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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: February 14, 2025)	Case No.: PSH-25-0085
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_____)	

Issued: July 1, 2025

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (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 restored.

I. Background

As part of the investigation process related to his application for a security clearance, the Individual signed and submitted a Questionnaire for National Security Positions (QNSP) in 2019. Exhibit (Ex.) 10. In the QNSP, the Individual disclosed that he was charged with Driving Under the Influence (DUI) in 1997. *Id.* The Individual subsequently received his access authorization.

In late August 2024, the Individual was arrested and charged with, among other things, DUI. Ex. 6 at 30. The Individual reported the matter to DOE. *Id.* The Local Security Office (LSO) asked the Individual to complete a Letter of Interrogatory (LOI), which the Individual signed and submitted in September 2024. Ex. 7.

The LSO subsequently asked the Individual to see a DOE-consultant psychiatrist (DOE Psychiatrist) for a psychiatric evaluation in early November 2024, for which the Individual also

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.

submitted to a phosphatidylethanol (PEth) test.² Ex. 8. The DOE Psychiatrist issued a report (the Report) of his findings later in the same month. *Id.* In the Report, the DOE Psychiatrist concluded that pursuant to the *Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition*, the Individual suffers from Alcohol Use Disorder (AUD), Mild. *Id.* at 58. The DOE Psychiatrist also concluded that the Individual “habitually consumes alcohol to the point of impaired judgment.” *Id.*

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

The Individual requested a hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of his supervisor. The Individual also submitted six exhibits, marked Exhibits A through F. The DOE Counsel submitted ten exhibits marked as Exhibits 1 through 10 and presented the testimony of the DOE Psychiatrist.

II. Notification Letter

Guideline G

Under Guideline G, “[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are “alcohol-related incidents away from work, such as driving while under the influence[,]” the “habitual or binge consumption of alcohol to the point of impaired judgment[,]” and “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (c)–(d). Under Guideline G, the LSO alleged that:

1. In November 2024, the DOE Psychiatrist diagnosed the Individual with AUD, Mild, and determined that the Individual habitually consumed alcohol to the point of impaired judgment. Ex. 1 at 5.

² The PEth test was completed by Medtox Laboratories, Inc., which indicates on its website that a PEth test is a blood test that is used to detect the use of ethanol. Medtox Laboratories, Inc., *Phosphatidylethanol (PEth), whole blood*, <https://medtox.labcorp.com/tests/791584/phosphatidylethanol-peth-whole-blood> (last visited June 30, 2025). The Individual’s PEth test result was positive at 86 ng/mL. Ex. 8 at 63. The DOE Psychiatrist indicated in his report that “a PEth level within the range of 80 to 200 ng/mL is consistent with the consumption of a significant quantity of alcohol within the past few weeks, through bingeing, regular consumption, or a combination of both.” *Id.* at 52.

2. The Individual submitted to a PEth test in connection with the psychiatric evaluation, the results of which were 86 ng/mL, which was “consistent with the consumption of a significant amount of alcohol and consuming an average of one to three drinks per day.”³ *Id.*
3. In late August 2024, the Individual was arrested and charged with DUI after consuming ten to twelve alcoholic drinks “over a three-hour period[,]” resulting in a blood alcohol content (BAC) of 0.18. *Id.*
4. In 1997, the Individual was arrested and charged with DUI after consuming “three to five beers and a couple of shots prior to the arrest.” *Id.*

The LSO’s invocation of Guideline G is justified.

Guideline J

Guideline J states that “[c]riminal activity creates doubt about a person’s judgment, reliability, and trustworthiness” and that, “[b]y its very nature, it calls into question a person’s ability or willingness to comply with laws, rules, and regulations.” Adjudicative Guidelines at ¶ 30. Conditions that could raise a security concern under Guideline J include “[e]vidence . . . of criminal conduct, regardless of whether the individual was formally charged, prosecuted, or convicted[.]” *Id.* at ¶ 31(b). Under Guideline J, the LSO realleged paragraphs three and four above. The LSO’s invocation of Guideline J is justified.

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 an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at

³ This allegation does not constitute a security concern in itself, but rather, is presented in support of the first allegation.

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

Alcohol-related Incidents

As indicated above, the Individual was charged with DUI in 1997. Ex. 8 at 45. Following this incident, the Individual enrolled in a substance abuse program “and attended some counseling sessions.” Ex. 7 at 39; Ex. 8 at 48. The Report indicates that the substance abuse program was “held once per week for about [six to eight] weeks’ time.” Ex. 8 at 48. The Individual learned about such matters as “the metabolism of alcohol and guidelines for appropriate alcohol utilization.” *Id.* Following the 1997 DUI incident, the Individual had been “very diligent about having a plan before going out” in the event he consumed alcohol.⁴ Ex. 7 at 39; Tr. at 41–42.

In June 2024, during a work trip to a sensitive country, the Individual enjoyed “a couple of drinks” with his colleagues in the hotel lounge on the evening prior to their departure. Tr. at 44; Ex. 8 at 50. As the group had arranged transportation from the hotel to the airport in the early morning hours, they agreed to meet back in the hotel lobby area at the appropriate time, and accordingly, some individuals decided to return to their hotel rooms to prepare for their departure or to sleep. Tr. at 44–45; Ex. 8 at 50. The Individual decided that since their departure was only a few hours away, he would remain awake and downstairs. Tr. at 45; Ex. 8 at 50. The Individual became acquainted with some locals in the hotel lounge and decided to accompany them to a club located next to the hotel. Tr. at 45–46; Ex. 8 at 50. While at the club, the Individual had no way of keeping track of time or communicating with his colleagues, and accordingly, he did not meet his colleagues in the hotel lobby at the agreed-upon time. Tr. at 46–47; Ex. 8 at 51. As the Individual and his colleagues had no way of communicating, his colleagues had no choice but to search for him, successfully locating him at the club. Tr. at 47; Ex. 8 at 51. The Individual admitted that he was intoxicated while at the club, and that a few of his colleagues expressed their displeasure with his behavior. Tr. at 47; Ex. 8 at 51. The Individual also admitted that his behavior that night was “probably not a good idea.” Tr. at 50.

Regarding the August 2024 DUI, the Individual indicated that earlier in the day he had learned that a friend’s father had passed away. Ex. 6 at 30; Ex. 7 at 32; Ex. 8 at 49; Tr. at 34. The Individual “did not take the news well” and began consuming alcohol around five or six in the evening. Ex. 7 at 32, 36; Ex. 8 at 49; Tr. at 34–35. The Individual estimated that he consumed about ten to twelve alcoholic drinks.⁵ Ex. 7 at 36. After he “drank too much[,]” approximately two to three hours later, he “made [the] unfortunate decision to [drive] to the grocery store.” Ex. 6 at 30; Ex. 7 at 32; Tr. at 35. As he was returning home, he was stopped by a law enforcement officer when he

⁴ Because of his prior habit of planning for appropriate transportation ahead of consuming alcohol, the Individual feels that the 2024 incident was out of character. Ex. 7 at 39.

⁵ The Report indicates that the Individual estimated that he “consumed [four to five] ‘lowballs’ of bourbon[.]” Ex. 8 at 46. The Individual estimated that the four to five “lowballs” were the equivalent of ten to twelve drinks. *Id.* at 49.

attempted to pass the slow-moving vehicle in front of him, which he failed to recognize was a law enforcement vehicle. Ex. 6 at 30. After he was pulled over, the Individual admitted to the law enforcement officer that he had been drinking, and when he was asked to perform field sobriety tests, he experienced some difficulty with the heel-to-toe test. Ex. 8 at 49. The Individual's BAC at the time of his arrest was 0.18.⁶ Ex. 7 at 32; Tr. at 40. The Individual testified that he could not recall whether he felt intoxicated before he made the decision to drive but felt that it was likely that he did not, as he would not have made such a decision had he felt intoxicated. Tr. at 39.

History of Alcohol Consumption

The Individual continued to drink after the 1997 incident, and he estimated that around 2005, he would typically "consum[e five to six] beers . . . and occasionally shots of liquor, [two to three] nights per week." Ex. 7 at 45. In the following years, the Individual "drank about once or twice per month, with [two to three] beers typically consumed per occasion." *Id.* "About [three to six] times per year, however, he would also reportedly consume up to [eight to ten] drinks per occasion . . . to the point of feeling sick and experiencing a hangover the following morning." *Id.* However, in the year prior to the November 2024 psychiatric evaluation, the Individual "reported having [two to three] beers at home less than once per month[.]" *Id.* He also claimed that he "infrequently shares a cocktail with his wife when out to a restaurant and consumes hard liquor with friends about twice per year." *Id.* at 46. When on a work trip, "which he typically takes once per month and which are usually weeklong in nature[.]" the Individual represented that he will "drink near-nightly with his colleagues, with an average nightly consumption of [four to five twelve-ounce] beers, which he consumes over the course of [three to four] hours." *Id.*

At the hearing, the Individual noted that on the day of the 2024 DUI incident, he did not have the benefit of having his wife near him, as she is the person who provides him with support. Tr. at 38. He also noted that he does not "have friends outside of work[.]" and did not have a "social support system around [him] at the time." *Id.* at 38, 77–79. At the hearing, the Individual testified that he likely did not provide the DOE Psychiatrist with an accurate report of his alcohol consumption in the period leading up to the evaluation but could not remember any excessive drinking. *Id.* at 51. He admitted that he had provided the DOE Psychiatrist with "a low number because [he] did not want it to be concerning." *Id.* at 51–52. He testified that following the 2024 DUI, he began drinking alcohol at home, which was generally not his habit. *Id.* at 55. After the DUI and before he claimed to have begun abstaining from alcohol in November 2024, the Individual would wait until his family had gone to bed to begin drinking, and he testified that he would consume approximately one or two drinks per night.⁷ *Id.* at 72–73. The Individual admitted that during the same period, his wife complained on several occasions that he smelled of alcohol in the morning, and the Individual admitted that on those occasions, he had consumed "maybe four or five drinks" prior

⁶ In late January 2025, the prosecutor opted not to pursue the criminal charges arising from the August 2024 incident. Ex. D. Prior to the prosecutor's decision, the Individual attended a Mothers Against Drunk Driving (MADD) panel on the advice of his attorney. Ex. 8 at 50; Tr. at 59.

⁷ The Individual testified that after his family had gone to bed, he would have a few hours alone to himself, and as he had nothing to do, he would relax with a drink. Tr. at 73.

to bed.⁸ *Id.* at 108–10, 116. The Individual testified that he stopped consuming alcohol in late November 2024. *Id.* at 83.

The Individual’s supervisor of approximately two years testified that prior to the 2024 DUI, he never had any concerns about the Individual’s alcohol consumption. *Id.* at 15–17. After the Individual told his supervisor about the DUI, his supervisor was concerned enough to discuss the matter more in depth with the Individual in order to determine whether there were larger areas of concern in the Individual’s life. *Id.* at 29. Following that conversation, he felt that the Individual was “okay at that point in time.” *Id.* at 30. The Individual’s supervisor has never seen the Individual report to the office in a hungover state or smelling of alcohol. *Id.* at 20. The Individual’s supervisor feels that the Individual is an honest and trustworthy person, as he has been open about his past mistakes and is an invaluable teacher to his more junior colleagues. *Id.* at 23–25.

DOE Psychiatrist Recommendations and Alcohol Treatment

In the Report, the DOE Psychiatrist noted that the Individual “does not consider himself to have an alcohol-related problem.” Ex. 8 at 50. The DOE Psychiatrist recommended that the Individual remain abstinent for six months, evidenced by “treatment notes[,]” negative monthly PEth tests, as well as negative “results from frequent and randomly administered alcohol breath tests and/or urine . . . tests ordered by an [Employee Assistance Program (EAP)] or by an outside organization or company, coupled with his participation in his employer’s EAP[.]” *Id.* at 58. The DOE Psychiatrist also recommended weekly participation in a twelve-step program “and/or a substance-based aftercare group or individual psychotherapy with a provider specializing in treating addiction for a minimum of [six] months[.]” *Id.* at 58–59.

Following his psychiatric evaluation, the Individual enrolled in an intensive outpatient treatment program (IOP) in late December 2024 and completed the IOP in late February 2025. Ex. C at 2; Tr. at 60, 105–06. The IOP consisted of three, hour-and-a-half virtual group meetings per week. Tr. at 62–63. The program had participants complete workbook assignments, read educational materials, and engage in discussion. *Id.* at 63–65. Although abstinence from alcohol was not required by the IOP, it was highly encouraged. *Id.* at 65, 105. The IOP also required that the Individual engage with a psychiatrist, who he met for three or four one-one-one telephone meetings. *Id.* at 65. The Individual immediately continued into a weekly aftercare program following the successful completion of the IOP and completed the aftercare program in mid-May 2025. Ex. C at 1; Tr. at 66–67. Aftercare, which consisted mostly of group discussion, was “less structured[,]” but participants would occasionally receive instructions to complete an assignment. Tr. at 67.

As part of endeavoring to remain abstinent from alcohol, he stopped staying up alone at night to avoid repeating his prior pattern of consuming alcohol after his family had gone to bed. *Id.* at 73. He also decided to engage in healthier activities, like golf, and has successfully identified his triggers, which include ruminating. *Id.* at 74–76. The Individual testified that he initially stopped

⁸ In later testimony, when asked how often he would consume four to five alcoholic drinks before bed in the period between the 2024 DUI and November 2024, the Individual indicated that he would consume the aforementioned amount between “[t]hree or four days a week.” Tr. at 116.

consuming alcohol in November 2024, then had one drink after completing aftercare in mid-May 2025, as he had “wondered what was so appealing” about it. *Id.* at 82–84. He indicated that he has not consumed alcohol since. *Id.* at 82. Although the Individual has no intention to drink in the future, he still keeps alcohol in his home. *Id.* at 90, 107, 119. Because he completed treatment, the Individual no longer believes that he has an alcohol-related condition or AUD, and he has not, accordingly, remained in any kind of ongoing treatment. *Id.* at 106–07, 122. The Individual also submitted five alcohol urine tests from December 2024 to May 2025,⁹ all of which were negative for alcohol.¹⁰ Ex. A; Ex. F.

Testimony

The DOE Psychiatrist confirmed the AUD diagnosis in his testimony, indicating that he came to that diagnosis following an “assessment of [the Individual] and [his] receipt of [the] PEth test[] value and review of the information in the [personnel security file.]” Tr. at 130. Despite the new information he received regarding the Individual’s alcohol consumption between the 2024 DUI incident and late November 2024, the DOE Psychiatrist did not revise his initial diagnosis of AUD, Mild. *Id.* at 131–32. He indicated that although the Individual had completed an IOP, the totality of the duration of his treatment did not last the recommended six months. *Id.* at 132. He noted that six months of treatment is “consistent with . . . standard of care for individuals with any alcohol use disorder at the lowest end of the range.” *Id.* at 133. The DOE Psychiatrist noted that outside of his wife, the Individual does not have “recovery resources in place in terms of formal support systems.” *Id.* at 133. For the foregoing reasons, the DOE Psychiatrist found approximately five months of treatment insufficient to meet the Individual’s treatment needs. *Id.* at 134. The DOE Psychiatrist noted his concern over the fact that the Individual drank alcohol after completing aftercare in mid-May 2025, as it suggested that the Individual was ambivalent about his long-term sobriety. *Id.* at 139–40. At the hearing, the DOE Psychiatrist recommended an alcohol support group like Alcoholics Anonymous (AA), indicating that such groups provide participants with a support system, offer resources for alcohol education, and provide participants with an “accountability system.” *Id.* at 145–46. The DOE Psychiatrist also made note of the fact that he recommended PEth testing in the Report, in addition to the EAP administered urine tests for alcohol, which the Individual failed to complete. *Id.* at 150–52. He determined that the Individual’s prognosis was “very fair or guarded” and testified that the Individual had not shown adequate evidence of rehabilitation or reformation. *Id.* at 146–48.

V. Analysis

Guideline G

⁹ The DOE Psychiatrist testified that a urine alcohol test “looks only at a two-to-three day window.” Tr. at 134. Accordingly, it is possible that the Individual “may have been drinking . . . throughout the entirety of that time period where he had those tests and just timed [his consumption] around when he had those tests.” *Id.* at 134–35.

¹⁰ Pursuant to the administrative requirements of the Department of Motor Vehicles in the Individual’s home state, an ignition Interlock device was installed in the Individual’s primary vehicle. Tr. at 56–57. The record contains the Interlock test log from mid-January 2025 through May 6. Ex. B; Tr. at 56–58. The ninety-four page log indicates that the Interlock device did not detect alcohol each time the Individual blew into the device to start his car. Ex. B.

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.

While the Individual has made a promising start by completing an IOP and recommended aftercare, I cannot conclude that he has mitigated the stated security concerns. I am tasked with considering, among other things, “the likelihood of continuation or recurrence” of the alleged conduct. 10 C.F.R. § 710.7(c). Chief among my considerations is the fact that the Individual told the DOE Psychiatrist that he did not consider himself to have alcohol-related issues, and at the hearing, the Individual testified that he feels that he is no longer afflicted with AUD, as he completed an IOP. As an initial matter, it is somewhat concerning that the Individual came to this conclusion without the input of a medical professional, as AUD is a medical diagnosis. But even more importantly, it stands to reason that if the Individual does not feel that he has an alcohol-related issue or condition, then he will fail to be on guard and maintain his vigilance with respect to behaviors and/or triggers that could result in maladaptive alcohol use. I am particularly concerned that the Individual's alcohol use in 2025 was the first indicia of the sort of poor judgment that could result in the resumption of maladaptive alcohol use. The Individual knew that the LSO had taken issue with his alcohol consumption, that the DOE Psychiatrist had diagnosed him with AUD, and that this hearing was pending. Despite the aforementioned factors, the Individual still decided to consume alcohol, evidencing poor judgment.

Similarly, another concern I have regarding the possibility of recurrence is the fact that the Individual's alcohol consumption actually increased in the period between the 2024 DUI and November 2024, at a time it would have been logical for the Individual to cut back or abstain from drinking alcohol altogether. My concern over the possibility of continuation or recurrence is further exacerbated by the fact that the Individual has not built and maintained a support group for himself. By his own testimony, he primarily socializes with his wife and children, and while I am willing to accept that his wife is a source of support, he simply does not have a network to provide

him with ongoing accountability. The Individual does not participate in an alcohol recovery support group, like AA, which would provide the support and accountability required for ongoing abstinence. While I am sure that that the Individual's wife and children are a valuable source of support, they cannot provide the level of accountability required for the Individual's ongoing sobriety. Hence, the Individual's 2025 alcohol consumption, which was an unfortunate setback in his decision to remain abstinent.

Additionally, although the June 2024 incident was not alleged in the SSC as giving rise to a security concern, I nonetheless must take into consideration the "potential for pressure, coercion, exploitation, or duress[.]" *Id.* On that particular night in June 2024, the Individual exhibited objectively poor judgment when he decided to drink alcohol with unknown foreign nationals, in another country, and without the benefit of any reliable way to get in touch with trusted colleagues. The decision did not merely inconvenience his colleagues prior to their departure, but it also presented the possibility of a threat to national security, as the Individual could have been exploited by the foreign nationals with whom he had passed the time. Quite simply, the convergence of circumstances that could have presented a threat to national security was a direct result of the Individual's failure to exercise good judgment around alcohol.

Finally, the DOE Psychiatrist testified that despite attending an IOP and aftercare, the Individual had failed to show adequate evidence of rehabilitation or reformation, as the Individual failed to complete six months of treatment, failed to submit to PEth tests, and did not engage his employer's EAP. Additionally, the DOE Psychiatrist recommended at least six months of abstinence. The Individual did not provide PEth tests to corroborate his abstinence, admitted that he intentionally underreported his alcohol consumption during the psychiatric evaluation, and, by his own testimony, he drank again in 2025 after completing aftercare in mid-May, so whether he was abstinent for the full six months remains in doubt.

As the Individual's DUI was less than one year ago and the Individual consumed alcohol within the weeks prior to the hearing, I cannot conclude that the problematic behavior occurred so long ago. As the Individual's increasingly problematic alcohol consumption became a routine event in the period following the 2024 DUI and prior to late November 2024, I cannot conclude that the consumption took place under unique or unusual circumstances. Additionally for the reasons stated above, I cannot conclude that that the circumstances suggest that the behavior is unlikely to recur or does not cast doubt on his current reliability, trustworthiness, or good judgment. The Individual has failed to mitigate the stated concerns pursuant to mitigating factor (a).

As indicated above, the Individual never truly acknowledged that his alcohol consumption was problematic, indicating instead that he does not believe that he has alcohol-related issues and that he no longer suffers from AUD. Even if he did acknowledge his maladaptive use, although he completed an IOP and aftercare, the Individual did not undergo PEth testing that could have corroborated his claimed abstinence from alcohol and he has admitted to consuming alcohol against the DOE Psychiatrist's recommendation. Further, outside of a certificate of completion, I have no meaningful information regarding the sort of progress the Individual made in treatment. In fact, the May 2025 incident of alcohol consumption and the Individual's lack of ongoing engagement with any kind of treatment or support group casts doubt on the adequacy of the

Individual's progress. Therefore, the Individual has failed to mitigate the stated concerns pursuant to mitigating factors (b), (c), and (d).

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

Guideline J

The Adjudicative Guidelines provide that conditions that can mitigate security concerns under Guideline J include:

- (a) So much time has elapsed since the criminal behavior happened, or it happened under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;
- (b) The individual was pressured or coerced into committing the act and those pressures are no longer present in the person's life;
- (c) No reliable evidence to support that the individual committed the offense; and
- (d) There is evidence of successful rehabilitation; including, but not limited to, the passage of time without recurrence of criminal activity, restitution, compliance with the terms of parole or probation, job training or higher education, good employment record, or constructive community involvement.

Adjudicative Guidelines at ¶ 32.

All the criminal charges alleged by the SSC under Guideline G were realleged under Guideline J. Therefore, just as the Individual failed to mitigate the stated alcohol-related concerns under Guideline G, I cannot conclude that the Individual has mitigated the alcohol-related criminal behavior under Guideline J.

The Individual's most recent alcohol-related arrest and charge was in August 2024, which was less than a year prior to the hearing and therefore, not so long ago. I also cannot conclude that criminal alcohol-related behavior took place under such unusual circumstances that it is unlikely to recur and does not cast doubt on the Individual's reliability, trustworthiness, or good judgment, as the problematic consumption took place while the Individual was at home and the alcohol was consumed in an effort to ease his agitated emotional state. The Individual has failed to mitigate the stated concerns pursuant to mitigating factor (a).

The Individual did not argue that he was pressured or coerced into committing the alleged criminal acts. Mitigating factor (b) is not applicable. The Individual did not allege that there was no reliable evidence to support that he committed the offenses. Mitigating factor (c) is not applicable.

With regard to mitigating factor (d), while the Individual's supervisor testified that the Individual is a necessary and helpful teacher to his more junior colleagues in the office, I cannot conclude that this aspect of the Individual's employment record provides sufficient evidence of successful rehabilitation. The Individual's criminal matter went unprosecuted, and the Individual was not required to complete any probation or provide restitution in connection with the criminal matter. Accordingly, I have no evidence in the record with regard to any restitution paid or compliance with probation. The Individual did submit a log indicating that he did not drink alcohol prior to blowing into the Interlock device to operate his car, in compliance with the requirements of the Department of Motor Vehicles. But this information does very little to speak to the likelihood of the Individual committing a similar criminal act in the future, especially when considering the fact that the Interlock device will eventually be removed. I also have no information regarding higher education or further job training in the record. The record is also bereft of any evidence pertaining to positive community involvement. Finally, as the last DUI was in August 2024, I cannot conclude that there has been any meaningful passage of time since the alleged criminal act, especially in light of the fact that the Individual's alcohol consumption increased following the incident. Accordingly, the Individual has failed to mitigate the stated concerns pursuant to mitigating factor (d).

For the aforementioned reasons, I find that none of the mitigating conditions are applicable. Accordingly, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline J.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and J 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 not brought forth sufficient evidence to resolve the Guidelines G and J concerns set forth in the SSC. Accordingly, the Individual has not 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 not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals