***The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.**

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

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| In the Matter of: Personnel Security Hearing | ) | | |
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| Filing Date: May 21, 2025 | ) | Case No.: | PSH-25-0125 |
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Issued: November 4, 2025

## Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXX (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 granted.

## I. Background

As part of the application process for an access authorization, the Individual completed and submitted a Questionnaire for National Security Positions (QNSP) in June 2023. Exhibit (Ex.) 10.[2] In the QNSP, the Individual disclosed that in the last seven years, her alcohol consumption "had a negative impact on [her] work performance, [her] professional or personal relationships, [her] finances, or resulted in intervention by law enforcement/public safety personnel[.]" *Id.* at 224. She indicated that she had since "eliminat[ed] the friends who encourage[d]" her alcohol consumption. *Id.* She estimated that the dates of negative involvement with alcohol were from May 2016 to April 2023, and she indicated that she was charged with Driving While Intoxicated (DWI) in 2018. *Id.* at 225.

The Individual subsequently underwent an Enhanced Subject Interview (ESI), which was conducted by an investigator, in February 2024. Ex. 12 at 305. During the ESI, the investigator

[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 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.

confronted the Individual with various criminal charges and alcohol-related incidents. *Id.* at 305–13. The Individual provided further clarifying information about these incidents in a Letter of Interrogatory (LOI) she completed in January 2025 at the behest of the Local Security Office (LSO). Ex. 7.

During the ESI, the Individual was first confronted with an incident that occurred in January 2023, when one evening the Individual had stayed at a friend's home, where she consumed alcoholic beverages. Ex. 12 at 305. According to the Individual's account to the investigator, the Individual attempted to call out of work the next morning but was denied. *Id.* At some point during her workday, the Individual took a nap or fell asleep.[3] *Id.* The Individual's location was tracked, and she was retrieved by her assistant supervisor at the time. *Id.* As a result of this incident, the Individual was asked to undergo her employer's Fitness for Duty (FFD) evaluation. *Id.*

The investigator confronted the Individual with a 2020 Disorderly Conduct (Disturbing the Peace) charge. *Id.* at 309. The Individual explained that on the day of the incident, she attended a medical appointment at a hospital. *Id.* As she was waiting to see the medical professional, she determined that she could not wait any longer and told the receptionist that she was leaving. *Id.* The receptionist smelled alcohol about the Individual and asked the Individual if she was driving.[4] *Id.* The Individual told the investigator that she informed the receptionist that she was not driving and was not drinking. *Id.* The Individual proceeded to walk away, and the receptionist told her "that she would call the police." *Id.* Law enforcement was called to the location, and the Individual was charged. *Id.*

The Individual was also confronted with a 2018 Aggravated DWI charge. *Id.* at 309. She explained that following a party during which she consumed an unrecalled amount of alcoholic beverages, she fell asleep behind the wheel of her car at a gas station pump.[5] *Id.* She was awoken by law enforcement personnel, who asked her to take breathalyzer and field sobriety tests, both of which she refused. *Id.* The Individual was arrested. *Id.* This matter was ultimately dismissed the same year. Ex. I.

Regarding a February 2011 Driving Under the Influence of Liquor (DUI) charge, the Individual told the investigator that she had attended a party on the night in question and consumed a few alcoholic drinks.[6] *Id.* at 310. She believed that she had waited an appropriate amount of time before

[3] In a January 2025 LOI, the Individual explained that she "took a shot" after waking, believing that her termination was a foregone conclusion. Ex. 7 at 43.

[4] In the LOI she explained that she had consumed alcohol prior to visiting the hospital to alleviate symptoms of pain. Ex. 7 at 39. She claimed to have consumed one beer and two mixed drinks over the span of two hours prior to encountering law enforcement. *Id.*

[5] She indicated in the LOI regarding the 2018 incident that, prior to being arrested and charged with Aggravated DWI, she had consumed two beers and five "shooters" over the span of six hours and had passed out in her car. Ex. 7 at 40. She indicated that, as a result of this incident, she had an Interlock device placed in her car for one year. *Id.*

[6] She also provided in the LOI that regarding the February 2011 incident, she had consumed "no more than [three] beers" over the span of one-and-a-half hours. Ex. 7 at 41–42.

driving home. *Id.* She fell asleep in a parking lot on the way home and was accordingly approached by law enforcement personnel. *Id.* She was given field sobriety tests and was subsequently arrested. *Id.* The charge was ultimately dismissed due to "lack of probable cause" in October 2011. Ex. J.

In September 2024, while her access authorization was pending approval, the Individual reported to DOE that she was receiving outpatient alcohol treatment on Wednesdays and Thursdays through December 2024. Ex. 6 at 32–33. She also reported that she last consumed alcohol in mid-August 2024. *Id.* at 33.

In the January 2025 LOI, the Individual indicated that she was in counseling "for misuse of alcohol[.]" Ex. 7 at 51. The Individual also discussed another alcohol-related work incident in the LOI. *Id.* at 44. The Individual provided clarifying information regarding the matter at the hearing. The LOI asked the Individual to explain an alcohol-related work incident that occurred around the summer of 2021, when she reported to work late, smelling of alcohol. *Id.* She claimed that while on the way to work, she encountered an unhoused man who got into her car when she stopped at a light that was next to a bus stop. *Id.*; Hearing Transcript, OHA Case No. PSH-25-0125 (Tr.) at 58. The unhoused man told her to "take him to get some liquor[.]" Tr. at 58. After she purchased the alcohol, the man took her keys and ordered her to take him to his camp in a wooded area. *Id.* She represented that she complied with his requests, including his command that she consume alcohol with him, as she was afraid at the time. Ex. 7 at 44; Tr. at 58–59. She claimed that she was able to run away and make contact with her boyfriend when the unhoused man left the area to relieve himself. Tr. at 59–60. She asserted that she did not feel intoxicated, and that her boyfriend took her to work after the incident. Ex. 7 at 45. The Individual received a "write up" from her employer. *Id.*

After the Individual completed the LOI, the LSO subsequently asked her to see a DOE-consultant psychologist (DOE Psychologist) for a psychological evaluation in February 2025, for which the Individual also submitted to a phosphatidylethanol (PEth) test.[7] Ex. 8. The PEth test yielded a result of 141 ng/mL. *Id.* at 72. The DOE Psychologist issued a report (the Report) of his findings in March 2025. *Id.* In the Report, the DOE Psychologist concluded that pursuant to the *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition*, the Individual suffers from Alcohol Use Disorder (AUD), Severe, without adequate evidence of rehabilitation or reformation. *Id.* at 75. As the Individual recounted recent behavior that included "a pattern of binge drinking by consuming one to two half pints" of rum "per day for two to three days" followed by a few days of abstinence during her interview, the DOE Psychologist also concluded that she is "a binge consumer of alcohol to the point of impaired judgment[.]" *Id.* at 69, 75. The DOE Psychologist also concluded that the Individual meets sufficient diagnostic criteria for diagnoses of Posttraumatic Stress Disorder (PTSD) and Prolonged Grief Disorder (PGD), and that she accordingly "has two mental conditions that impair her judgment, reliability, and stability." *Id.* at 76.

[7] PEth "is not a normal body metabolite[,]" and is only made "when ingested alcohol reaches the surface of the red blood cell and reacts with a compound in the red blood cell membrane." Ex. 8 at 72. Accordingly, "the PEth test is 100% specific for alcohol consumption." *Id.* A PEth test result that exceeds "20 ng/mL is evidence of 'moderate to heavy ethanol consumption.'" *Id.*

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

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on her own behalf. The Individual also submitted thirteen exhibits, marked Exhibits A through M. The DOE Counsel submitted twelve exhibits marked as Exhibits 1 through 12 and presented the testimony of the DOE Psychologist.

