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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:	January 23, 2025)	Case No.: PSH-25-0066
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)	

Issued: June 27, 2025

Administrative Judge Decision

Diane L. Miles, 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*. (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be restored.

I. Background

The Individual is employed by a DOE Contractor, in a position which requires that he hold a security clearance. In August 2024, the Individual reported to the Local Security Office (LSO) that from June 3, 2024, to July 2, 2024, he received inpatient alcohol treatment (Inpatient Program). Exhibit (Ex.) 5 at 20.²

In September 2024, the LSO issued a Letter of Interrogatory (LOI) to the Individual requesting information about his alcohol treatment and his alcohol consumption. Ex. 7. In his response to the LOI, the Individual reported that before he enrolled in an inpatient alcohol treatment program, he consumed "two to four mixed drinks a night." *Id.* at 31. In the LOI, the LSO indicated that in September 2011, the Individual was arrested and charged with Driving Under the Influence (DUI)

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 DOE's exhibits were combined and submitted in a single, 277-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

and asked the Individual to report how much alcohol he consumed before this arrest. *Id.* at 30. The Individual reported that, before this arrest, he consumed “[a]round two drinks.” *Id.*

In October 2024, the Individual was evaluated by a DOE-contractor psychiatrist (DOE Psychiatrist), who conducted a clinical interview of the Individual and issued a report (the Report) of his findings in November 2024. Ex. 8. During the evaluation, the Individual stated that in May 2024, he consumed alcohol “five days per week, and consumed [a quarter] pint [of alcohol] per episode.” *Id.* at 41. He also stated that in June 2024, he consumed alcohol “4–5 days per week with a four ‘shot’ maximum, usually vodka with a mixer.” *Id.* at 42. He also reported that he last consumed alcohol on August 18, 2024. *Id.* Based on his evaluation of the Individual, the DOE Psychiatrist opined that the Individual met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for a diagnosis of Alcohol Use Disorder (AUD), Mild, without adequate evidence of rehabilitation or reformation. *Id.* at 44–46.

In December 2024, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6–8. 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. *Id.* at 5.

In January 2025, the Individual requested an administrative hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from the Individual, the Individual’s ex-girlfriend, the Individual’s fellow Alcoholics Anonymous (AA) member, the Individual’s AA sponsor, and the DOE Psychiatrist. *See* Transcript of Hearing, OHA Case No. PSH-25-0066 (Tr.). Counsel for the DOE submitted eight exhibits, marked as Exhibits 1 through 8. The Individual submitted eight exhibits, marked as Exhibits A through H.

II. The Summary of Security Concerns

As previously mentioned, the Notification Letter included the SSC, which sets forth the derogatory information that raised concerns about the Individual’s eligibility for access authorization. The SSC informed the Individual that information in the possession of the DOE created substantial doubt concerning his eligibility for a security clearance under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1 at 5.

Under Guideline G, “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 under Guideline G include “alcohol-related incidents away from work, such as driving while under the influence . . . regardless of the frequency of the individual’s alcohol use . . .” and a “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). In invoking Guideline G, the LSO cited the following information:

- A. In October 2024, the DOE Psychiatrist evaluated the Individual and concluded that he met sufficient criteria under the *DSM-5-TR* for a diagnosis of AUD, Mild, without adequate evidence of rehabilitation;
- B. In October 2024, during his psychological evaluation, the Individual stated that in May 2024, he consumed one-fourth of a pint of alcohol daily, five days a week. Additionally, the Individual stated that in June 2024, he consumed a maximum of four shots (one-half pint) of vodka with a mixer, four to five days a week;
- C. In the September 2024 LOI, the Individual admitted that from May 1, 2024, to June 3, 2024, he consumed two to four mixed alcohol drinks a night; and
- D. On September 22, 2011, the Individual was arrested and charged with DUI. In the September 2024 LOI, the Individual admitted that he consumed two alcoholic drinks prior to the arrest.

Ex. 1 at 5. Based on the above-referenced conduct, I find the LSO's security concerns under Guideline G are justified.³

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 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 access authorization. The Part 710 regulations are drafted 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

³ While the LSO's second and third allegations, concerning the Individual's self-described alcohol consumption in May and June of 2024, informed the DOE Psychiatrist's opinion, they do not present security concerns in and of themselves. Accordingly, while I consider these facts as they pertain to the DOE Psychiatrist's opinion, I will not address the allegations as discrete security concerns.

The Individual provided the following account of the events leading up to his DUI arrest in 2011. On September 22, 2011, while driving a motorcycle, the Individual hit a patch of sand, lost control of the bike, and hit a metal safety railing. Ex. 11 at 173, 247. After the accident, the Individual pulled his motorcycle to the home of a friend, who lived nearby. Tr. at 49. While at the friend's home, the Individual realized that he injured his knee, and that he was bleeding from his shoulder. Ex. 11 at 173. The Individual's friend offered the Individual alcohol, and the Individual, believing that the alcohol would ease the pain of his injuries, drank the alcohol, ultimately consuming four to five shots of alcohol over the next four hours. *Id.* at 247. Later, the Individual realized he needed medical treatment and asked a girlfriend to drive him to a hospital. *Id.* While the Individual was awaiting treatment at a hospital, a police officer questioned him about the source of his injuries. *Id.* The police officer believed the Individual was involved in an unrelated hit and run accident, and arrested him for DUI, reckless driving, and fleeing the scene of an accident. *Id.* During a February 2019, Enhanced Subject Interview (ESI), the Individual reported that he did not drink and drive, and that he was alone, off-road, when the accident occurred. *Id.* at 171, 173. In October 2011, a judge dismissed all charges against the Individual. Ex. 11 at 247, 259; Tr. at 49–50.

In May 2024, the Individual realized that he was beginning to consume alcohol to cope with his anxiety and the grief he felt from the loss of a family member who died by suicide in 2006. Ex. 7 at 28; Ex. 8 at 41; Tr. at 50–51. At this time, the Individual was consuming “[t]wo to four mixed drinks a night,” four days a week. Ex. 7 at 31. The Individual decided to enter a rehabilitation program to get help before things worsened. Ex. 7 at 28; Tr. at 50–51. On June 3, 2024, the Individual enrolled in the Inpatient Program. Ex. 5 at 20; Ex. A. The Individual did not recall receiving a diagnosis when he entered the Inpatient Program, but he did recall receiving medication for anxiety and alcohol withdrawal: Naltrexone⁴ (for alcohol dependence), Buspirone (for anxiety), and Trazodone (a sleep aid). Ex. 7 at 29; Tr. at 52, 79. He stopped drinking alcohol two days before entering the Inpatient Program. Tr. at 52. During the Inpatient Program, the Individual attended different meetings throughout the day, including group meetings provided by AA, and weekly therapy sessions with a counselor. *Id.* at 52–53, 61. During his therapy sessions at the Inpatient Program, the Individual was able to talk about his past issues, including his family member's death and how to manage his grief, for the first time. *Id.* at 53, 57–58.

On July 3, 2024, the Individual was discharged from the Inpatient Program. Ex. A; Tr. at 54. By early August 2024, he was unable to obtain refills of his medication, and the “anticipation, [and] anxiety of [going] back to work” caused him to resume drinking alcohol. Ex. 8 at 41; Tr. at 54–55. He consumed approximately four drinks, four to five days per week. Ex. 8 at 41. By August 17, 2024, the Individual obtained refills of his medication, and he consumed his last drink of alcohol. Tr. at 55–56. The Individual identified August 20, 2024, as his sobriety date because the date was easy for him to remember. Tr. at 55–56; Ex. H at 2.

On August 23, 2024, the Individual reported his treatment at the Inpatient Program to his employer, after which he was placed in his employer's Fitness For Duty (FFD) program and was required to undergo monthly alcohol testing. Ex. 5 at 20, Ex. 6 at 25. The Individual also resumed attending AA meetings. Tr. at 62–63. The Individual submitted attendance records, covering nine months,

⁴ During the hearing, the DOE Psychiatrist explained that Naltrexone performs two functions as a part of one's alcohol treatment: it reduces the “euphoric effect” of alcohol, and it reduces the “sedative effect” of alcohol. Tr. at 88. He explained that people who have strong cravings for alcohol don't get the same relief from drinking alcohol after using the drug, which helps them maintain sobriety. *Id.*

from August 2024 to April 2025, showing that he attended AA meetings at least twice per week. Ex. F at 1–5.⁵ For four weeks, between March 27, 2025, and April 20, 2025, the Individual did not attend AA meetings because of the birth of his child. Tr. at 63; Ex. F at 5.

Also in August 2024, the Individual started attending sessions with a psychotherapist (Personal Therapist). Ex. D. Between August 2024 and October 2024, the Individual met with his Personal Therapist every couple of weeks, and since November 2024, he has met with his Personal Therapist monthly. Tr. at 57. At the hearing, the Individual explained that these sessions taught him how to manage his grief, and ways to manage his “everyday stressors,” such as issues at work and raising his children. *Id.* at 58. The Individual learned that his triggers to consume alcohol were struggles in his relationship with his current girlfriend and stressful situations at work and, if he had a lot weighing on his mind, he would drink alcohol to “numb” or ease his thoughts of his family member’s death. *Id.* at 59. The Individual submitted a letter from his Personal Therapist, which indicated that during his sessions, the Individual worked on “his past substance abuse issues,” grief, and relapse prevention treatment. Ex. D. The letter also indicated that the Individual was “making good and steady therapeutic progress.” *Id.*

As part of the psychiatric evaluation, on October 30, 2024, the Individual underwent Phosphatidylethanol (PEth)⁶ testing, the result of which was negative. Ex. 8 at 42, 59–60. The DOE Psychiatrist found that the result of the Individual’s PEth test was consistent with his report that he had not consumed alcohol since August 18, 2024. *Id.* at 42. The DOE Psychiatrist diagnosed the Individual with AUD, Mild. *Id.* at 44. He believed that the Individual had been grieving the death of his family member since 2006, but he kept his feelings hidden, and he never engaged in grief therapy or trauma-focused recovery therapy. *Id.* at 43. He believed the Individual began to drink more in May 2024 because of the stress related to his “unexpressed grief” and that the Individual was using alcohol to suppress memories of the death. *Id.* at 44.⁷ He believed the Individual had started his rehabilitation and reformation from his AUD, but he had not yet completed the process. *Id.* at 46. To show adequate evidence of rehabilitation or reformation, the DOE Psychiatrist recommended that the Individual abstain from alcohol for a minimum of six months, supported by monthly PEth testing. *Id.* He recommended that the Individual continue participating in AA for six months, attend AA meetings at least three times per week, and identify and engage with an AA sponsor. *Id.* He also recommended that the Individual continue his sessions with his Personal Therapist and continue taking his alcohol medication. *Id.*

⁵ The Individual began attending AA meetings in June 2024, as part of the Inpatient Program. The exact date the Individual resumed attending AA is not known, but he began obtaining signatures to verify his attendance at AA meetings during August 2024. Tr. at 62–63.

⁶ The Report indicates that PEth is “a marker of alcohol exposure to the body. PEth does not occur naturally in the body so elevated PEth levels are evidence of alcohol exposure.” Ex. 8 at 42. PEth “reflects the average use of alcohol over the previous 28-30 days” and “[a] PEth result exceeding 20 ng/mL is evidence of ‘moderate to heavy ethanol consumption.’” *Id.* (quoting Medtox Laboratories Laboratory Report summarizing PEth test result).

⁷ The DOE Psychiatrist also diagnosed the Individual with Post Traumatic Stress Disorder (PTSD) because he experienced “recurrent distressing memories of the traumatic events” surrounding the death of his family member in 2006, and he engaged in increasingly reckless consumption of alcohol as a result. Ex. 8 at 44. The DOE Psychiatrist recommended that the Individual abstain from alcohol, and “[engage] in multimodal psychotherapy/counseling” to manage his PTSD. *Id.*

On January 9, 2025, the Individual completed a six-week alcohol education class through his employer's Employee Assistance Program (EAP), for which he submitted a Certificate of Completion. Ex. C at 1; Ex. 2 at 12. At the hearing, the Individual testified that this class taught him about the effects of alcohol on the body and how to avoid triggers to drink. Tr. at 68. As of the hearing, the Individual continued to attend the alcohol education class weekly, as an alumnus. *Id.* On April 10, 2025, the Individual completed a 12-week class focused on substance use, and he submitted a Certificate of Completion for the class. Ex. C at 2; Ex. 2 at 12. At the hearing, the Individual described the 12-week class as a great environment where, during group meetings, he could talk to others about alcohol use and their life struggles. Tr. at 69. The Individual submitted a letter (Letter) from a counselor from the EAP (EAP Counselor), which indicated that, as of May 13, 2025, the Individual was attending the 12-week substance abuse class as an alumnus. Ex. H at 1. As of the hearing, the Individual attended the substance abuse class weekly. Tr. at 77. The Letter also indicated that the Individual had excellent attendance, showed excellent participation, and interacted with other group participants. Ex. H at 1. The Individual testified that he recently enrolled in a seven-week grief support group beginning in June 2025. Tr. at 69; Ex. H. The Individual stated that the EAP Counselor told him that the support group is for people that struggle with the loss of loved ones, and he assumed this class would meet weekly, but he had not received a schedule as of the hearing. Tr. at 78.

On May 5, 2025, the Individual began receiving individual counseling from a therapist as part of his employer's Human Reliability Program (HRP Therapist). Ex. H; Tr. at 70. He meets with the HRP Therapist every few weeks, and the sessions focus on maintaining sobriety. Tr. 70. They also discussed the DOE hearing process. *Id.* at 79. As for alcohol testing, the Individual submitted evidence that from September 25, 2024, to May 5, 2025, he took eight PEth tests, and the results of each test were negative for the presence of alcohol. Ex. B at 1–14; Ex. G; Tr. at 73. From August 28, 2024, to October 8, 2024, the Individual underwent Breath Alcohol Testing (BAT) testing (ten tests in total) as part of the FFD Program, the results of which were negative for the presence of alcohol. Ex. B at 15–33; Tr. at 73. The Individual testified that, as of the hearing, he was still subject to random alcohol testing as part of the FFD program. Tr. at 80. The Individual also submitted a letter from his supervisor, who wrote that the Individual is a person of “strong character and integrity,” has an excellent work ethic, and is a valued team player at his place of employment. Ex. E.

During the hearing, the Individual's ex-girlfriend testified that she understood the DOE had concerns about the Individual's ability to have a security clearance because he checked himself into the Inpatient Program. Tr. at 23–24. She explained that before he decided to enter treatment, he told her that he wanted to “get a handle” on his alcohol consumption before it got out of control. *Id.* at 24–25. Since the Individual has left the Inpatient Program, she noticed that he appeared to be happier, and she did not believe he intends to consume alcohol in the future. *Id.* at 26–27.

The Individual's fellow AA member testified that he has attended AA meetings with the Individual since 2024. Tr. at 11–12. He stated that the Individual describes himself as an alcoholic during the meetings and talks about his personal experience with alcohol. *Id.* at 13–14. He explained that the Individual recently accepted an invitation to chair AA meetings that occur on Tuesday evenings. *Id.* at 14. He knew that the Individual recently had a new child, so he would not be attending meetings as often, but they check in with each other frequently to ensure the Individual stays on track with the program. *Id.* at 14–15. He also testified that the Individual has shown he is committed to his sobriety. *Id.* at 15.

The Individual's AA sponsor testified that he has sponsored the Individual since January 2025. Tr. at 33. He explained that he and the Individual communicate by telephone every Thursday, and that he works with the Individual on completing "the steps." *Id.* at 35–37. He stated that the former chairperson for their Tuesday meetings "saw something" in the Individual, and asked him to serve as the new chair, as a form of "service work" in the program. *Id.* at 38. He explained that "chairing" an AA meeting involves welcoming members as they enter, setting up the meeting room, guiding the class using the agenda, and leading prayers. *Id.* at 44. He explained that when it became harder for the Individual to attend meetings, because he had a new baby, the Individual kept up with his readings, daily prayers, and meditations for the program. *Id.* at 38–39. He believed that the Individual had a positive attitude about his sobriety and that he does not intend to drink alcohol in the future. *Id.* at 39–43.

The Individual testified that if he had not enrolled in the Inpatient Program, he would have never gotten to the root of his alcohol problem. Tr. at 74–75. He explained that his alcohol treatment taught him that he consumed alcohol because he blamed himself for the death of his family member and he did not know how to let go of those feelings. *Id.* at 79–80. He explained that working with an AA sponsor helped him stay focused on his recovery from AUD while caring for his newborn child. *Id.* at 64. When he was not able to attend AA meetings, he still spoke to his AA sponsor weekly to work through the program. *Id.* at 63–64. He explained that he intends to chair AA meetings on Tuesdays and, as his child grows, he will attend meetings more often. *Id.* at 64–65. He speaks to his AA sponsor every week. *Id.* at 77. The Individual intends to continue meeting with his Personal Therapist monthly. *Id.* at 65. He continues to use Naltrexone daily, and he has not had any cravings for alcohol. *Id.* at 66, 72. He described feeling "comfortable and in control" of his recovery, and now he can be around his family and attend events without thinking about alcohol. *Id.* at 67–68. As for his grief, when memories of his family member's death develop, or when he is in a situation he does not know how to handle, he learned from AA to use "the serenity prayer and take a step back." *Id.* at 39, 80. Since completing the Inpatient Program and seeing his Personal Therapist, the Individual manages his stress by engaging in activities with one of his children, like playing basketball, wood carving, and exercising. *Id.* at 60.

The DOE Psychiatrist testified that at the time of his evaluation, the Individual was reformed from his AUD, Mild, because he recognized that he could not drink again and was taking steps to remain sober Tr. at 97. He further testified that, after reviewing the Individual's evidence and the testimony provided during the hearing, the Individual was rehabilitated from his AUD, Mild because "he has done everything required of him" to complete his alcohol treatment and abstain from alcohol. *Id.* at 90. He explained that he recommended six months of treatment, the Individual had been actively engaged in treatment for around ten months, and the Individual had fulfilled the recommendations he set out. *Id.* at 91. He explained that the Individual was using his therapy sessions with the HRP Therapist, his Personal Therapist, and the EAP Counselor effectively, which indicates that he has a very strong supportive environment to maintain his sobriety. *Id.* at 87, 96. He also noted the Individual's continued participation in AA and that his decision to chair an AA meeting showed his progression through the program. *Id.* at 92. He found that the Individual had a positive relationship with his AA sponsor and spoke positively about maintaining his sobriety. *Id.* at 89–90. Regarding the Individual's use of Naltrexone, the DOE Psychiatrist believed that the Individual had made such progress in his recovery and had such a strong support system, that the Individual was not reliant on the drug alone, and he was comfortable with the Individual's continued use of the drug. *Id.* at 88, 95. He believed the testimony of the Individual and his

witnesses showed that the Individual was committed to his sobriety, which was “very good prognostically.” *Id.* at 90. He stated that the Individual’s prognosis for continued recovery was excellent. *Id.* at 91–92.⁸

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.

Based on the evidence before me, I find that the Individual has mitigated the security concerns related to his alcohol consumption under ¶ 23(b) and ¶ 23(d) of the Adjudicative Guidelines. The Individual acknowledged his maladaptive alcohol use. He credibly testified that he entered the Inpatient Program when he realized he was consuming alcohol to help him manage the grief of losing a family member to suicide. He admitted to consuming a fourth of a pint of alcohol, daily, in May 2024, and at least four alcoholic drinks a night, by June 2024. The Individual also submitted evidence that he progressed through his own course of alcohol treatment before meeting with the DOE Psychiatrist and being diagnosed with AUD, Mild. His decision to voluntarily enter alcohol treatment and his testimony that he does not regret his decision because it allowed him to get to the root of his alcohol consumption, supports that he acknowledged his alcohol use was a problem.

After leaving the Inpatient Program, the Individual spent three months taking actions to overcome his problematic alcohol use. After a brief relapse, he stopped consuming alcohol in August 2024,

⁸ As for the Individual’s PTSD, the DOE Psychiatrist testified that Individual is managing his PTSD very well. Tr. at 94. He explained that the Individual no longer keeps his feelings about loss to himself, he has shared openly about his grief, and he has a good support system. *Id.* at 89–90, 93. He found that the Individual now honors his deceased family member in a way that is helpful to him, rather than harmful to him, and he has developed better coping skills. *Id.* at 90, 93.

he resumed attending AA meetings he began during the Inpatient Program, and he resumed using his alcohol medication. The Individual then began attending therapy sessions with an HRP Therapist, an EAP Counselor, and his Personal Therapist focusing on managing his grief and on preventing relapse. The Individual submitted evidence that he successfully completed the treatment program recommended by the DOE Psychiatrist. He submitted evidence he attended AA for nine months, three months longer than recommended, and at least twice per week. The testimony of his fellow AA member and AA sponsor supports that he was actively engaged in the program, that he developed a positive relationship with his AA sponsor, and that he took the requirements of the program seriously to aid in his recovery. He successfully completed two alcohol education classes through his employer's EAP, and his EAP Counselor noted his excellent attendance and excellent participation. After his evaluation, he continued his therapy sessions with his Personal Therapist to continue managing his grief and maintaining his sobriety, which the DOE Psychiatrist testified showed he has a very strong supportive environment within which to maintain his sobriety. He also credibly testified that he continues to use his alcohol medication, which has aided in his recovery by allowing him to attend social events without thinking about consuming alcohol.

Finally, the Individual submitted eight negative PEth tests, dated from September 2024 to May 2025, and ten BATs, dated from August 2024 to October 2024, which, when taken with the October 2024 negative PEth test referenced in the Report, demonstrate a clear and established pattern of abstinence from alcohol for approximately nine months. After reviewing the Individual's evidence and the testimony provided during the hearing, the DOE Psychiatrist opined that the Individual was reformed and rehabilitated from his AUD, Mild, the Individual had developed strategies to manage his PTSD, and the Individual had an excellent prognosis for his continued recovery.

I conclude that the Individual has acknowledged his pattern of maladaptive alcohol use, has provided sufficient evidence he successfully completed a treatment program, and has demonstrated a clear and established pattern of abstinence sufficient to mitigate the stated Guideline G concerns. Adjudicative Guidelines at ¶ 23(b), (d).

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 mitigate the concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring his 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.

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals