

*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

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

In the Matter of: Personnel Security Hearing)	
)	
Filing Date: December 17, 2024)	Case No.: PSH-25-0051
)	
_____)	

Issued: June 2, 2025

Administrative Judge Decision

Matthew Rotman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be granted.

I. BACKGROUND

In February 2023, the Individual was submitted as an applicant for a DOE security clearance. Exhibit (Ex.) 3 at 15.² In a Questionnaire for National Security Positions (QNSP) that the Individual completed on February 24, 2023, the Individual disclosed that between August and October 2019, during his junior year of college, he consumed alcohol excessively, which, in his words, "exposed some of the mental health issues I was going through." Ex. 9 at 176–77. An incident that occurred in 2019 prompted his then-girlfriend (Girlfriend) and his then-roommate (Roommate) to recommend that he seek out mental health counseling. *Id.* In early 2020, the Individual underwent psychotherapy, with the goal of reducing his alcohol intake and addressing his anxiety. *Id.*; Ex. 8 at 105–06.

The Individual, the Roommate, and the Girlfriend were each interviewed by a security clearance investigator in March 2023. The Individual disclosed that he began drinking alcohol in high school.

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.

Ex. 10 at 277 (disclosing that his typical level of consumption was three drinks at parties, once or twice a month, consisting of shots, mixed drinks, or beers). In his first two years of college, he reported, he consumed alcohol at parties on a weekly basis. *Id.* at 276. His rate of alcohol consumption increased at the start of his junior year, in the fall of 2019, when he typically consumed between seven and eight shots of vodka per occasion and blacked out five or ten times. *Id.*; *see id.* at 285 (notes from interview with Roommate estimating Individual would drink “ten or more servings of alcohol during an event,” typically consisting of vodka or vodka mixed with an energy drink). The Individual stated that his heavy alcohol use was driven by emotional trauma from an old relationship and a lack of self-confidence. *Id.* at 275; *see id.* at 285, 291 (notes from interviews with Roommate and Girlfriend stating that Individual would become “aggressive,” “emotional,” and “belligerent” when intoxicated).

The Individual described the incident that occurred in October 2019 that prompted his Girlfriend and Roommate to suggest he seek treatment. *Id.* at 275–76. The Individual consumed “about five” mixed vodka drinks between 8 and 10 p.m. at a party. *Id.* at 276. Thereafter, he went to a bar with his friends, where he “became very emotional and began to break down and cry” and eventually blacked out. *Id.*; *see id.* at 282 (notes from interview with Roommate, stating that the Individual was intoxicated and distraught and disappeared from the bar, requiring the Roommate to track the Individual on his phone and spend an hour chasing him around the neighborhood). The following day, his Girlfriend informed him he had tried to initiate sexual contact with her the night before. *Id.* at 276; *see id.* at 283 (notes from interview with Roommate, stating that “he kept trying to have sex with her and he wouldn’t take no for an answer”); *id.* at 291 (notes from interview with Girlfriend, stating that on two or three occasions when he was drunk, she had to physically push him away to ward off his sexual advances).

The Individual told the investigator that October 2019 was the last time he overconsumed alcohol. *Id.* at 275–76. Both the Roommate and the Girlfriend, however, described a more recent incident in October 2021, on the Individual’s birthday, on which he became so intoxicated that he “aggressively pushed” the Girlfriend when they tried to put him in a rideshare car. *Id.* at 283–84, 292. Around October 2022, according to both the Roommate and the Girlfriend, the Individual approached each of them and admitted he had sexually assaulted three women in college, which prompted the Girlfriend to break off their relationship and the Roommate to ask the Individual to move out of their shared apartment. *Id.* at 284, 291. As a result of the Individual’s past sexual assaults, his alcohol abuse, and his mental instability, neither the Roommate nor the Girlfriend recommended the Individual for a security clearance. *Id.* at 281, 290. The Individual acknowledged to the investigator that, as of March 2023, he continued to consume alcohol at least every other week, typically consuming three or four drinks over four hours. *Id.* at 277.

On November 14, 2023, as a result of derogatory information identified by the local security office (LSO), the Individual was evaluated by a DOE-contracted psychologist (DOE Psychologist). Ex. 8 at 100–01. Based on her extended clinical interview with the Individual, her review of the Individual’s personnel security file, and the results of psychological testing that she administered, the DOE Psychologist concluded that the Individual had previously met sufficient criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate.³ *Id.* at 113. In making this diagnosis, she

³ The DOE Psychologist’s report does not indicate what diagnostic text she relied upon, or which diagnostic criteria she found applicable, in reaching this diagnosis.

noted that the Individual had used alcohol “in larger amounts than intended with marked negative consequences and when physically hazardous.” *Id.* At the time of the evaluation, she determined, his AUD was in sustained remission because he had significantly reduced his alcohol consumption for more than 12 months, although she noted he continued to consume alcohol at higher than recommended levels. *Id.* She found this “particularly concerning given that [the Individual] has a history of problematic sexual, aggressive, and criminal behavior associated with use.” *Id.* The DOE Psychologist was unable to find the Individual rehabilitated or reformed from his problematic alcohol use because he had not been abstinent for a period of 12 months, and because he had not engaged in any alcohol-related treatment. *Id.* at 114. She recommended that he initiate psychotherapy for at least six months. *Id.* The Individual was not provided a copy of the DOE Psychologist’s report in which she made her diagnosis and recommendations. Transcript of Hearing, OHA Case No. PSH-25-0051 (Tr.) at 59.

In May 2024, the Individual’s security clearance request was withdrawn and resubmitted, prompting the LSO to refer him for another evaluation, this time by a DOE-contracted psychiatrist (DOE Psychiatrist). Ex. 3 at 15. The DOE Psychiatrist reviewed the Individual’s personnel security file and conducted a 4-hour interview with the Individual on August 15, 2024. Ex. 6 at 57. The Individual told the DOE Psychiatrist that he consumed alcohol heavily in high school (five or six drinks at least once per month at parties) and even more heavily during his first two years of college (six vodka shots over two hours, followed by one or two beers, and on occasion up to 12 drinks at a time), before reducing his level of consumption in 2019 (seven to eight drinks at parties almost every weekend). *Id.* at 57–58. The Individual acknowledged “drinking too much” in his first two years of college. *Id.* at 71. But he maintained that it was never difficult for him to reduce the frequency or quantity of his alcohol consumption. *Id.* at 72. By the fall of junior year, he stated, he consumed less hard liquor because he could more easily “regulate” his consumption with hard seltzer and beer. *Id.* at 59.

Regarding the October 2019 incident, the Individual recalled consuming five or six drinks over the course of two to three hours. *Id.* Then, while standing in line outside a bar, he spontaneously became “very upset, felt unworthy and very down about himself . . . and began experiencing thoughts about not wanting to be alive” *Id.* He had experienced these feelings one or two other times prior, but never again since. *Id.* He denied having engaged in sexually coercive behaviors with his Girlfriend that night, and denied that his Roommate and Girlfriend accused him of doing so the next day. *Id.* at 60.

After the October 2019 incident, the Individual abstained from alcohol for two months while he participated in three sessions of psychotherapy, in order to address the “strong, negative emotions” he often experienced while heavily intoxicated. *Id.* at 61. When he resumed drinking in early 2020, believing that his psychotherapy was successful, he limited his consumption to an average of four drinks every other week. *Id.* After graduating from college in 2021, his consumption was typically up to two drinks every two to four weeks. *Id.* at 63. Still, every two to three months, he would drink up to five or six drinks, which would result in him feeling intoxicated but not “los[ing] control of his feelings.” *Id.* This pattern of consumption lasted until he completed graduate school in the spring of 2023. *Id.* at 61, 63. The Individual acknowledged the incident of excessive drinking on his birthday in October 2021 but denied that he pushed his Girlfriend, as she and the Roommate had reported. *Id.* at 61–62. Regarding his disclosure in October 2022 that he had sexually assaulted

three women in college, he acknowledged to the DOE Psychiatrist that he may have disclosed three “sexual assaults” to his Roommate and Girlfriend, but that in retrospect he believes that all contact was fully consensual, although his behavior was nonetheless “immoral and improper” and “would not have occurred had he not been intoxicated at the time.” *Id.* at 67–68.

The Individual claimed that he consumed hard alcohol rarely within the past few years, consuming mostly beer or hard seltzer. *Id.* at 63. However, when asked by the DOE Psychiatrist about his consumption within the past thirty days, he admitted to consuming three shots of sake six days prior, four drinks (including two shots of liquor) six days prior to that, and two cocktails one week prior to that. *Id.* at 64. Approximately one month prior to the evaluation, the Individual reported, he consumed “a few glasses of wine per day” while on a weeklong vacation. *Id.* The Individual denied any current need to modify his level of drinking or seek alcohol-related treatment or support. *Id.* On the day after the interview, the DOE Psychiatrist had the Individual undergo a phosphatidylethanol (PEth) test, the results of which were negative.⁴ *Id.* at 72–73.

The DOE Psychiatrist concluded that the Individual had met sufficient criteria for a diagnosis of AUD, Moderate, pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. *Id.* at 74, 80.⁵ The DOE Psychiatrist expressed concern regarding the Individual’s current pattern of alcohol use, which included regular consumption of hard liquor, occasionally to intoxication, despite his acknowledgment of a problematic history with hard liquor and a desire to limit his consumption of it. *Id.* at 75–76. The DOE Psychiatrist did not see adequate evidence of rehabilitation or reformation. *Id.* at 82. To demonstrate reformation, the Individual would need to abstain for a minimum period of 12 months with sufficient corroborating evidence (ideally, at least 2 PEth tests over the monitoring period), and to demonstrate rehabilitation, he would need to abstain for a minimum of 12 months and participate in at least three months of treatment for substance-related problems (either an aftercare program or psychotherapy with a provider with a background in treating AUD), demonstrating compliance with the recommendations made by the treatment provider. *Id.* at 83. Though not required for rehabilitation, the DOE Psychiatrist also recommended regular attendance in a peer support group such as Alcoholics Anonymous (AA). *Id.*

On November 4, 2024, the LSO issued the Individual a letter in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6. In a Summary of Security Concerns (SSC) attached to the letter, the

⁴ PEth is a biomarker of alcohol use and has a much longer window of detection than urine tests for alcohol use. Mayo Clinic Laboratories, *Direct Ethanol Biomarker Testing: PEth*, available at <https://news.mayocliniclabs.com/2022/09/13/direct-ethanol-biomarker-testing-peth-test-in-focus/> (last visited May 23, 2025). According to the DOE Psychiatrist, a PEth test result below 20 ng/mL is considered to be negative, “reflecting the absence of evidence of moderate to heavy alcohol consumption within the preceding 30 days’ time.” Ex. 6 at 73.

⁵ Unlike the DOE Psychologist, the DOE Psychiatrist found the Individual’s condition was not in remission, since he continued to meet at least one of the diagnostic criteria: “continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.” *Id.* at 75. For purposes of my Decision, I need not resolve this dispute among the two experts, since both concluded that the Individual’s pattern of alcohol use remained problematic and that he would need at least 12 months of abstinence to demonstrate rehabilitation or reformation.

LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 10. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted 10 exhibits (Ex. 1–10). The Individual submitted 10 exhibits (Ex. A–J). At the hearing, the Individual provided his own testimony and the testimony of three character witnesses. The LSO called the DOE Psychiatrist to testify.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G as the basis for its determination that the Individual was ineligible for access authorization. Ex. 1 at 5. “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. According to the LSO, the factor that gave rise to the Guideline G concern was the DOE Psychiatrist’s diagnosis of the Individual with AUD, Moderate, and his opinion that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. Ex. 1 at 5. These allegations justify the LSO’s invocation of Guideline G. *See* Adjudicative Guidelines at ¶ 22(d).

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).

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. HEARING TESTIMONY

Two work colleagues of the Individual testified that they have known the Individual for two years and, during that time, have interacted with him almost daily. Tr. at 11–12, 45. They described the Individual as professional, kind, conscientious, and diligent. *Id.* at 13, 43–46. Both colleagues indicated they had only seen the Individual consume alcohol “minimally” on work trips, the last time being at least eight months ago. *Id.* at 17–18, 48, 51. One or two months prior to the hearing, the Individual informed both colleagues that he had stopped consuming alcohol because of the concerns raised in connection with his security clearance application. *Id.* at 20–21, 52.

A third work colleague testified that he has known the Individual for almost two years, and the two have become personal friends. *Id.* at 24. He indicated that previously he and the Individual had interacted multiple times a week, but more recently their interactions occur every one or two weeks. *Id.* at 25. He described the Individual as caring, professional, and patriotic. *Id.* at 27. He and the Individual go out with friends occasionally after work. *Id.* at 28. In the last few months, he has not witnessed the Individual consume alcohol on these occasions, even though some of the Individual’s friends were drinking. *Id.* at 29. Prior to that, the Individual did consume alcohol on these occasions. *Id.* at 32. When asked if the Individual ever appeared intoxicated, the witness replied “[t]o the best of my knowledge, no,” but “I’m not of the business to take a microscope to every single person’s behavior.” *Id.* at 32–33. He went on to say that the Individual “was absolutely not, to the best of my recollection, in any way acting out of form or causing a scene or to what I would consider to be belligerent or heavily intoxicated.” *Id.* at 33. When asked how much the Individual typically drank on these occasions, he estimated “a drink or two” over the course of several hours, but acknowledged he didn’t “sit there and count how many drinks people have had.” *Id.* at 36–37. At some point, but the witness could not remember when, the Individual told him he had stopped drinking alcohol while the clearance-related concerns were being resolved. *Id.* at 34. The witness further stated, “Jokingly, I remember him mentioning that, you know, if he did not ever have to drink again for this to be solidified and cleared, then that would be no problem.”⁶ *Id.* at 34–35.

The Individual’s testimony regarding his prior pattern of drinking, his alleged sexual misconduct, and his emotional breakdowns in college was largely consistent with what he reported to the DOE Psychiatrist in the August 2024 evaluation.⁷ *Id.* at 63–64, 113–119. By the time he started graduate school in 2021, the Individual testified, he was consuming alcohol once or twice a month, typically one to three drinks per occasion. *Id.* at 69. Two to four times a year he would consume as many as four or five drinks. *Id.* Between November 2022 and May 2023, the Individual received counseling, for a total of 14 sessions, to help develop coping strategies for stress, and he was

⁶ When asked what he meant by “jokingly,” the witness explained “I think it was just because, you know, I most likely, to the best of my recollection, laughed at the comment and understood exactly what he was saying, because this has been, to what I understand, an arduous process.” Tr. at 38–39. When asked if he believes the Individual was serious about not drinking again if necessary, he responded, “Absolutely. Absolutely.” *Id.* at 39.

⁷ With regard to his alleged sexual misconduct and other problematic behavior in college, the Individual attempted to discredit the statements that the Roommate and the Girlfriend provided to the clearance investigator in March 2023 by asserting that they were both smoking marijuana every day around the time they were interviewed, and that the Roommate had recently “had ideation to take his own life.” *Id.* at 97–98.

diagnosed with Adjustment Disorder with anxiety. Ex. D at 21.⁸ He was particularly concerned about his past behavior, including his past alcohol consumption and behavior with women, impacting future job prospects. *Id.* After completing graduate school in the spring of 2023, the Individual limited his alcohol consumption to one or two drinks during social outings with friends and colleagues. Tr. at 73; *but see* Ex. D (stating the Individual acknowledged he continued to consume “around five drinks” every three or four months). The Individual was confronted with his admission to the DOE Psychiatrist that he consumed greater amounts of alcohol in the 30 days leading up to the August 2024 evaluation, and claimed that was not his typical pattern of consumption. Tr. at 121–22.

The Individual testified that after receiving the DOE Psychiatrist’s report on November 4, 2024, along with the Notification Letter, he made the decision to stop drinking. *Id.* at 74–75. His last drink was on November 10, 2024. *Id.* at 75. To help corroborate his claimed abstinence, he underwent four PEth tests on December 11, 2024, January 9, 2025, March 12, 2025, and April 14, 2025, all of which had negative results.⁹ *Id.*; Ex. B. On December 10, 2024, he began weekly psychotherapy sessions. Tr. at 75. The Individual testified that the therapist has helped him to develop “coping strategies” to handle his sobriety, including “how to navigate explaining it to people” and how to maintain camaraderie around friends and family who are drinking, for example by helping to serve drinks or trying mocktails. *Id.* at 77–78, 123. The therapist did not testify at the hearing, but she provided a letter dated April 14, 2025, describing her finding that Individual does not meet sufficient criteria for a diagnosis of AUD. Ex. C at 16. According to the therapist, the Individual “reports sustained sobriety and has not demonstrated impairment or distress related to alcohol use.” *Id.* The therapist stated the Individual’s “current symptoms are directly related to situational stressors” and that treatment has involved “building healthy coping strategies and exploring contributing factors to his anxiety and stress.” *Id.* She stated that the Individual “continues to do well” and “demonstrates continued progress toward his therapeutic goals.” *Id.* at 16–17. The Individual testified he had not discussed with the therapist when his sessions would end, but “I know we were going to continue through today’s hearing.” *Id.* at 106. He added, “I think I will continue seeing her.” *Id.* The Individual did not share the DOE Psychiatrist’s report with his therapist. *Id.* at 124. When asked why, he responded, “There’s no reason. In hindsight . . . it would have been useful for her to have that information.” *Id.*

On January 16, 2025, the Individual was referred by his attorney for an evaluation with a psychologist (Individual’s Psychologist). Tr. at 78; Ex. D. After conducting a clinical interview with the Individual and reviewing the DOE Psychiatrist’s report, among other relevant information, the Individual’s Psychologist concluded that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* criteria for Substance Use Disorder, Moderate. Ex. D at 19–20, 24–25. Because the Individual had not exhibited any “symptoms” in the past 12 months, she found the Individual’s condition to be in full remission. *Id.* at 24. In making this determination, she noted the Individual had maintained abstinence since

⁸ The exhibits submitted by the Individual are contained in a single PDF notebook. This Decision will refer to the PDF page numbers when citing to exhibits submitted by the Individual.

⁹ When asked if there was any reason he did not submit a PEth test result for the month of February 2025, the Individual responded that it was “just like a crazy period for me” with work travel and budget-related matters, so “just timing-wise [it] was not something that I got to, unfortunately.” Tr. at 126. When then asked if he had consumed any alcohol in January through early February, the Individual responded, “No.” *Id.*

November 2024 and that he had successfully reduced the volume and frequency of his alcohol consumption since graduating from college in 2021.¹⁰ *Id.* She further found that the Individual's symptoms had never been consistent with alcohol dependence or alcoholism,¹¹ and for that reason she did not recommend that the Individual completely abstain from alcohol. *Id.* at 25. She believed the Individual could successfully mitigate the harms associated with alcohol misuse by continuing to drink at reduced levels and frequency. *Id.*

In April 2025, the Individual completed a four-hour online Drug and Alcohol Awareness Class, in which he learned about various drug and how they affect the body. Tr. at 79; Ex. F (Certification of Completion). He has not attended any type of support group related to alcohol consumption, such as AA. Tr. at 80. When asked why, he responded, "I'm not sure. I think my schedule is very time-consuming." *Id.* at 105. The Individual testified that his current girlfriend supports his sobriety by encouraging him to drink mocktails and, on some occasions, by declining to consume alcohol herself in social settings. *Id.* at 92–93. His parents, his sister, and his close friends are supportive of his sobriety as well. *Id.* at 103. The Individual acknowledged that he currently keeps alcohol in his apartment. *Id.* at 93. He also continues to socialize frequently in settings where alcohol is present, but chooses not to consume it. *Id.* at 94–95.

When asked if he had any reason to disagree with the AUD diagnosis given by the DOE Psychiatrist, the Individual responded that he found it "interesting" that the diagnosis was retrospective, which made him "question it a little bit," particularly since he had not been diagnosed with AUD by the therapist he saw in 2020, at the height of his problematic drinking. *Id.* at 109–10. Nonetheless, when pressed if he believed the diagnosis was wrong, he stated, "No, I guess." *Id.* at 110. Although he does not believe he currently suffers from an "alcohol problem," he nonetheless understands the gravity of his past behavior and that it's "not healthy for me to . . . engage in that behavior." *Id.* at 89.

The Individual testified that he does not intend to consume alcohol for the "foreseeable future, to help mitigate any concerns that have arised [sic] from DOE." *Id.* He further confirmed that, despite his friend's testimony that he was "joking," he would commit to "not drink ever again" if it were required to mitigate the security concerns. *Id.* at 80–82. Regarding his abstinence, he testified that the hardest aspect has been dealing with "questions that might arise during social settings, [as to] why aren't you drinking," but it's gotten "[e]asier over time," and he currently has "no desire to drink alcohol." *Id.* at 81–82. He acknowledged making "mistakes" in his past, but insisted he has "very much matured" since then and understands the repercussions of his prior behavior. *Id.* at 85. When asked specifically if he would resume drinking if his clearance were granted, he responded, "no." *Id.* at 87.

When asked why he did not stop drinking around the time of the DOE Psychologist's evaluation in November 2023, knowing that his alcohol use gave rise to a potential security concern, he

¹⁰ Specifically, she stated, the Individual's alcohol consumption prior to his abstinence date in November 2024 was "on average twice per month with one or two drinks per sitting," with "heavy drinking (albeit the lower end of the range of beverages) three or four times per year." Ex. D at 24.

¹¹ Such symptoms, she stated, would include "using alcohol as an escape from problems, lying about the amount of alcoholism, experiencing blackouts, inability to relax or feel good without drinking, and experiencing withdrawal symptoms when stopping alcohol use." Ex. D at 25.

responded that he did in fact abstain from alcohol for four months around that time.¹² *Id.* at 90–91. He resumed drinking thereafter, he testified, not for any “definite reason,” but because he hadn’t received a diagnosis and didn’t fully understand the issues related to his alcohol consumption yet. *Id.* at 91–92. The Individual was also asked why he didn’t stop drinking immediately upon receiving the DOE Psychiatrist’s recommendation on November 4, 2024, but continued to consume alcohol through November 10. *Id.* at 101. He responded that November 10 was his first time meeting his current girlfriend’s family, and they had bought him a specific beer to consume, so he did not want to offend them by not drinking it. *Id.* He confirmed that if a similar circumstance were to arise in the future, he would still accept the gift, so as not to offend the gifting party, but then bring it home rather than consume it. *Id.* at 102.

The DOE Psychiatrist testified that, as of the time of the hearing, the Individual had still not demonstrated rehabilitation or reformation from his AUD. *Id.* at 143–44. Although he had met the DOE Psychiatrist’s recommendations for treatment and PEth testing, he had not established at least 12 months of abstinence. *Id.* The DOE Psychiatrist testified that the Individual’s prognosis was “fair to good.” *Id.* at 145. He offered several reasons for his inability to give a more positive prognosis: the severity and longevity of the Individual’s condition; his decision to continue drinking somewhat heavily – including hard liquor – until November 2024, despite understanding the negative consequences; his tendency to minimize the consequences of his drinking; his failure to recognize that he has an ongoing alcohol use problem; and the Individual’s seeming unwillingness to commit to long-term sobriety.¹³ *Id.* at 146–50. “If [the Individual] does resume drinking,” the DOE Psychiatrist opined, “it’s more likely than not he would probably return to his prior drinking patterns, which included instances of binge drinking, and with his history he’s at risk for having . . . other negative consequences of drinking recur . . .” *Id.* at 148–49. When asked if he believed that a reduction in alcohol consumption was a viable approach to mitigate alcohol-related concerns, as suggested by the Individual’s Psychologist, he responded “no,” because the Individual has demonstrated that he has not been fully successful with reduced use. *Id.* at 184.

V. ANALYSIS

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;

¹² The DOE Psychiatrist denied any recollection that the Individual had told him about this prior period of abstinence during the psychiatric evaluation. Tr. at 182.

¹³ The Individual’s lack of commitment, according to the DOE Psychiatrist, was evidenced by several facts, including that the Individual still had alcohol in the home, that he wasn’t involved in AA, that he hadn’t clearly committed to continuing with therapy, and that he hadn’t disclosed to friends that he wasn’t drinking. Tr. at 148, 179.

- (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 problematic alcohol consumption began in high school and reached its peak during the first two or three years of college. His bouts of heavy drinking, especially his consumption of hard liquor, gave rise to belligerent and aggressive behavior, sexual misconduct, and unhealthy emotional episodes. In the fall of 2019, he recognized he had a problem, sought therapy, and committed to reduce his consumption of alcohol. Yet in the five years that followed, the Individual continued to drink regularly (and sometimes to intoxication), he continued to consume hard liquor, and he continued to experience negative repercussions in his personal and professional life. Only six months prior to this hearing, finally recognizing the gravity of the security concerns associated with his drinking, did he make the decision to abstain from alcohol. In light of this history, I cannot find that 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. The Individual has failed to demonstrate mitigation under the conditions set forth in paragraph (a).

To assess the applicability of the remaining three mitigating conditions, I must first resolve a dispute among the four expert opinions in the record, starting with the opinion of the Individual's therapist. The Individual's therapist is the sole practitioner who declined to diagnose the Individual with AUD or Substance Use Disorder, finding that the Individual "reports sustained sobriety and has not demonstrated impairment or distress related to alcohol use." Ex. C at 16. I am unable to give much weight to this opinion, because the record in this case clearly establishes the contrary: that the Individual, by his own admission, has demonstrated significant impairment and distress as a result of alcohol use. Because the Individual declined to share the DOE Psychiatrist's report with his therapist, because her letter does not identify alcohol use as primary focus of therapy, and because she was unavailable to answer questions at the hearing, I am forced to conclude that the Individual withheld from her material information about his history with alcohol, without which she could not formulate a proper diagnosis and course of treatment.

Both the DOE Psychologist and the DOE Psychiatrist diagnosed the Individual with AUD, Moderate, and concluded, at the time of their evaluations, that the Individual's current pattern of alcohol consumption remained concerning. Both opined that alcohol-related treatment and 12 months of abstinence would be required to demonstrate rehabilitation. The Individual's Psychologist diagnosed the Individual with Substance Use Disorder, Moderate, but credited the Individual for substantially reducing his alcohol consumption since college and opined that his reduced level of drinking "is not of concern." Ex. D at 25. The Individual's Psychologist characterized the Individual's pattern of drinking in 2024 as one or two drinks twice per month, with occasionally heavier drinking. The record in this case, however, gives me some reason to

question the accuracy of this characterization. To begin, the Individual reported to the DOE Psychiatrist in August 2024 that he exceeded two drinks in one sitting *twice* within the prior 30 days alone, which included multiple shots of hard liquor, and that he drank “a few” glasses of wine every day for a full week prior to that. Second, the Individual previously admitted to the security clearance investigator in March 2023 that he was drinking three to four drinks per sitting every one or two weeks, which suggests that he minimized his self-report to the medical professionals who evaluated him subsequently. Third, I was struck by the defensiveness exhibited by the Individual’s friend, who although he claimed that the Individual consumes one or two drinks per sitting, refused to give a straight answer when asked whether the Individual drinks to intoxication.

In light of these questions raised by the record, the fact that two qualified experts disagreed with the Individual’s Psychologist’s recommendations, and the fact that she was unavailable to answer any questions at the hearing, I am unable to rely upon her treatment recommendation in assessing the Individual’s mitigation efforts. On the other hand, the record gives me no reason to doubt the opinion provided by the DOE Psychiatrist,¹⁴ and accordingly, his opinion will inform my assessment of whether the Individual has mitigated the Guideline G concerns under the conditions at paragraphs (b), (c), and (d).

Regarding paragraphs (b) and (d), it is clear from the Individual’s testimony that, while he acknowledges an unhealthy pattern of alcohol consumption during his early college years, he does not believe he has a current “alcohol problem” and he does not fully agree that he suffers from AUD. As such, it is difficult to assess the sincerity of the actions he has taken to overcome it. The Individual has reportedly abstained from alcohol for six months and has undergone weekly psychotherapy for five months. But the record leaves some doubt as to whether the Individual’s therapy sessions adequately address alcohol-related issues and whether the Individual intends to continue with therapy and abstinence if his security clearance is granted. Moreover, I am unable to conclude that the Individual has successfully completed a treatment program because, although he has completed at least three months of therapy as recommended by the DOE Psychiatrist, his therapist by her own admission is not treating him for an alcohol-related condition. Lastly, given the DOE Psychiatrist’s recommendation that he abstain from alcohol for at least 12 months, the Individual has fallen short of demonstrating a clear and established pattern of abstinence in accordance with treatment recommendations. As such, the Individual has failed to demonstrate mitigation under the conditions set forth in paragraphs (b) and (d).

Regarding the mitigation condition at paragraph (c), I do not find that the Individual has a previous history of treatment and relapse. Although he did resume consumption of alcohol after two months of sobriety while he underwent therapy in early 2020, it appears that neither the Individual nor his therapist at the time recognized the Individual’s alcohol problem as one that required abstinence. As to the Individual’s current treatment program, however, even supposing his therapy constitutes adequate treatment for his AUD, there is little evidence by which to assess whether he is making

¹⁴ At the hearing, the Individual’s counsel attempted to undermine the DOE Psychiatrist’s opinion that the Individual has still not demonstrated rehabilitation or reformation, by getting him to admit that most of the bases for that opinion at the time of the August 2024 evaluation had since “changed in the positive.” Tr. at 158–69. As the DOE Psychiatrist responded, however, the mere fact that the Individual has since entered treatment and begun to abstain from alcohol does not establish rehabilitation or reformation, when a full 12 months of sobriety would be required based on the severity of his AUD. *Id.*

satisfactory progress. The therapist's letter describes the Individual as doing "well" and demonstrating "continued progress," but provides no detail regarding any alcohol-related course of treatment. The Individual, for his part, testified that therapy has helped him to cope with his sobriety around peers, who may judge him for not drinking, but offered no indication that he has gained insight into, for example, his risks and triggers for consumption and how to overcome them. Moreover, the Individual did not persuasively express a commitment to long-term therapy and abstinence, and the DOE Psychiatrist gave him a less than good prognosis. As such, I am unable to find the Individual has demonstrated mitigation under the conditions set forth in paragraph (c).

In light of the foregoing, I find the Individual has failed to resolve the concerns raised 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 set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Matthew Rotman
Administrative Judge
Office of Hearings and Appeals