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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 11, 2025 )  
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Case No.: PSH-25-0080

Issued: Friday, August 1, 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."<sup>1</sup> 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 a Questionnaire for National Security Positions (QNSP) that the Individual completed in September 2023, the Individual disclosed that she drank alcohol excessively from December 2017 through April 2020. Exhibit (Ex.) 8 at 368–69.<sup>2</sup> She further disclosed that from April until May 2020, she underwent and successfully completed treatment for alcohol use at a treatment facility (Treatment Center). *Id.* at 369–70.

According to the records of her stay at the Treatment Center, the Individual began using alcohol at the age of 16 and drank heavily throughout college. Ex. 7 at 76. In 2000, she was admitted to a "detoxification unit" and received inpatient treatment for depression and alcohol use. *Id.* Her pattern of alcohol consumption did not change thereafter. *Id.* Just before entering treatment in 2020, she was consuming "two to six drinks most days of the week." *Id.*; *see also* Ex. 8 at 382 (disclosing to a security clearance investigator that she drank one to two glasses of wine and

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<sup>1</sup> 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.

<sup>2</sup> 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.

bourbon when her kids were present, and two to eight glasses when they were not). She acknowledged that she drank alone, she drank at work, and sometimes she drank in plastic cups in the car to avoid being noticed. Ex. 7 at 101. On the weekends, she would consume alcohol “after coffee until bedtime.” *Id.* She described herself as an alcoholic, and she indicated that she was not “as present” for her job and her family because of her drinking. *Id.* at 102.

Upon arrival at the Treatment Center on April 18, 2020, the Individual was diagnosed with Alcohol Use Disorder (AUD), Severe. *Id.* at 78, 141. She underwent detoxification and was placed on medication, including for anxiety and depression. *Id.* at 77. Her treatment included daily 12-Step and other group meetings. *Id.* at 236–38. At discharge on May 17, 2020, she was advised to enroll in an intensive outpatient program (IOP), to continue with a 12-Step program, and to abstain from alcohol. *Id.* at 77, 79, 127–29. The Individual told providers that she would attend the IOP, counseling, and Alcoholics Anonymous (AA) for aftercare. *Id.* at 250, 253.

On September 19, 2024, the Individual was evaluated by a DOE-consultant psychologist (DOE Psychologist). Ex. 5 at 37. As part of the evaluation, the DOE Psychologist reviewed the Individual’s personnel security file (including her records from the Treatment Center), conducted a two-hour clinical interview, and requested that the Individual undergo a Phosphatidylethanol (PEth) test, which detects recent use of alcohol.<sup>3</sup> *Id.* at 25–26. During the clinical interview, the Individual described her alcohol-related activity since being discharged from the Treatment Center in May 2020. She had initially abstained from all alcohol consumption, but resumed drinking approximately one year later. *Id.* at 28. She had attended AA meetings for nearly a year, although not regularly, and had briefly seen a counselor. *Id.* at 29.

The Individual described her current level of drinking as two to three drinks per sitting, typically in social settings, for a total of 12 drinks per month. *Id.* at 27. She stated that she “rarely” consumes six or more drinks in one sitting, the last time being in April 2024, approximately five months prior. *Id.* at 28. She confirmed that her most recent drink of alcohol – a 16-ounce beer – was the day before the clinical interview. *Id.* She claimed that she can stop drinking at will and never struggles to stop after one or two drinks. *Id.* She did not feel a need for any substance-related counseling or to moderate her current pattern of drinking. *Id.* at 29. In spite of these claims, however, the DOE Psychologist found the Individual “evasive” when describing her use of alcohol and was struck by her denial that she met any criteria for a diagnosis of AUD. *Id.* at 36. The result of the PEth test was 289 ng/mL, which according to the psychiatrist who interpreted the result, indicates the Individual was consuming substantially more alcohol than she reported: an average of 4–5 drinks per day, most if not all days of the week. *Id.* at 32–34.

During the clinical interview, the Individual revealed that she was sexually assaulted twice in 2018, by a work colleague and by a friend. *Id.* at 30. She had not pursued treatment to deal with the trauma. *Id.* at 31. According to the DOE Psychologist, the Individual became notably sad and teary-eyed when she discussed the assaults. *Id.* He opined that she had not fully resolved her trauma and was using alcohol to self-medicate. *Id.*

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<sup>3</sup> “PEth accumulates when ethanol binds to the red blood cell membrane. The PEth level reflects the average amount of alcohol consumed over the previous 28–30 days as red blood cells degrade and enzymatic action removes PEth.” Ex. 5 at 34 (report of the psychiatrist who interpreted the Individual’s PEth test result).

The DOE Psychologist found that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* for a diagnosis of AUD, likely at the Moderate or Severe level. *Id.* at 36. He further found that the Individual demonstrated residual symptoms of Post-Traumatic Stress Disorder (PTSD) related to her 2018 sexual assaults, but did not meet adequate criteria for a current diagnosis, and her residual symptoms did not impair her judgment, reliability, stability, or trustworthiness. *Id.* at 37. To demonstrate rehabilitation or reformation, he recommended that the Individual complete an eight-week IOP followed by the recommended course of aftercare, attend AA meetings at least twice per week, and remain abstinent for 12 months, as corroborated by negative PEth tests taken at three-to-four-week intervals. *Id.* at 36–37. Treatment during and after the IOP should address the Individual’s AUD as well as her unresolved PTSD symptoms, as he believed the two were connected. *Id.* at 37.

On December 5, 2024, the DOE local security office (LSO) issued the Individual a letter in which it notified her that it possessed reliable information that created substantial doubt regarding her eligibility to hold a security clearance. Ex. 1 at 6–7. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) and Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 13. 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 eight exhibits (Ex. 1–8). The Individual submitted seven exhibits (Ex. A–G). At the hearing, the Individual testified on her own behalf. Transcript of Hearing, OHA Case No. PSH-25-0080 (Tr.) at 10–91. The LSO offered the testimony of the DOE Psychologist. *Id.* at 92–145.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G as the first 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. A condition that could raise a security concern under Guideline G is “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(d). In this case, according to the LSO, the Guideline G concern was raised by the DOE Psychologist’s conclusion that the Individual met sufficient *DSM-5* criteria for a diagnosis of AUD, Moderate to Severe. Ex. 1 at 5. The LSO’s invocation of Guideline G is justified.

The LSO cited Guideline I as the second basis for its determination that the Individual was ineligible for access authorization. *Id.* “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. One such condition that could raise a security concern is “an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” *Id.* According to the LSO, the Guideline I concern was raised by the DOE Psychologist’s conclusion that the Individual “continues to show symptoms of PTSD and these

symptoms are a condition that can impair the Individual's judgment, stability, reliability, or trustworthiness." Ex. 1 at 5. A plain reading of the DOE Psychologist's report, however, reveals that in fact he reached the opposite conclusion. The DOE Psychologist stated, "[t]his residual emotional issue related to PTSD symptoms *is not a concern as related to impaired judgment, reliability, stability, or trustworthiness*. The problems related to those described impairments or [sic] more of a concern related to the alcohol diagnosis."<sup>4</sup> Ex. 5 at 37 (emphasis added). As such, the LSO's invocation of Guideline I is not justified, and I will not discuss or consider the Guideline I concerns any further in this Decision.

### 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

The Individual testified that her alcohol consumption in high school was "very limited," and in college she drank "just like a regular college student." Tr. at 78. Regarding her inpatient treatment in 2000, the Individual denied that it was related to alcohol use. *Id.* at 18–19. Rather, she asserted, it was to help her handle a struggle she was facing in her personal life. *Id.* She was admitted to the "drug treatment facility" rather than the psychiatric ward, she stated, because the providers in the that facility were better suited to address the "minor depression" she was experiencing. *Id.* at 79. According to her testimony, she did not have a problem with alcohol consumption at the time. *Id.*

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<sup>4</sup> The DOE Psychologist asserted this same view in his hearing testimony. When asked to confirm that he did not believe Individual's PTSD symptoms were a concern as related to her judgment, reliability, stability, and trustworthiness, he responded, "[y]es. I would agree with that. I think it impacts her life a little bit, but I don't think it impacts the things that we're talking about, as far as DOE." Tr. at 102; *see also id.* at 131 (stating "if she controls the alcohol, I don't worry about [the PTSD symptoms]").

She acknowledged, however, that between the years of 2017 and 2018 she did have a problem with alcohol. *Id.* at 49.

The Individual testified that she faced a great deal of stress around 2017, stemming from both work and family life. *Id.* at 22. She used alcohol to cope, to the point where she was drinking “multiple days a week,” and “much more frequent than [she’d] ever drank in the past.” *Id.* at 24–25. In April 2020, recognizing her unhealthy mental state, she voluntarily admitted herself to the Treatment Center. *Id.* at 26–27. Initially she underwent a detoxification, which according to her testimony only took a single day and caused “no withdrawal symptoms.” *Id.* at 27–28. Over the course of her treatment, she learned coping skills and developed a healthy path forward, to include exercising, journaling, meditating, and relying on her “fantastic support system.” *Id.* at 28–29. She also learned to be “mindful” of the reasons she chooses to drink, “to make sure that [she’s] not drinking because [she’s] sad, or [she’s] stressed, or [she’s] trying to avoid something.” *Id.* at 30–31.

Regarding the sexual assaults she experienced in April 2018, the Individual testified that she was assaulted twice in the same evening at a work conference, first by a client and then by a coworker. *Id.* at 23. She acknowledged it was a traumatizing experience, but she denied experiencing PTSD as a result. *Id.* at 44. She testified that she “buried” the incident for a while and did not disclose it to anyone. *Id.* at 47. Ultimately, she discussed it during her treatment in 2020, but she did not require or receive any counseling specific to it, because she “reconciled [it] pretty quickly.” *Id.* at 45, 48. The primary source of the anxiety and depression she addressed in treatment was not related to the assaults, she testified, but rather stemmed from other difficult circumstances in her family life. *Id.* at 44, 48.

Upon discharge from the Treatment Center, the Individual attended an online IOP for one week before deciding it was not well-suited for her situation and AA was more appropriate. *Id.* at 80. She attended AA meetings one-to-three times per week until 2021, and then “[m]aybe once a month” until 2023, when she discontinued her participation. *Id.* at 29–30. According to her testimony, she completed all of the 12 Steps. *Id.* at 88. She also saw a therapist and was prescribed medication for anxiety and depression, but she discontinued all therapy and medication in July 2022. *Id.* at 32–33, 59–60.

The Individual testified that after leaving the Treatment Center, she remained abstinent until December 2020 – eight months after her last consumption. *Id.* at 31. She was at a company Christmas party, alcohol “was placed in front of [her] at dinner, and [she] had a couple sips of the wine.” *Id.* at 31. When asked what compelled her to drink at the party, she responded that “it was the holiday season” and she “was with some of [her] favorite people and [her] coworkers, and it was a social setting at dinner.” *Id.* at 51. After the Christmas party, she resumed drinking “intermittently.” *Id.* at 52–53. She felt confident about this choice because she believed she had “remediated” her unhealthy relationship with alcohol through treatment and was no longer drinking as a means to cope. *Id.* at 52–56. Rather, her drinking was in a “very controlled environment” and at a reduced volume. *Id.* at 58–59. She cited her successful work life and home life as signs that her alcohol consumption was not unhealthy. *Id.* at 66. Were she to experience again the negative feelings that drove her unhealthy pattern of drinking between 2017 and 2020, she “would certainly seek help.” *Id.* at 68.

Currently, the Individual testified, she drinks multiple times per week, two or three drinks per occasion. *Id.* at 37; *id.* at 62 (estimating “three to four days a week, during the workweek”). This includes drinking at work functions and meetings, and drinking “a glass of wine or two” at home with her spouse. *Id.* at 39. She considers herself a “social” drinker. *Id.* When asked why she doesn’t choose to abstain at work events, she responded that alcohol is a “legal substance” and it’s “pretty normal” to drink in that environment. *Id.* at 65–66. She submitted the result of a PEth test taken on May 13, 2025, which yielded a result of 36 ng/mL.<sup>5</sup> *Id.* at 40; Ex. A at 3.<sup>6</sup> She also underwent a PEth test in March 2025, she stated, but the lab informed her the sample had been compromised and a result could not be obtained. Tr. at 40.

When asked about the September 2024 PEth test result of 298 ng/mL, the Individual explained that she had consumed more alcohol than usual during the months leading up to it. *Id.* at 62. She had attended a two-day golf outing the weekend prior, at which she consumed approximately five beers over the course of five hours each day. *Id.* at 35–36, 62–63. She had also consumed alcohol at “a ton” of social and work-related gatherings during the summer months. *Id.* at 36, 60–61. When asked if she could have been consuming four-to-five drinks per day most days of the week, as was opined by the psychiatrist who evaluated her PEth test result, she acknowledged “that’s what it could have been.” *Id.* at 63. She denied ever feeling intoxicated during this time period, however, stating that she had not felt intoxicated since more than one year prior, when she drank six beers over the course of a day. *Id.* at 64.

The Individual submitted into the record a report prepared by a psychologist who evaluated the Individual on March 2, 2025. Ex. G at 20. As part of the evaluation, the psychologist interviewed the Individual and reviewed the Individual’s medical records, including records from the Treatment Center. *Id.* The psychologist found the Individual had met sufficient criteria under the *DSM-5* for a diagnosis of AUD, Severe, but at the time of the evaluation it was in “full remission.” *Id.* at 27. According to the psychologist, the Individual is not negatively affected by her current use of alcohol, as she has demonstrated insight into her past maladaptive drinking and the ways in which she has overcome it. *Id.* at 28. Nonetheless, the psychologist expressly agreed with the recommendations set forth by the DOE Psychologist, including that she take several additional PEth tests to corroborate her “controlled” level of drinking. *Id.* The Individual “should be considered successfully rehabilitated,” he concluded, “once she is able to complete these steps and submits the appropriate documentation.” *Id.*

On June 10, 2025, the Individual completed an 8-hour online drug and alcohol awareness class. Tr. at 74; Ex. F. That same date, she consulted with a behavioral health clinic to determine whether her current drinking habits warranted additional treatment. Tr. at 40–41; Ex. E. According to her testimony, after a 90-minute evaluation, the clinician informed her that she “did not meet the criteria” for treatment. *Id.* at 41, 70; *see also* Ex. E at 13 (report from the clinic indicating the Individual did “not fit there [sic] criteria for substance abuse”). The report from the clinic outlined

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<sup>5</sup> According to the laboratory report, this result was outside of the “[d]esired [r]ange” of less than 20 ng/mL. Ex. A at 3; *see also* Ex. 5 at 34 (opinion of the psychiatrist documented in the DOE Psychologist report, that “PEth greater than 20 ng/mL corresponds to significant alcohol consumption (averaging 2-4 drinks/day several days/week)”).

<sup>6</sup> The exhibits submitted by the Individual were combined in a single PDF. This Decision will refer to the PDF page numbering when citing to exhibits submitted by the Individual.

a “Safety Plan” that the Individual had created with the clinician, which indicated that she “is recommended to refrain from all mind-altering chemicals.” Ex. E at 15. When asked if she had read this recommendation, she said she had not, but speculated that it was “standard template” language. Tr. at 70–71. She added, “I would say that alcohol is not mind altering.” *Id.* at 72. The Individual denied feeling any need for alcohol-related treatment and denied that she intends to modify her current drinking habits. *Id.* at 74–75.

The Individual was asked why she did not follow the DOE Psychologist’s recommendations to attend an IOP, to abstain from alcohol for 12 months, as corroborated by monthly negative PEth tests, and to reenter AA. *Id.* at 84. She offered several responses, including that the IOP was too big of a commitment given her busy schedule, that she had “enough self-awareness” to recognize if she had a problem that required treatment, and that she would have entered treatment if recommended by the behavioral health clinic. *Id.* at 84–85. She also appeared to dismiss the reliability of the DOE Psychologist’s recommendations, noting that “while I enjoyed my time with [the DOE Psychologist], you know, I don’t – I think that there’s a lot of variables that go into those recommendations.” *Id.* at 84–85. With respect to AA, she stated that she did not believe it would be “of value” to her, because she had already rehabilitated herself. *Id.* at 86.

The DOE Psychologist testified that he had been surprised when he learned about the Individual’s 289 ng/mL PEth test result, because during the clinical interview, she had given the impression that her recent alcohol consumption was “minimal to nothing.” *Id.* at 106. She had not disclosed to him her substantial alcohol consumption at the golf tournament and other events during the prior few weeks. *Id.* at 106–07. Upon listening to her testimony, however, he learned that the Individual was in fact consuming “five and six drinks at a pop,” which he characterized as binge drinking. *Id.* at 105. According to the DOE Psychologist, although the Individual may not feel intoxicated after five drinks due to the tolerance she has developed, “the meters say that [she is],” and her judgment is consequently impaired. *Id.*

Based on the Individual’s hearing testimony, the DOE Psychologist could not find her to be rehabilitated from her AUD, largely due to her continuing to consume alcohol at a “very high” level.<sup>7</sup> *Id.* at 107. He continued to recommend that, to demonstrate rehabilitation or reformation, the Individual should pursue in-person group counseling, for example as part of an IOP, and achieve 12 months of abstinence, as corroborated by monthly negative PEth tests.<sup>8</sup> *Id.* at 109–11. The Individual had failed to meet these recommendations, and as such, he opined that her prognosis was “fair but somewhat guarded.” *Id.* at 112–13.

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<sup>7</sup> Furthermore, the DOE Psychologist could not agree with the opinion of the psychologist who evaluated the Individual in March 2025 that the Individual’s AUD was in “full remission,” which would require that the Individual not meet any *DSM-5* criteria for AUD within the prior 12 months. *Id.* at 138–41; Ex. 5 at 38. By his estimation, the Individual continued to meet at least one criterion for AUD under the *DSM-5* – tolerance – and very likely met more. Tr. at 141 (“If she’s drinking five to six drinks in one sitting and doesn’t feel intoxicated, that’s high tolerance”); *see also* Ex. 5 at 38 (setting forth the *DSM-5* criteria for AUD).

<sup>8</sup> When pressed, the DOE Psychologist conceded that a controlled level of alcohol consumption – rather than total abstinence – could be sufficient to demonstrate rehabilitation or reformation for some individuals. Tr. at 112, 127, 129. But the Individual, given the amount of drinking described in her testimony and her two positive PEth tests during the past year, had failed to demonstrate a sufficiently low level of alcohol consumption over an extended period of time. *Id.* at 129.

## 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;
- (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.

Regarding the condition set forth at paragraph (a), the Individual continues to consume alcohol regularly, and sometimes heavily. She insists her alcohol use no longer poses a concern because the underlying issues have been resolved – including the stress she was experiencing between 2017 and 2020 – and she now has control over her consumption. But the record suggests otherwise. Just last September, she was consuming four to five drinks on consecutive days. Yet she minimized the extent of her drinking to the DOE Psychologist, which implies that she recognized it as problematic. As of the hearing date, by her own account, she continued to consume up to three drinks most days of the workweek, and given the unreliability of her prior accounts and her failure to provide the results of regularly scheduled PEth tests, I cannot be sure that the volume and frequency of her drinking is not even higher. As such, I am unable find that the Guideline G concerns are mitigated by the amount of time passed, nor by the circumstances or infrequency of the behavior.

Regarding the conditions set forth at paragraphs (b) and (d), the Individual acknowledges her alcohol consumption was problematic between 2017 and 2020 and provided evidence of some actions taken to overcome it. Namely, the Individual successfully completed a treatment program in 2020 and remained abstinent for eight months thereafter, with some participation in counseling and AA. Crucially, however, the Individual does not acknowledge any maladaptive alcohol use in the time since she resumed drinking, nor has she completed an IOP and resumed AA participation and counseling as recommended by the DOE Psychologist. Moreover, she has not demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. The DOE Psychologist recommended a full year of abstinence, but the Individual has not shown that she remained abstinent for any sustained period since December 2020. Even the psychologist who evaluated the Individual in March 2025, who opined that the

Individual could demonstrate rehabilitation through controlled drinking, indicated that “several additional PEth tests” would be necessary to prove that her drinking was, in fact, controlled. The one positive PEth result that the Individual submitted, from a sample provided in May 2025, hardly demonstrates a clear and sustained pattern of controlled alcohol use. As such, I cannot find the Individual has mitigated the Guideline G concerns pursuant to the conditions set forth at paragraphs (b) or (d).

Similarly, the Individual has not satisfied the mitigating conditions of paragraph (c), because she has history of relapse after her treatment in 2020, and she is not currently participating in a counseling or treatment program. 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, but not under Guideline I 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 under Guideline G. 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