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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: March 18, 2025)
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_____)

Case No.: PSH-25-0096

Issued: September 29, 2025

Administrative Judge Decision

Andrew Dam, Administrative Judge:

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

I. BACKGROUND

The Individual holds a security clearance in connection with his employment with a DOE contractor. Exhibit (Ex.) 1 at 6.² In August 2023, the DOE contractor's Occupational Medicine department (OM) entered the Individual into its Fitness for Duty (FFD) program, based on issues that arose related to the Individual's alcohol use. *Id.* at 5; *see also* Ex. 8 at 27. The Individual completed the FFD program in September 2023. *See* Ex. 11 at 49, 69. His entry into the FFD program prompted the LSO to issue the Individual a Letter of Interrogatory (LOI); in his response, dated October 2023 (October 2023 LOI Response), the Individual admitted that he (1) consumed alcohol three to four times per week, drinking four shots on weekdays and six shots on weekends, and (2) became intoxicated twice per month. Ex. 1 at 5; *see also* Ex. 10 at 36–42. In March 2024, only six months after completing the 2023 FFD program, a hospital emergency room (ER) admitted the Individual for "acute alcohol intoxication" after purportedly consuming six shots of

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as "access authorization" or "security clearance."

² The Local Security Office (LSO) combined Exhibits 1–13 into a single PDF workbook. This Decision references to these exhibits by the exhibit number and the PDF page number.

vodka in a two-hour period. Ex. 9 at 29. Accordingly, OM entered the Individual into the FFD program for a second time. *Id.*

The LSO referred the Individual to a psychological evaluation with a DOE consultant psychologist (DOE Psychologist), which took place in November 2024. Ex. 11 at 45. Following the evaluation, the DOE Psychologist issued a report (DOE Psychologist's Report). *Id.* at 44–74. As part of the assessment, the Individual underwent a Phosphatidyl ethanol (PEth) test, which returned with a value of 68 ng/mL, indicating alcohol consumption within the last thirty days. *Id.* at 50.³ In his Report, the DOE Psychologist opined that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)* criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate. *Id.* at 52–53. He further concluded that the Individual, at the time of the evaluation, had not demonstrated adequate evidence of rehabilitation and reformation. *Id.* at 53.

Based upon the DOE Psychologist's Report, the LSO subsequently issued to the Individual a Notification Letter advising him that it possessed reliable information creating substantial doubt regarding his eligibility for access authorization. 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 of the Adjudicative Guidelines. *Id.* at 5. The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 10–11.

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 thirteen exhibits (Ex. 1–13). The Individual submitted five exhibits (Ex. A–E).⁴ The Individual testified on his own behalf and offered the testimony of three additional witnesses: his brother (Brother), his therapist from the DOE contractor's Employee Assistance Program (EAP) (EAP Therapist), and a witness from Alcoholics Anonymous (AA) (AA Witness). Hearing Transcript, OHA Case No. PSH-25-0096 (Tr.) at 3. The LSO offered the DOE Psychologist as its sole witness, and the Individual stipulated to the DOE Psychologist's expertise in psychology. *Id.* at 3, 10–11.

II. THE SECURITY CONCERNS

The Notification Letter included the SSC, setting forth the derogatory information raising concerns about the Individual's eligibility for access authorization. The SSC specifically cites Guideline G. Ex. 1 at 5. Guideline G 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. Conditions that could raise a security concern under Guideline G include "alcohol-related incidents away from work . . ."; "alcohol-related incidents at work, such

³ PEth is "a molecule made only when ingested alcohol reaches the surface of the red blood cell and reacts with a compound in the red blood cell membrane." Ex. 11 at 50. "Once formed, PEth degrades slowly and, as such, a 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." *Id.* "A MedTox PEth result exceeding 20 ng/mL is evidence of moderate to heavy ethanol consumption." *Id.*

⁴ The Individual submitted Exhibits A–D, combined as a single PDF. The Individual submitted Exhibit E after the hearing as a separate PDF. This Decision references the exhibits by their exhibit letter and the PDF page numbers.

as reporting for work or duty in an intoxicated or impaired condition, . . .”; “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)–(d). In citing Guideline G, the LSO relied upon:

- (1) the Individual’s 2023 admission into the FFD program and his reported alcohol use in his October 2023 LOI response—specifically, that he consumed alcohol three to four times per week, during which times he would have four shots in the evenings with two additional shots on weekends, and that he became intoxicated twice per month;
- (2) the Individual’s hospitalization for acute alcohol intoxication in March 2024, and second entry in the FFD program;
- (3) the DOE Psychologist diagnosing the Individual with AUD, Moderate, without adequate evidence of rehabilitation or reformation; and
- (4) the November 2024 PEth result providing evidence that the Individual had been drinking alcohol within the last thirty days.⁵

Ex. 1 at 5. There is sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G.

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).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his eligibility for access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, the Individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

⁵ This allegation informed the DOE Psychologist’s conclusion but does not present a sufficient, standalone security concern.

IV. FINDINGS OF FACT

a. Individual's Background and 2023 Workplace Incident

The Individual started drinking in approximately 2005, when he was seventeen. Ex. 11 at 47; Ex. 13 at 105 (2022 QNSP providing date of birth). The Individual self-reported that he historically, over an unspecified period, drank once per month and that he sometimes experienced blackouts. Ex. 11 at 47.

The Individual first applied for access authorization in 2017. *See* Ex. 13 at 196–238 (2017 QNSP). He reported receiving his clearance in 2018 and began working for the DOE contractor that same year. *See id.* at 110–11, 137–38 (2022 QNSP reflecting timeline of his prior clearance investigation and employment). The Individual testified that his drinking pattern increased around the holidays of 2022. Tr. at 93; *see also* Ex. 11 at 47 (reporting to the DOE Psychologist that his alcohol use became a problem in 2022 due to financial and marital stress).

In approximately June 2023, the Individual's drinking increased such that he would drink three to four times per week, usually four shots over four hours. Ex. 10 at 37 (October 2023 response to LOI); *see also* Tr. at 61–62 (Individual's testimony regarding his drinking pattern in the summer of 2023). He self-reported that he would, "on the weekend[,] . . . have [two] extra shots." Ex. 10 at 37. The Individual admitted at the hearing that his drinking had affected his work at this point, resulting in him having to "call in and not show up" approximately once every two months. Tr. at 62.

One night in either late July or early August 2023, the Individual drank alcohol until 11:00 p.m. or 12:00 a.m. on a Friday night. *Id.* at 60. The Individual expressed that he had "a little bit too much" and reported for work on Saturday. *Id.* The Individual's supervisor smelled alcohol on the Individual and sent him home. *Id.* Upon returning to work on Monday, the Individual's supervisor referred the Individual to OM. *Id.* at 61; Ex. 11 at 48.

b. Individual's 2023 Entry in the FFD Program

The Individual was interviewed by OM's Lead Psychologist (OM Psychologist), and the Individual subsequently entered the FFD program. Tr. at 61; Ex. 11 at 48. In a conversation between the DOE Psychologist and the OM Psychologist, the OM Psychologist provided the following context:

[The OM Psychologist] stated that [the Individual] was initially referred to [FFD] on 08/01/2023 after his work supervisor smelled alcohol on his breath while at work. [The OM Psychologist] stated that the supervisor sent [the Individual] home but did not have a Breath Alcohol Test (BAT) administered. As such, FFD was unable to require as strict a program as if he had been tested and returned positive. When she interviewed [the Individual], however, he acknowledged having consumed 12 standard drinks between [4:00 p.m. and 10:00 p.m. or 11:00 p.m.], the night before work.

Ex. 11 at 48.

The Individual testified that, throughout the time he participated in the FFD program from August 2023 through September 2023, he stopped drinking alcohol. Tr. at 94. The FFD program recommended that the Individual enroll in an intensive outpatient program (IOP) but, because of the long waiting list, enrolled the Individual in a six-week alcohol education program through the DOE contractor's EAP. Ex. 11 at 49; Ex. 10 at 40 ("I was put in the [EAP] and [FFD] program . . ."). Regarding the FFD program, the Individual represented that he "passed every breath[] and piss test . . . [,] was sober for [two] months . . . [,] met with a therapist [with the DOE contractor] . . . [,] and . . . took [a] responsible drinking class[] which was a [six-]week program[.]" Ex. 10 at 36; *see also* Ex. B at 8 (Certificate of Completion for the six-week EAP alcohol education course).

The Individual testified that the FFD program made no referrals to any other programs after he finished the six-week program. Tr. at 63. This contradicts the information that the OM Psychologist provided to the DOE Psychologist:

It was also recommended that after completing the six-week program, [the Individual] enroll in the [twelve]-week [EAP alcohol cessation support] program. [The OM Psychologist] stated that he enrolled in the [twelve]-week program but did not complete it.⁶ Although recommended to [an IOP], [the Individual] ultimately declined to enroll, stating that he did not have time for it.

Ex. 11 at 49.

According to the DOE Psychologist's Report, the FFD ultimately closed his "case" on September 14, 2023, given his "negative BAC tests during the FFD and the absence of evidence supporting intoxication at work." *Id.* The DOE Psychologist's Report included the OM Psychologist's observation that the Individual "did not appear very motivated and was ambivalent about treatment." *Id.* The Individual testified that, at the time he completed the FFD program, he did not believe he had a drinking problem and explained that he "didn't want to accept [he] did." Tr. at 69.

c. Individual's Return to Alcohol Use Two Weeks After the 2023 FFD

After completing his first FFD program, the Individual submitted his October 2023 LOI Response, representing that (1) he understood that "alcohol [was] a depressant" that affected his emotional health; (2) he "realized how much [he] was drinking . . ."; (3) he "realized by drinking in excess [he] ha[d] a lot to loose [sic] in life, like family, friends[,] and [his] job"; and (4) that "[his] choices about drinking . . . changed a lot" Ex. 10 at 39, 41. However, on September 24, 2023—only ten days after completing the FFD program—he consumed six shots over five hours. *Id.* at 38. The Individual estimated he had maintained sobriety for about two months total before returning to drinking. Tr. at 94.

⁶ In his testimony, the Individual disputed having at all started this 12-week program after his 2023 FFD program. *See* Tr. at 112. This dispute has no bearing on the outcome of this matter.

In the same October 2023 LOI Response, he indicated that his pattern of alcohol use decreased by two instances per week with two less shots per drinking session than he was consuming prior to the FFD program. Ex. 10 at 37. However, he also reported in his response that he was intoxicated four days prior to his response, having consumed six shots over six hours. *Id.* Notably, the amount he drank during this incident—six shots over six hours—lacked any meaningful difference from the amount he described consuming prior to the August 2023 FFD referral—four shots on weekdays over four hours and six shots on weekends. *Id.* at 37–38; *see also* Tr. at 64 (Individual’s admission that he was drinking the “same amount” of alcohol per session though he maintained he reduced the frequency of his drinking). The Individual further expressed that it was his intention “to quit completely so [alcohol intoxication] will not happen anymore[,] and[,] if [he did not] quit completely[,] [he] will just limit [his] drinks to [four] or less drinks a day and drink responsibly[.]” Ex. 10. at 41.

d. March 2024 Hospitalization for Acute Alcohol Intoxication, Related Entry into FFD, and Related Admission into IOP

The Individual indicated, in his October 2023 LOI Response, that he “didn’t realize [he] had a problem drinking until [he] took the responsible drinking class” as part of his 2023 entry into the FFD and that his “future goal [was] to stop drinking completely to avoid so many problems in life.” Ex. 10 at 41. Regardless, less than five months later in March 2024, the Individual consumed alcohol to the point that he required hospitalization. Ex. 9 at 29. That day, the Individual “was going through a break up [sic] with [his] wife[,]” which was “the reason [he] drank so much[.]” *Id.* at 32; *see also* Tr. at 64–65. In particular, his wife had “left the[ir] home and took their children with her[,]” which made him “fe[el] as if he was ‘losing everything—my wife, my kids, the house[.]’” Ex. 11 at 48. He claimed, because of the dispute, he consumed six shots over one to two hours. *Id.* He then called his mother-in-law, who came over to his home. *Id.*; Ex. 9 at 29; Tr. at 65. Out of concern, she took him to the ER, where he was admitted for “acute alcohol intoxication” and had an estimated BAC of .24%. Ex. 9 at 29; Tr. at 65. They kept him at the ER until he was sober, after which his mother picked him up. Ex. 9 at 29; Tr. at 65.

The Individual testified that he “called in” the next workday, meaning he “couldn’t go in.” Tr. at 96. Upon returning to work the day after he called in, he provided his hospital paperwork to his employer. *Id.* at 96, 118. After reviewing the paperwork, the DOE contractor in March 2024 referred him to the FFD program for a second time. *Id.* at 118; Ex. 7 at 24; Ex. 9 at 29; Ex. 11 at 48.⁷ The FFD required that the Individual enroll in a twelve-week IOP and required that the Individual submit to weekly breath and urine testing. Ex. 11 at 49; Tr. at 67. The Individual attended the IOP from April 30, 2024, to August 6, 2024. Ex. D at 15. The Individual described the IOP as consisting of alcohol education classes three times a week, a recovery support group once per week, and individualized counseling sessions once per month. Tr. at 68. From the program, the Individual described having learned coping mechanisms and strategies to rely on. *Id.* He also stayed sober throughout his time in the IOP and FFD programs. Tr. at 68; Ex. 11 at 49. The Individual’s breath and urine tests all returned negative during this period. Tr. at 67; Ex. 11 at

⁷ The OM Psychologist disclosed to the DOE Psychologist that, during the initial intake with the Individual, the Individual “smelled of alcohol.” Ex. 11 at 49. The Individual, at the hearing, disputed this fact. Tr. at 113–14. This dispute has no bearing on the outcome of this matter.

49. Based on his completion of the IOP on August 6, 2024, and his negative alcohol testing, the Individual's FFD case was closed on August 7, 2024. Ex. 11 at 49.

e. Individual's Enrollment in IOP Aftercare and Continued Alcohol Consumption

The Individual, in a September 2024 response to an LOI (September 2024 LOI Response), indicated that he "learned so much about [alcohol]" by "taking classes [with the IOP]" Ex. 9 at 32. However, in the same September 2024 LOI Response, the Individual admitted he started drinking again on "about August 23[,] 2024"—approximately two (2) weeks after finishing the IOP and FFD program. *Id.* at 30. The Individual represented he had reduced his drinking to "[two (2)] times a week but only on the weekends . . . and . . . about [three] shots of vodka" per session; he also admitted that he last drank alcohol eleven days before he submitted his response—having consumed four shots of vodka over four hours. *Id.*

The FFD recommended, but did not require, that the Individual enroll in the IOP's aftercare program. Ex. 11 at 49. The Individual enrolled in the IOP's aftercare program in September 2024 and completed aftercare in July 2025, which consisted of a monthly group session, a monthly individual therapy session, and monthly breath tests. Ex. D at 14. The Individual testified that he had informed the aftercare program that he resumed drinking. Tr. at 99. According to the Individual, the IOP told him "not to [drink alcohol]" but also "said [he] had some tools available and . . . could probably control [his] drinking." *Id.* at 100.

The Individual testified that he last had alcohol on October 17, 2024, when he consumed five shots, and stopped drinking on October 18, 2024. Tr. at 106. The Individual explained that, at the time, he was on a week-long vacation. *Id.* at 102. He further indicated that, during this period, he may have consumed more than usual throughout the vacation. *Id.* at 102–03. For the reasons explained below, I cannot credit that this date was the last time he consumed alcohol. *See infra* Sec. IV(f).

f. Individual's Evaluation by the DOE Psychologist

The LSO referred the Individual for an evaluation with the DOE Psychologist in November 2024, and the DOE Psychologist's Report was issued that same month. Ex. 11 at 45. As part of the evaluation, the DOE Psychologist (1) reviewed the personnel security documentation; (2) conducted a clinical interview with the Individual; (3) consulted with the OM Psychologist and a licensed clinical social worker from the Individual's IOP; and (4) reviewed a chain-of-custody PEth test from a sample collected on November 14, 2024, reflecting a positive result at 68 ng/mL. *Id.* at 45–49. During the interview, the Individual recounted the history of his alcohol use and treatment, largely consistent with the above in Sections IV(a) through (e). *Id.* at 47–48. He also told the DOE Psychologist that he last used alcohol on October 18, 2024. *Id.* at 48.

The DOE Psychologist consulted with a consultant psychiatrist (DOE Psychiatrist) to interpret the PEth test results. *Id.* at 50. The DOE Psychiatrist explained why it was unlikely that the Individual consumed no alcohol since October 18, 2024:

[His reported consumption] would have generated a PEth of less than 20 ng/mL (light or no consumption; abstinence or light drinking no more than two drinks/day

several days/week). Within medical probability, the PEth would have been less than 20 ng/mL because consuming just over 8 standard drinks (200 ml or 6.76 ounces of 49% ABV) on one occasion almost 30 days earlier, would have been metabolized out of his system.

....

The PEth result indicates [the Individual] is consuming substantially more alcohol than he reports.

Id. at 70.

The DOE Psychologist diagnosed the Individual with AUD, Moderate, pursuant to the *DSM-5*. *Id.* at 52–53. In making his diagnosis, the DOE Psychologist noted the Individual’s history of problematic alcohol use, treatment, and continued alcohol use. *Id.* at 52. In his Report, the same continued alcohol use despite treatment led the DOE Psychologist to find inadequate evidence of rehabilitation or reformation. *Id.* To demonstrate rehabilitation, the DOE Psychologist recommended that the Individual “could continue in the [] IOP aftercare program for an additional six months, to include documented attendance” and “submit monthly negative PEth results” for a year demonstrating abstinence. *Id.* The DOE Psychologist also opined that the Individual could demonstrate reformation by remaining abstinent for 18 months, corroborated by monthly PEth testing. *Id.*

g. Individual’s Current Sobriety and Attendance in EAP Programming and AA

As stated above, the results of the November 2024 PEth test contradict that the Individual has been sober since October 18, 2024. *See* Ex. 11 at 69. The Individual only started submitting to monthly PEth testing from samples collected from February 2025 to August 2025. *See* Ex. A at 1–7; Ex. E at 1. The results, all negative under 20 ng/mL, reflect an eight-month period of sobriety starting in January 2025. At the hearing, the Individual asked that I credit the five months of sobriety during his time in the IOP and FFD, corroborated by urine tests, towards his current period of sobriety:

I wasn’t drinking since March [2024], all the way to August [2024][.] [T]hose five months I was getting the [urine] test[s] and it all came out negative, does that not count like credit towards me? . . . I’m just asking if those are like credited to me, or [are] . . . those five months like not credited to me?

Tr. at 115–16. However, the Individual admitted, at the hearing, that he began drinking again after his IOP and had not resumed sobriety until October 18, 2024.⁸ *Id.* at 115; *see also* Ex. 9 at 30.

The Individual received the DOE Psychologist’s Report and recommendations in January 2025. Ex. 1 at 7. Thereafter, the Individual reached out to the EAP Therapist in early 2025 to begin counseling in individualized sessions and to enroll in weekly group classes on substance abuse. Tr. at 25, 27. He completed a twelve-week substance use course in March 2025 and completed another 12-week course in July 2025. Ex. B at 9–10. The EAP Therapist stated that the Individual

⁸ Again, this testimony contradicts the November 14, 2024, PEth result. *See* Ex. 11 at 69.

regularly attended the sessions, was engaged, and also continued participating in these classes despite having earned his certificates of completion. Tr. at 26–27. The EAP Therapist shared that the Individual in these sessions acknowledged benefits to sobriety, including improved health and better familial and marital relationships. *Id.* at 29.

The Individual also began attending AA in March 2025. *Id.* at 78–79. The Individual testified that he began attending because he “thought [he] had r[u]n out of options to prove to you guys that [he was] committed, so [he] had to find something else to commit [] to.” *Id.* at 79. Records reflect that the Individual attended AA meetings six times in March 2025, seven times in April 2025, seven times in May 2025, seven times in June 2025, eight times in July 2025, and four times in August 2025. Ex. C at 11–13. The Individual testified that his AA Witness was his sponsor. Tr. at 80. However, at the hearing, the AA witness stated rather clearly: “I wouldn’t say that I’m his sponsor.” *Id.* at 50. The Individual could not provide an explanation for this discrepant testimony and simply suggested that the AA Witness was an older gentleman. *Id.* at 104. Regardless, the AA Witness observed the Individual during his AA sessions and testified that the Individual could identify stressors that triggered his alcohol use, such as family relationships, and had worked on developing mechanisms to address those stressors, such as having a discussion with his family. *Id.* at 53–54. The Individual provided that he was working on the third step of the AA program. *Id.* at 79. He also indicated that he was working through different stories in the “Big Book” of the AA program and that he draws inspiration from these stories. *Id.* at 89.

The Individual testified that his Brother also attended the AA sessions with him. *Id.* at 82. However, his Brother made no mention of this in his testimony when asked how often he spent time with the Individual and when asked if he knew about the Individual’s AA attendance. *Id.* at 41–42. Regardless, the Individual’s Brother testified that the Individual seemed to have made “some serious life changes” and that the Individual “didn’t want alcohol to jeopardize anything important in his life” *Id.* at 41.

At the hearing, the Individual indicated that triggers for his alcohol use included “[s]tress, arguments with [his] wife, not having enough money, boredom, the weekend, [and] not staying busy.” *Id.* at 84. The Individual indicated that he no longer keeps alcohol in his home, that he stays actively busy at other jobs as an alternative to drinking, that he avoids places where alcohol is kept, and that he has learned to control his mindset with respect to his marriage. *Id.* at 85–86, 103. He testified that his “future intention[.]” regarding “alcohol is [to] just stop” and that he has now “admitted to [him]self [that] [he] was an alcoholic.” *Id.* at 89.

h. DOE Psychologist’s Expert Testimony

The DOE Psychologist provided his expert testimony after hearing the testimony of the Individual and his witnesses. Tr. at 125. The DOE Psychologist noted that the Individual’s AUD, Moderate, was now in early remission but opined that insufficient time had passed to make a prognosis. *Id.* at 130. The DOE Psychologist also testified that there was insufficient evidence of rehabilitation and reformation. *Id.*

With respect to rehabilitation, the DOE Psychologist found insufficient the eight months of documented abstinence regardless of the Individual completing the IOP aftercare and attending

AA. *Id.* at 131. In reaching his conclusion, the DOE Psychologist explained that relapse rates for people with AUD are high within the first twelve months of starting sobriety and noted the Individual's history of treatment, periods of sobriety, then relapse. *Id.* With regard to reformation, the DOE Psychologist explained that rehabilitation is "treatment" whereas reformation is when a person, without treatment, "chooses to quit using alcohol on their own." *Id.* at 133. The DOE Psychologist explained that he recommended a longer period of documented abstinence to demonstrate reformation, given the lack of other supports to sobriety, and concluded that the Individual could not demonstrate reformation without eighteen months of documented sobriety. *Id.* at 133–34.

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 Individual's "behavior" or "pattern of maladaptive alcohol use[.]" the Individual admitted that his alcohol consumption increased in late 2022, then further increased in 2023 until his late-July or early-August 2023 workplace incident. After the incident, he stopped drinking in compliance with the first FFD program requirements. After only approximately two months of sobriety and ten days after the completion of the first FFD program, the Individual began drinking again in September 2023. This continued for approximately half a year culminating in his March 2024 hospitalization, second entry into a FFD program, and entry into an IOP. The Individual stopped drinking for eight months until he completed the IOP and second FFD program in August 2024. However, approximately two weeks later, he started drinking alcohol again in August 2024. The Individual represents that he stopped drinking on October 18, 2024; however, I find this claim unreliable given the PEth result to the contrary. Considering the Individual's demonstrated unreliability in accurately reporting his alcohol consumption, I only credit the Individual for

alcohol abstinence for the eight months in which he provided negative PEth tests from January 2025 to August 2025.

Regarding the first mitigating condition, the above pattern—specifically, (1) periods of problematic alcohol consumption (2) followed by periods of sobriety in accordance with program requirements and (3) then eventual relapses within less than a month of completing those programs’ requirements—occurred starting in late 2022 until his current period of substantiated sobriety, starting in January 2025. I cannot find so much time has passed when he only stopped drinking less than a year ago. I cannot find this behavior infrequent given that this cycle occurred for about a year and a half.

This cycle also prevents me from finding that this pattern is unlikely to recur. The Individual demonstrated sobriety for two months and eight months, when required as part of the FFD programs and IOP. However, not even one month after such monitoring and requirements concluded, the Individual resumed his alcohol consumption. The Individual testified that he now has insight into his alcohol misuse—but he also made those claims in the past and still returned to alcohol use. I cannot be confident that, were I to restore the Individual’s access authorization, the Individual would not resume drinking shortly thereafter. Resuming alcohol consumption after his two FFD programs and IOP and his admission that he consumed alcohol in contravention of the IOP aftercare program’s advice also reflects poor judgment, reliability, and trustworthiness. I cannot find mitigating condition (a) applicable given the above.

The Individual has acknowledged his maladaptive alcohol use, as is required by mitigating condition (b), and has completed an IOP and its aftercare, as is required by mitigating condition (d). However, the second and fourth mitigating conditions both require, among other elements, “a clear and established pattern of . . . abstinence *in accordance with treatment recommendations*[.]” Adjudicative Guidelines at ¶ 23(b), (d) (emphasis added). The DOE Psychologist recommended, among other treatment elements, twelve months of documented abstinence. As the DOE Psychologist further explained at the hearing, the Individual needs twelve months of sobriety to demonstrate rehabilitation, given general relapse rates and his own repeated history of relapse after only two months and then eight months of sobriety. In the absence of the full year of documented abstinence as recommended by the DOE Psychologist, I cannot find that the Individual is unlikely to relapse. The Individual cannot demonstrate a clear and established pattern of abstinence in accordance with treatment recommendations. Mitigating conditions (b) and (d) do not apply.

Regarding the third mitigating condition, the record reflects the Individual has received professional counseling in multiple treatment programs and then relapsed twice. Mitigating condition (c) does not apply.

For the aforementioned reasons, I find that the Individual has not resolved the security concerns raised by the LSO under Guideline G.

VI. CONCLUSION

Above, I found there existed 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, 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 security concerns set forth under Guideline G. Accordingly, I find 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. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Andrew Dam
Administrative Judge
Office of Hearings and Appeals