

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

In the Matter of: Personnel Security Hearing)
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Filing Date: March 18, 2025)
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Case No.: PSH-25-0092

Issued: September 8, 2025

Administrative Judge Decision

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (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

The Individual is employed by a DOE contractor in a position that requires him to hold an access authorization. Exhibit (Ex.) 1 at 5.² In September 2024, the Individual was arrested and charged with Driving Under the Influence (DUI) and Violation of Implied Consent. *Id.* As a result of these charges, the Local Security Office (LSO) issued the Individual a Letter of Interrogatory (LOI), which he completed in October 2024. Ex. 7. After receipt of his responses, the LSO requested that the Individual undergo a psychological evaluation in November 2024 by a DOE-consultant psychologist (DOE Psychologist), which resulted in a finding that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision (DSM-5-TR)* criteria for a diagnosis of Alcohol Use Disorder (AUD), severe, without adequate evidence of rehabilitation or reformation. Ex. 9 at 57.

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 References to the Local Security Office's (LSO) exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 5. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.*

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted eleven exhibits (Ex. 1–11). The Individual submitted ten exhibits (Ex. A–J). The Individual had four witnesses (Friend One, Friend Two, Friend Three, and Friend Four) testify and also testified on his own behalf. Hearing Transcript, OHA Case No. PSH-25-0092 (Tr.). The LSO called the DOE Psychologist to testify. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive alcohol consumption. “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. In citing Guideline G, the LSO relied upon the DOE Psychologist’s November 2024 diagnosis that the Individual suffered from AUD, severe. Ex. 1 at 5. The LSO also cited the Individual’s September 2024 DUI and Violation of Implied Consent arrest. *Id.* The information cited by the LSO justifies its invocation of Guideline G. *See* Adjudicative Guidelines at ¶ 22(a), (d) (conditions that could raise a security concern include “alcohol related incidents away from work . . . [and] diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder”).

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 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).

An 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). An individual is afforded a full opportunity to present evidence supporting their eligibility for an 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.* at

§ 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

In December 2012, while holding a security clearance, the Individual was arrested and charged with DUI. Ex. 11 at 172. As a result of this arrest, the Individual was evaluated by a DOE-consultant psychologist,³ who concluded that the Individual met sufficient diagnostic criteria for an alcohol-related disorder. *Id.* at 173. DOE suspended the Individual's access authorization, and he requested an administrative review hearing. *Id.* at 173–74. At the administrative review hearing, the Individual stated that he would “limit himself to three drinks and never drive after drinking.” Ex. 9 at 49. The DOE-consultant psychologist at the hearing testified that the Individual's risk of returning to drinking in an unhealthy manner was low. *Id.* at 50. After his hearing, the Individual's access authorization was restored. Ex. 11 at 174.

The Individual stated that beginning in 2019 he would typically have a “two finger” pour of bourbon before going to sleep to help him “wind down.” Ex. 9 at 50. The Individual and his wife separated in May 2021, and she noted concerns about his alcohol use in legal filings regarding the divorce and custody of their child. *Id.* Her lawyer expressed concern about the Individual's ability to adequately supervise his child due to these concerns. *Id.* The Individual denied that his alcohol use was a problem and said his wife's attorney was “playing games” to keep his child away from him. *Id.* The Individual stopped consuming alcohol for several months after these accusations to show the court that he did not have a problem and was eventually granted overnight visitation with his child. *Id.* The Individual resumed consuming alcohol and reported that he consumed two to four standard drinks per sitting about three times a week when his child was not in his custody and two to four standard drinks one to two times a week when his child was in his custody. *Id.* at 50–51.

In September 2024, the Individual went to a birthday celebration for a friend. Ex. 7 at 33; Tr. at 54–55. At 6:00 PM, he arrived at the first location, where he claimed to have consumed one “tall” beer. Ex. 7 at 33. At approximately 7:00 PM, the party moved to a second location where the Individual claimed to have consumed one “tall” margarita. *Id.*; Tr. at 55. The Individual walked to a different location “next door” at about 9:45 PM, and indicated that he ordered one “tall” beer. Ex. 7 at 33. At about 11:00 PM he ordered another beer, but claimed to have “only had a few sips out of it.” *Id.* The Individual walked his friend to her car, and then he got in his own car to drive home. Tr. at 56–57. The Individual said that his friend told him that he walked “perfectly fine” to his car, and she would not have let him drive home if she had thought he was intoxicated. *Id.* at 57; Ex. F (letter from friend explaining her perspective on the night the Individual got his DUI).

The Individual started to drive home at about 11:35 PM, but was pulled over by law enforcement shortly after midnight. Ex. 7 at 33; Ex. 6 at 27. The law enforcement officer pulled the Individual over after receiving a call about a vehicle matching the description of the Individual's vehicle driving on the wrong side of the road, observing that vehicle speeding, and observing that vehicle failing to maintain a lane. Ex. 6 at 27. After pulling the Individual over, the law enforcement officer

³ The DOE-consultant psychologist who evaluated the Individual after his 2012 arrest was a different psychologist than the DOE Psychologist who evaluated him in 2024.

observed that the Individual appeared disoriented and smelled like alcohol. *Id.* The Individual told the law enforcement officer that he had consumed “three tall beers” that night. *Id.* The law enforcement officer conducted a standardized field sobriety test, which the Individual failed. *Id.* After failing the field sobriety test, the Individual was arrested, and he refused to provide a blood sample. *Id.* The Individual was subsequently charged with DUI and Violation of Implied Consent. *Id.* at 28. At the hearing, the Individual called his DUI a “wake up call.” Tr. at 98. However, the Individual also asserted that “maybe [he] was drugged” because “it doesn’t make sense that [he] was . . . fine . . . according to eyewitness[es].” *Id.* at 57, 64. The night of the DUI was the last time the Individual consumed alcohol. *Id.* at 105; *see also* Ex. A (testing supporting the Individual’s claim).

After the Individual’s DUI, his lawyer encouraged him to get an alcohol monitoring device.⁴ Tr. at 67–68. The Individual got the device put on him the first weekday after his DUI arrest, and it monitored his consumption from September 2024 to December 2024. *Id.* at 67–69; Ex. A at 1. The device did not detect any alcohol consumption during that time period. Ex. A at 1.

In October 2024, the Individual completed a twelve-hour alcohol and drug education program. Ex. E at 1. The Individual also underwent an evaluation with a substance abuse professional, who diagnosed him with AUD, moderate, and recommended he complete an intensive outpatient program (IOP) and any recommended aftercare. Ex. 9 at 52. The Individual began an IOP in October 2024, which consisted of three hours of virtual programming four days a week. *Id.* During the sessions, the Individual would work with a group of four to six other IOP participants and a licensed clinical social worker. Tr. at 76–77. The Individual said he found the portions of the IOP where they talked about a “higher power” to be “difficult” because he believes in a Christian God. *Id.* at 77–78. He also found misbehavior by some of the other individuals in the class to be off-putting and struggled to relate to conversations about non-alcohol related substance abuse. *Id.* at 78. The Individual completed the IOP in November 2024. Ex. D; Ex. E at 2. When asked if he learned anything from the IOP, he said that he did not really think that the program was a good fit for him. Tr. at 78–79. The Individual’s discharge paperwork said “[c]lient would likely benefit from 12 step program, sponsorship, and other recovery-based activities. Therapist recommends client attend after care services weekly and submit to random drug screens for the next 6 months.” Ex. D. at 2.

At the request of DOE, the Individual underwent a psychological evaluation in November 2024. Ex. 9. After the Individual completed the evaluation, the DOE Psychologist concluded that the Individual met sufficient *DSM-5-TR* criteria for a diagnosis of AUD, severe. *Id.* at 57. In order for the Individual to show evidence of rehabilitation, the DOE Psychologist stated that the Individual should: (1) abstain from alcohol consumption for at least twelve months; (2) undergo phosphatidyl

⁴ Devices of the type that the Individual had use a transdermal sensor attached to the ankle to detect alcohol from continuous samples of sweat collected by the device. Victor Flango & Fred Cheesman, *Effectiveness of the SCRAM Alcohol Monitoring Device: A Preliminary Test*, 6 DRUG COURT REVIEW 109, 115 (2009), available at [https://ntcr.org/wp-content/uploads/2020/06/DCRVVolume6.2-](https://ntcr.org/wp-content/uploads/2020/06/DCRVVolume6.2-4_Effectiveness_of_the_SCRAM_Alcohol_Monitoring_Device.pdf)

[4_Effectiveness_of_the_SCRAM_Alcohol_Monitoring_Device.pdf](https://ntcr.org/wp-content/uploads/2020/06/DCRVVolume6.2-4_Effectiveness_of_the_SCRAM_Alcohol_Monitoring_Device.pdf). Law enforcement tests have concluded that this type of device reliably detects alcohol use. *Id.* at 116.

ethanol (PEth)⁵ tests to document his abstinence from alcohol; and (3) at least three times a week, participate in Alcoholics Anonymous (AA) or a comparable in-person program with evidence of working the steps with a sponsor. *Id.*

The Individual testified that he began attending weekly meetings of a faith-based recovery group at a local church in December 2024. Tr. at 87; Ex. B; Ex. F at 2–3. Based on his conversations with DOE medical professionals the Individual believed that his weekly attendance at these meetings would fulfill the recommendations given to him when he was discharged from his IOP. Tr. at 81, 86–87; *see also* Ex. K (messages between the Individual and a DOE-employed psychologist stating that local restrictions on the Individual’s clearance had been lifted after he started the recovery group). This recovery group meeting uses a twelve-step program that is similar to AA. *Id.* at 92. The recovery group is in the early stages of being established and is led by a pastor with no expertise or training in treatment of substance use disorders. *See id.* at 87 (Individual testifying that the pastor’s experience “is not with alcohol or drugs” and that the pastor recommended against the Individual using the pastor as a sponsor in the recovery group because of the pastor’s lack of experience in supporting abstinence from alcohol or drugs); *see also id.* at 23 (testimony of leader of the recovery group that the recovery group is “in the birthing process”). The Individual said that he has completed the first three steps, but thinks he needs a sponsor to progress further. *Id.* The recovery group has not been meeting for very long, so there are not too many sponsors available. *Id.* at 23, 92. The Individual read about sponsors and said that he believes a sponsor is there for “when you need to talk to somebody.” *Id.* at 93. He testified that he has not needed to talk to anyone about his alcohol use because he has not wanted to consume alcohol and because he can talk to his girlfriend. *Id.* The Individual began seeing his girlfriend shortly after he got his DUI. *Id.* at 58–59. He testified that the girlfriend does consume alcohol, but she is supportive of his sobriety and does not consume alcohol around him very often. *Id.* at 89–90. The Individual claimed that the girlfriend has known about the Individual’s recovery since they started dating and has been supportive for their entire relationship. *Id.* at 102.

The Individual explained that while he does not have a formal “accountability partner,” he feels like he could reach out to Friend Two if he was concerned about drinking again. *Id.* at 88. He also feels comfortable talking to another friend who is working on abstinence from alcohol or his girlfriend. *Id.* at 88–89. He also believes that he could talk to the pastor at his church if he needed support. *Id.* at 112.

The Individual testified that he no longer has any desire to consume alcohol. *Id.* at 58, 91, 97, 105–06. The day after his DUI, a friend took him to dinner and when the friend told the Individual he had driven so the Individual could consume alcohol, the Individual realized he did not want to drink anything. *Id.* at 58. He went to a family wedding with an open bar after his DUI, and he did not have an issue being around people who were consuming alcohol. *Id.* at 91. He has also been to birthday parties and holidays where people were consuming alcohol, and he did not have a problem abstaining. *Id.* at 110. The Individual said that while alcohol has caused him some problems, he does not think his relationship with alcohol was problematic. *Id.* at 96. He further explained that

⁵ PEth is a biomarker of alcohol consumption which is present for up to thirty days after a subject consumes alcohol. Ex. 9 at 62. “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption.” *Id.*

in his recovery meetings, rather than saying he “celebrates recovery from alcoholism” as many members say, he says he says he “celebrate[s] not drinking.” *Id.* He testified that he does not think he was an alcoholic and “definitely” not a “severe alcoholic.” *Id.* The Individual said that he thinks he could consume alcohol responsibly, but he has no desire to do so. *Id.* at 97. He explained that he believes this because he has always been able to stop consuming alcohol when he wanted to, and he had often only had one alcoholic drink with a meal. *Id.* While the Individual said he did not currently have any intention of consuming alcohol, he said that he did not want to say he would “never” consume alcohol again. *Id.* at 99. The Individual also said that if he did resume alcohol consumption, he would not drive after consuming alcohol. *Id.* When asked what made this promise different from the reassurance he gave DOE during his last administrative review hearing, the Individual said that before he thought he could just consume alcohol responsibly to avoid having a DUI, but now he knows to avoid it he has to not consume any alcohol at all. *Id.* at 112–13. He also explained that his 2024 DUI came with significantly greater personal and financial consequences. *Id.* at 114.

In addition to the alcohol monitoring device mentioned previously, the Individual provided four PEth tests and two breath alcohol tests to support his assertion that he had not consumed any alcohol since his DUI. Ex. A; Ex. M. The PEth tests were all negative and were dated March 11, 2025, April 9, 2025, May 12, 2025, and June 12, 2025. Ex. A at 2–5. The two breath alcohol tests were also negative and were dated April 22, 2025, and June 26, 2025. Ex. A at 6–7.

Friend One is a leader in the Individual’s recovery group and goes to the same church as him. Tr. at 10. She first met the Individual about two years ago, but has gotten to know him more personally since he started going to the recovery group about six to eight months ago. *Id.* at 11. Friend One is also a certified peer recovery specialist and acts as a peer resource for people in substance abuse treatment facilities. *Id.* at 12, 24. She has observed the Individual’s participation in the “large group” portion of their weekly recovery meetings.⁶ *Id.* at 13. She explained that their recovery group uses the same general steps as AA, but is more focused on the scripture and biblical meaning behind the steps. *Id.* at 14. She testified that the Individual consistently shows up to their large group meetings and participates. *Id.* at 16, 19. Their meetings are typically one night a week from 5:30 PM to around 8:15 PM. *Id.* at 22. Friend One also said that in her view the Individual has used his time in the recovery group to take responsibility for his actions. *Id.* at 19.

Friend Two worked with the Individual from 2008 to 2019 and sees the Individual when he is volunteering to help with his church’s recovery group. *Id.* at 26–27. Friend Two would lead small group discussions for the recovery group each week. *Id.* at 28. He explained that he ended up in a leadership position in the recovery group because there were very few male members of the group who were in a position to act as leaders or sponsors. *Id.* at 28, 32. Friend Two has not been able to volunteer as frequently since April 2025. *Id.* at 28–29. When Friend Two was leading the small group, the Individual was a strong participant who was happy to volunteer to share his thoughts and feelings. *Id.* at 29. When asked how he had seen the Individual’s relationship with alcohol change through the recovery process, Friend Two testified that as the Individual participated in the recovery group, the Individual’s “need or urge to have alcohol was just not there.” *Id.* He said that the Individual has said that he wants to abstain from alcohol consumption and knows that alcohol has not been a good thing for him. *Id.* at 31.

⁶ Friend One is not in smaller group meetings with the Individual. Tr. at 13.

Friend Three works with the Individual, and they attend church together. *Id.* at 38. They also work together on their church's security team. *Id.* at 39. Based on his experience with the Individual, Friend Three trusts the Individual and thinks he is a "fantastic person." *Id.* at 44.

Friend Four works at the same site as the Individual and attends church with him. *Id.* at 47. They first became friends when they went on a mission trip together about four years before the hearing. *Id.* at 47–48. Friend Four said he finds the Individual to be trustworthy and reliable and has even trusted the Individual to spend time with his child. *Id.* at 49.

The DOE Psychologist testified that when she met with the Individual in November 2024, she diagnosed him with AUD, severe, because in her assessment he met six of the criteria for that condition. *Id.* at 121–26. The DOE Psychologist testified that she thought that the Individual's participation in his recovery group was good evidence that the Individual had taken steps to meet her recommendations even though the recovery group did not directly align with her recommendations. *Id.* at 131–32. She also stated that she thought he had made good progress documenting his abstinence from alcohol since his DUI in September 2024. *Id.* at 132.

The DOE Psychologist testified that she felt that the Individual's understanding of alcoholism and his insight into his own problem with alcohol were "incomplete and incorrect." *Id.* at 133. She was concerned that after attending the drug and alcohol education program, attending the IOP, and going to his recovery meetings he did not seem to understand that a person could have AUD and not be physically dependent on alcohol. *Id.* Further, she expressed concern that the Individual did not seem to understand why he was going to these programs and meetings, and it gave her doubts about how long-lasting the changes that he made would be. *Id.* at 134.

Ultimately, the DOE Psychologist said that she did not believe the Individual had presented adequate evidence of rehabilitation because he had only shown ten months of sobriety, and this incident represented his second DUI and second administrative review hearing. *Id.* at 143. She gave the Individual a prognosis of "guarded" because she thinks that "based on his history and based on the diagnosis, he needs to remain abstinent for the rest of his life," and the Individual was unwilling to commit to not consuming alcohol in the future. *Id.* at 143–45.

V. ANALYSIS

An individual may be able to mitigate security concerns under Guideline G through the following conditions:

- 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 alcohol 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.

As an initial matter, I find the Individual's lack of insight into his alcohol misuse to be deeply concerning. Despite two DUI arrests, two administrative review hearings, and at least three medical professionals having told him that he has a diagnosable condition related to alcohol use, he is unwilling to say that he has a problem with alcohol. The Individual also told the DOE Psychologist that his ex-wife had expressed concerns about how his alcohol use would impact his ability to adequately supervise their child if he was given any custody. Regardless of the merits of those particular accusations, it is very clear from the record that the Individual's use of alcohol has caused numerous problems in his life, yet he is unwilling to commit to long-term abstinence from alcohol consumption. He is also unwilling to take responsibility for many of the problems that alcohol has caused him, saying, without evidence, that he could have been drugged prior to his 2024 DUI. He repeatedly said that his ex-wife's concerns about his alcohol use were part of "games" to keep his child away from him – even though he took the accusations seriously enough to stop his alcohol consumption for a period of time.

The Individual's credibility is also at issue here. At his first administrative review hearing, he testified that he would not ever drive after drinking again. By his own admission, the Individual did not keep this promise, which calls into question the credibility of his testimony in the present proceeding, particularly his reasserted claim that he will not drive after consuming alcohol again. When asked how he had dealt with the 2024 DUI differently than the 2012 DUI, the Individual said that now he knew that to avoid any future alcohol-related problems he would need to completely abstain from alcohol, and he claimed that he learned his lesson from the serious consequences of this DUI arrest. This testimony is not markedly different than what he stated in his 2012 testimony and does not convince me that the Individual has gained adequate insight into his alcohol consumption since then. *See Personnel Security Hearing*, OHA Case No. PSH-24-0095 at 7–8 (2024) (explaining that the Adjudicative Guidelines set forth conditions that *may* mitigate security concerns and finding that an individual's inability to recognize they have an alcohol problem is sufficient to support a finding that a Guideline G concern is not resolved).

Because the Individual's problematic alcohol use was recent and recurrent, and did not happen under unusual circumstances, I cannot say that the Individual has mitigated the security concerns pursuant to mitigating factor (a). Although the ten months that have passed since the Individual last consumed alcohol could be considered a significant period of time, the Individual has had significant periods of sobriety before and has returned to problematic alcohol consumption. Because the Individual was unable to show an adequate understanding of his problem or persuade

me that this period of sobriety is different, I cannot find that he has mitigated the security concerns pursuant to this factor.

As to mitigating factor (b), the Individual was unwilling to acknowledge that his alcohol use was maladaptive, instead characterizing his legal troubles related to alcohol use as the primary cause of his problems. Therefore, notwithstanding the actions the Individual has taken by attending an IOP and a weekly recovery group and abstaining from alcohol, I cannot say he has mitigated the security concerns pursuant to mitigating factor (b).

At the time of the hearing, the only program that the Individual was actively participating in was his recovery group. That group, while certainly valuable, does not appear to be sufficiently established or led by persons with training or experience in treatment of substance use disorders to constitute a treatment program. The pastor leading the recovery group is insufficiently experienced in substance abuse support to act as a sponsor for the Individual, there is no indication that the group provides any formal substance abuse counseling as a part of its weekly meetings, and it is not apparent from the evidence in the record that the recovery group has sufficiently experienced personnel or established programming to effectively support the Individual's recovery. Therefore, mitigating factor (c) does not apply here.

While the Individual completed his IOP, it is not clear to me that he has completed it "successfully" given his admission to the DOE Psychologist that he did not find the program "valuable or pertinent." When asked what he learned from the IOP at the hearing, he said he did not think "that was something for [him]." I cannot say that a person who is unable to identify a single thing he learned from thirty sessions of substance abuse treatment has completed it successfully. Additionally, I cannot say that the Individual has demonstrated a clear and established pattern of abstinence in line with treatment recommendations. The DOE Psychologist recommended that the Individual prove that he has abstained from consuming alcohol for twelve months. Here, the Individual was only able to show that he had abstained for ten months, and he acknowledged that he may resume alcohol consumption in the future, despite the DOE Psychologist's opinion that "he needs to remain abstinent for the rest of his life." Given the Individual's history of returning to problematic alcohol consumption, I cannot say that his period of abstinence is sufficient to show that he has mitigated the security concerns pursuant to mitigating factor (d).

Accordingly, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I

find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals