was still telling himself that he could maybe

drink moderately or . . . socially, . . . and as he talked about it today, he went off the cliff very—very quickly, shockingly quickly, I think even for him.” *Id.* at 153. The Psychologist testified that, had she evaluated the Individual prior to his 2023 relapse, she would have opined that he was in sustained remission at that time and that to demonstrate reformation, she “almost always [said] they need to show negative PEth tests for—depends on the person. It might be six months, might be twelve months, might be eighteen months.” *Id.* at 150–51. The Psychologist acknowledged that the Individual had maintained sobriety for about twenty months prior to the 2023 relapse. *Id.* at 150.

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.

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.

Regarding condition (a), the Individual's most recent relapse was just over a year ago, but, because he has relapsed after longer periods of abstinence, I cannot find that a great deal of time has passed since then. Nor can I find that his relapses were "infrequent," because he relapsed at least four times between 2019 and 2023. For this reason, I also cannot find that the Individual relapsed under unusual circumstances. Accordingly, mitigating condition (a) does not apply.

Regarding condition (b), the Individual has acknowledged that he has a problem with alcohol and has provided evidence of abstinence in accordance with treatment recommendations. However, I am not convinced that his actions are sufficient to overcome his alcohol problems, nor am I convinced that he has fully acknowledged his maladaptive alcohol use.

The Individual characterized his alcohol consumption from 2023 until his binge episode in 2024 as not being a relapse because he believes he was consuming alcohol in moderation. Given his prior statements that he had a problem with alcohol and wanted to remain sober beyond January 2022, this characterization rationalizes and minimizes the Individual's problematic return to alcohol consumption despite committing to abstinence. Moreover, the Individual's assertion that he would sometimes consume an entire six-pack of IPA beer in a single night does not comport with "moderate" alcohol consumption. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines moderate drinking as "two drinks or less in a day for men and one drink or less in a day for women, when alcohol is consumed." *Understanding Alcohol Drinking Patterns*, National Institute on Alcohol Abuse and Alcoholism (Feb. 2025), available at <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-drinking-patterns>. NIAAA describes heavy drinking as, for men, "consuming five or more drinks on any day or 15 or more per week." *Id.* Because he still believes that his consumption of up to six beers in one night was not a relapse and was moderate consumption, I find that the Individual has not acknowledged the extent of his maladaptive alcohol use.

The Individual attended an IOP and individual therapy and remained abstinent for over one year, in accordance with treatment recommendations. While the Psychologist opined that the Individual is rehabilitated, medical rehabilitation from AUD is only one consideration. The Individual has participated in the same treatment activities in the past, some with the same provider, and has remained abstinent for even longer than he has this time. No party submitted significant evidence about the Individual's support system, depression, perspective, or coping mechanisms during his previous rounds of treatment and sobriety and, therefore, I have little on which to base a comparison. This decreases the weight of the Psychologist's testimony stating why the Individual's situation was different than the last time he went through Administrative Review. If the Individual had therapy, a support system, well-controlled depression, insight into his issues, and effective coping strategies at that time, he would be quite similarly situated to when he was previously denied a clearance. While absence of evidence is not evidence of absence, I cannot simply assume that the Individual did not have any of those benefits in the past. Indeed, the Individual's appeal

touts his strong support system through therapy with the same provider he has been seeing this time around, indicating that at least some of those factors are not so different now than they were in 2022. Therefore, doubt remains as to whether the same treatment activities that proved ineffective last time will prove effective this time. As any doubt must be resolved in favor of the national security, I cannot find that the Individual has provided evidence of efforts to overcome his maladaptive alcohol use. Accordingly, for this and the reasons outlined in the previous paragraph, mitigating condition (b) does not apply.

Mitigating condition (c) does not apply because the Individual has a history of treatment and relapse.

Regarding mitigating condition (d), the Individual has completed an IOP and met the Psychologist's recommendation for abstinence and aftercare. However, as previously stated, the Adjudicative Guidelines are not inflexible rules of law; the language of the Adjudicative Guidelines states that these conditions *may* mitigate Guideline G security concerns. I find that in this case, the Individual has not resolved the security concerns notwithstanding the applicability of mitigating condition (d).

I rely on the whole-person concept in concluding that mitigating condition (d) is insufficient to resolve the security concerns. Adjudicative Guidelines at ¶ 2(a), (d) (requiring the application of the whole-person concept and listing factors for consideration); *see also* 10 C.F.R. § 710.7(c) (codifying factors listed in the Adjudicative Guidelines and requiring all relevant DOE officials to consider them). The Individual has a history of maintaining abstinence for longer than a year after treatment, some of it with the same provider he currently sees. The factors listed by the Psychologist as being different from the Individual's previous Administrative Review are, in some cases, not actually different. For the other factors she cited, there is scant evidence that those factors were not present in the past. This detracts from the weight of the Psychologist's opinion. Moreover, the Individual likely would have met the Psychologist's requirements for "reformation" by the time he appealed his initial security clearance denial in 2022. This also detracts from the weight of the Psychologist's opinion. Given the weight of the Individual's actions after being entrusted with a security clearance, I find that checking off completed recommendations is insufficient to overcome the doubts about whether the Individual will return to problematic alcohol consumption in the future. Every successful recovery journey starts with a year of sobriety, but so do many unsuccessful attempts; I cannot ignore the fact that multiple treatments have not been effective over the long-term for the Individual in the past. Accordingly, I find that mitigating condition (d) cannot, on its own, mitigate the Guideline G security concerns in this particular case.

Guideline G's concerns are not medical; the concerns are "questionable judgment or the failure to control impulses and . . . questions about an individual's reliability and trustworthiness" due to an Individual's alcohol consumption. Therefore, the medical opinion of the Psychologist and the decision by the doctor monitoring the abstinence agreement not to report the Individual's noncompliance are only a part of the evidence I must consider. The Psychologist stated that having to maintain a security clearance for work may make people with AUD less likely to relapse, but the Individual has relapsed despite having that incentive. It is clear that the mere necessity of holding a security clearance for the Individual's work is not, in itself, a strong enough motivator to prevent him from relapsing. Furthermore, the Individual has violated his commitment to DOE

when he intentionally resumed regular alcohol consumption after representing to the appeal panel who granted his security clearance in 2022 that he intended to remain sober. Through this broken commitment, the Individual has demonstrated questionable judgment. He knew what was expected of him and chose not to comply. Moreover, it is difficult to rely on or trust statements made by the Individual because he has demonstrated that he may later change his mind or decide that following through is no longer necessary.

The Individual also demonstrates questionable judgment in his social choices as it relates to alcohol. The Individual continues to attend social events with old friends, including weekend trips, at which alcohol is served in excess. He has foregone required SMART Recovery meetings because he prefers to spend his time with activities like pickleball, despite signing an agreement stating that failure to attend those meetings could result in termination from his job.

While the Individual has clearly made progress in his recovery journey, his long history of relapse, his lack of insight into the amount of alcohol he drank and the risks posed by his chosen social activities, his failure to abide by his abstinence agreement, and his broken assurances from his 2022 security clearance appeal—upon which DOE relied in granting the clearance—leave considerable doubt as to the Individual’s judgment, trustworthiness, and reliability. For the foregoing reasons, I find that the Individual has not mitigated the LSO’s Guideline G 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 Guideline G of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that restoring 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 restore 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