## II. Notification Letter

### Guideline G

Under Guideline G, "[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are "alcohol-related incidents away from work, such as driving while under the influence[,]" "alcohol-related incidents at work, such 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). Under Guideline G, the LSO alleged that:

1. The DOE Psychologist indicated in his March 2025 Report that the Individual suffers from AUD, Severe, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5.

2. The PEth test to which the Individual submitted in connection with the psychological evaluation yielded a result of 141 ng/mL.[8] *Id.*

3. The Individual "admitted [in the January 2025 LOI] that in September 2024, she was diagnosed with Alcohol Misuse." *Id.*

4. The Individual indicated in the January 2025 LOI that in September 2023, "she went to work hungover[,]" and prior to returning the company vehicle that she was using at the time, she consumed a shot of liquor. *Id.*

[8] Although the results of a PEth test are not in themselves a security concern under the Adjudicative Guidelines, the LSO has presented this information in support of the first stated concern.

5. The Individual admitted in the January 2025 LOI that in the summer of 2021, she was sent home by her employer after reporting to work late and smelling of alcohol.[9] *Id.*

6. In February 2020, the Individual was arrested for Disorderly Conduct (Disturbing the Peace) after consuming one beer and two mixed drinks. *Id.*

7. In February 2018, the Individual was arrested and charged with Aggravated DWI (.16) after she "consumed two beers and five shooters[.]" *Id.*

8. In February 2011, the Individual was arrested and charged with Driving Under the Influence of Liquor (.08) after consuming three beers. *Id.* at 6.

The LSO's invocation of Guideline G is justified.

**Guideline I**

Under Guideline I, "[c]ertain emotional, mental, and personality conditions can impair one's judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include "[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness[.]" *Id.* at ¶ 28(b). Under Guideline I, the LSO alleged that the DOE Psychologist diagnosed the Individual with PTSD and PGD, "which impair her judgment, stability, and reliability." Ex. 1 at 6. The LSO's invocation of Guideline I is justified.

## III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at

[9] The Individual actually states in her LOI that she received a "write up" following this incident and did not explicitly admit that she was sent home. Ex. 7 at 445. As there is no dispute that the Individual's conduct constituted an alcohol-related incident at work, the SSC's erroneous allegation that the Individual was sent home by her employer does not materially affect my decision.

personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

## IV. Findings of Fact and Hearing Testimony

**Psychological Evaluation and March 2025 Report**

During the February 2025 evaluation, the Individual disclosed to the DOE Psychologist that she experienced traumatic events in her childhood, resulting in disassociation, "negative emotional states and feelings of detachment[,] exaggerated startle response with hypervigilance[,] and difficulty concentrating." Ex. 8 at 68. The Individual "acknowledged using alcohol as a means to avoid memories and reminders of the traumatic events she experienced." *Id.* In the years that followed, she became a loved one's primary caretaker as he neared the end of his life. *Id.* Following the passing of her loved one in 2016, the Individual endorsed feelings of "persistent and intense grief with avoidance of reminders" of the passing, "emotional pain related to his" passing, "emotional numbness[,]" and feelings of intense loneliness. *Id.* The Report states that the Individual's alcohol consumption "in part, is an attempt to repress and avoid her grief." *Id.*

The Individual told the DOE Psychologist that following her loved one's passing in 2016, she asked her boyfriend to quit his second job and stay with her during the evening. *Id.* at 68–69. Instead, her boyfriend bought "her a bottle of whiskey" and told her that it would help her sleep. *Id.* at 69. From 2016 to 2017, she would consume a mixed drink and any alcohol her boyfriend would give her. *Id.* She asserted that from 2018 to 2022, "she was able to drink and be responsible."[10] *Id.* However, her grief increased, and the Individual ultimately "developed a pattern of binge drinking by consuming one to two half pints" of rum "per day for two to three days and then discontinue use for two to three months." *Id.* The Individual was subsequently hospitalized twice for alcohol withdrawal symptoms.[11] *Id.* She continued her binge pattern of alcohol consumption, and prior to the psychological evaluation, she last consumed alcohol in late January 2025, when she consumed at least one bottle of rum.[12]

The DOE Psychologist concluded his March 2025 Report by stating that in order for the Individual to show adequate evidence of rehabilitation from her AUD and binge consumption, she "could continue in and complete the teletherapy Intensive Outpatient Treatment Program (IOP) in which she is currently enrolled." *Id.* at 75. If she continued with the teletherapy IOP, the DOE Psychologist recommended that the Individual submit to monthly PEth testing, "throughout the

[10] She testified that between the years 2018 and 2022, she was consuming between four or five drinks on special occasions and six to eight drinks while she was alone, approximately once per week. Tr. at 50.

[11] Following her hospitalizations, she made three or four visits to the emergency room, fearing the onset of withdrawal. Ex. 8 at 69. Her withdrawal symptoms were severe and included auditory hallucinations, palpitations, and anxiety. *Id.* at 51–53.

[12] At the hearing, the Individual was asked if she underreported her alcohol consumption to the DOE Psychologist, and the Individual indicted that she was "confident" that she had last consumed alcohol one month, "plus or minus a day," prior to the evaluation. Tr. at 31. She also acknowledged that the last time she drank alcohol prior to the evaluation constituted a "bender." *Id.* at 31–32.

course of treatment." *Id.* Upon the completion of the teletherapy IOP, he recommended that the Individual should participate in aftercare for twelve months and continue to "submit monthly negative PEth test results." *Id.* The DOE Psychologist specified that the IOP should consist of "a minimum of nine hours of therapeutic and educational meetings a week, usually in three 3-hour sessions, for between 12 and 16 weeks with group and individual components." *Id.*

In the event the Individual discontinued the teletherapy IOP, the DOE Psychologist recommended active participation in Alcoholics Anonymous (AA) or a similar-type program for 18 months. *Id.* He recommended that the Individual's attendance should be documented, and she should attend four meetings per week, meet with a sponsor, and "show[] evidence of working the 12-Step program." *Id.* He further recommended that she should also provide negative PEth tests for eighteen months. *Id.*

Regarding the Individual's PTSD and PGD, the DOE Psychologist indicated that the Individual should "commit to appropriate treatment for her symptoms . . . ." *Id.* at 76. However, he did not specify in the March 2025 Report what he considered "appropriate treatment." *Id.*

**Treatment History**

The Individual began telehealth alcohol counseling in September 2024 and completed the program in November 2024. Ex. 7 at 51. She stated in the January 2025 LOI that she "sought voluntary counseling because [she] was getting sick frequently [and] would use alcohol to sleep[,] not realizing the adverse effects."[13] *Id.* at 50. She would attend one-on-one telehealth counseling twice per week for one-hour sessions, for a total of forty-five sessions. Ex. 7 at 50; Tr. at 12–13. In December 2024, a medical doctor prescribed the Individual with medication to treat her alcohol use.[14] Ex. 7 at 50. The Individual did not feel that this treatment program was "a fit" as she was still "excessively drinking" and the treatment did not address the "root cause of why [she] was drinking." Tr. at 11. Further, the Individual indicated that she began drinking alcohol again and continued to drink alcohol throughout the treatment period, and the program did not conduct any alcohol testing. *Id.* at 14.

The Individual subsequently reached out to her employer's Employee Assistance Program (EAP) and was provided with resources she could contact. *Id.* at 15. She was able to make contact with a telehealth IOP and started treatment in February 2025. *Id.* Participants met in a group telehealth conference using a video feed. *Id.* at 15–16. The Individual was attending this telehealth IOP at the time she underwent the psychological evaluation with the DOE Psychologist. Ex. 8 at 70. While attending the IOP, the Individual was diagnosed with AUD, Severe, and Generalized Anxiety Disorder. *Id.* The IOP did not require laboratory tests for alcohol. *Id.* The Individual did not complete the program and stopped attending in April 2025. Tr. at 16. Although she indicated at the hearing that she had stopped drinking in February 2025, she admitted that she experienced

[13] At the hearing, the Individual explained that she had a "pattern of . . . drinking a little bit too much on the weekends[,]" and as she likes her job, she sought treatment because she did "not want to mess it up" and quitting alcohol was proving difficult to accomplish without help. Tr. at 11.

[14] The prescription medication aids with alcohol cravings. Ex. 8 at 70. The Individual discontinued the use of the medication upon the advice of medical professionals. *Id.* at 70; Tr. at 55.

"one relapse" during this treatment in approximately early April 2025. *Id.* at 17–19. At the time of this relapse, when she attempted to call out sick for a session due to symptoms of a hangover, she was told by a representative of the program that she could not "return to the sessions" and to seek treatment in an "outpatient treatment type facility."[15] *Id.* at 17–19. She also generally did not feel as though she "was gaining anything" while attending this IOP and her interest waned. *Id.* at 16.

The Individual enrolled in an in-person IOP in May 2025 and completed the program in September 2025. Ex. A; Ex. D; Ex. M; Tr. at 19, 22. She attended group sessions three times per week for three hours each day. Tr. at. 20–21. She also attended one hour-long one-on-one counseling session every week. *Id.* at 21. She testified that this IOP "was definitely significantly better" and she "felt like there was a lot of engagement." *Id.* at 20. The Individual "participated in all IOP groups, attended on time," and enjoyed "zero absences."[16] Ex. A. She felt that the connections she made with her counselors were stronger, and more "realistic." Tr. at 22. She also expressed that she felt as through she was "being heard" and "being challenged." *Id.* She was not subject to alcohol testing while attending this IOP, but she testified that she last consumed alcohol in early April 2025. *Id.* at 23. Following her completion of the in-person IOP in September 2025, the Individual began receiving aftercare by continuing her weekly one-on-one counseling sessions. *Id.* at 25–29. These sessions allow the Individual to "dial in on trauma experiences" and "talk about [her] grief" and "the losses that [she] had in [her] life."[17] *Id.* at 29.

The Individual also began attending AA meetings in mid-May 2025. *Id.* at 36. By the time of the hearing, the Individual had attended ten AA meetings. Ex H; Ex. K; Tr. at 42. She stated that it was difficult for her to find an AA group that she enjoyed, but that she had identified one group that she attended in the summer and the night before the hearing that she believes is "a perfect fit[] for her[,]" and intends to attend this group's meetings more regularly. Tr. at 26, 37–39.

The Individual enrolled in her employer's FFD program after she reported her September 2024 treatment and was monitored by an FFD psychologist. Ex. 8 at 70. In a September 2025 letter, the FFD psychologist indicated that she provided the Individual with "ongoing follow-up and monitoring as part of her [FFD] process[.]"[18] Ex. C. The Individual submitted to four PEth tests

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[15] Her relapse consisted of "five or six drinks per sitting for about two to three days." Tr. at 18.

[16] The Clinical Program Supervisor of the IOP wrote a letter dated September 2025, stating that the Individual "appears to be intelligent, respectful, hardworking and articulate[,]" as "evidenced by her participation in group." Ex. A. She also indicated that the Individual is "supportive of group members[,]" "communicated effectively[,]" and "reported on her one-year vision and plan for continued maintenance of her sobriety." *Id.* The clinical intern who conducted group meetings at the IOP indicated in a September 2025 letter that the Individual has "actively sought out, acquired, practiced, and internalized a wide variety of tools and methods for improving her trauma and substance abuse." Ex. B.

[17] The Individual confirmed in her testimony that her one-one-one counseling sessions cover both her alcohol-related issues and her trauma/grief. Tr. at 29. However, she does not receive any further counseling or treatment for her grief and/or trauma. *Id.* at 48.

[18] The letter from the FFD psychologist also indicates that the Individual is "making strong progress in her recovery," is motivated to remain abstinent, and is "utilizing appropriate support systems." Ex. C. Accordingly, she concluded her letter by indicating that she has "no concerns about [the Individual's] ability to work safely and reliability [sic]." *Id.*

via her employer's FFD program, one per month beginning in June 2025, all of which were negative. Ex. E; Ex. F; Ex. G; Ex. L; Tr. at 40; Ex. C.

**Testimony**

The Individual testified that since she stopped drinking in early April 2025, she feels "better" and "a lot of gratitude." Tr. at 23. She does not "feel like . . . [she has] to go to work with a hangover" and she does not "have the urge to drink." *Id.* The coping skills she gained from the in-person IOP have managed her triggers, which include such things as "an argument[,]" "family issues," and "finances." *Id.* at 24–25. She has learned to reach out in moments of need and stress and has learned to once again enjoy the things that she used to enjoy as a "distraction."[19] *Id.* She also makes use of breathing techniques to manage grief and stress. *Id.* She testified that she stopped drinking alcohol because she was tired of experiencing self-pity and understood that if she did not stop consuming alcohol, she would have to "suffer the consequences of being an alcoholic[.]" *Id.* at 32. Her current fiancé does not drink alcohol, and they do not keep alcohol in their shared apartment. *Id*. at 27. With regard to her intentions to consume alcohol in the future, the Individual said that she is "done" consuming alcohol. *Id.* at 44. She expressed her confidence that she will not drink again, as she now has the appropriate education and understands that she can reach out to a trusted person when she experiences cravings. *Id.* at 47–48.

Although the Individual had not engaged an AA sponsor at the time of the hearing, she was "working with someone . . . to get some insight" into the matter. *Id.* at 25, 39. She also indicated that she seldom went to AA meetings while she was attending the in-person IOP because she "felt like she was getting all the benefits from [the] IOP." *Id.* at 34. She also found it difficult to connect with other AA participants. *Id.* at 35.

With regard to her grief/trauma, the Individual acknowledged that she would consume alcohol to avoid feeling sad. *Id.* at 30. She is now able to "sit with those feelings" of sadness and engages in activities other than drinking alcohol to distract her. *Id.* She confirmed that "being sober [has] helped [her] deal with [her] grief and [her] trauma." *Id.* She also indicated that she intends to continue attending aftercare for as long as her counselor deems it appropriate. *Id.* at 43.

The DOE Psychologist testified that if he were to diagnose the Individual today, he would diagnose her with AUD, Severe, in early remission, as she has at least three months of sobriety but not the twelve months required for sustained remission. *Id.* at 67. He also indicated that although the Individual had taken actions to address her AUD, like completing the in-person IOP, she had not shown adequate evidence of rehabilitation or reformation as there simply was "[n]ot enough time" of sobriety or aftercare. *Id.* at 68. The length of time a person needs to spend sober and in aftercare to show adequate evidence of rehabilitation or reformation also depends on the severity of the diagnosis. *Id.* at 69. If the Individual had continued to remain sober and in aftercare for "more than one year," the DOE Psychologist would have concluded that she had shown adequate evidence of rehabilitation or reformation. *Id.* at 69–70. He stated that the Individual is "on the right track," but declined to offer a prognosis, as "the recidivism rate[] at six months for alcohol use disorder [is] about 50/50." *Id.* at 70. However, he did also state that a person who has six months of sobriety

[19] In times of need, she reaches out to her fiancé or attends an AA meeting. Tr. at 25. Her current fiancé is not the same individual who gave her alcohol to help her cope with her ongoing grief. *Id.* at 26–27.

and the benefit of treatment has a better chance of staying sober when compared to an individual who has six months of sobriety without having undergone any treatment. *Id.* at 70–71. With regard to the Individual's multiple treatment attempts, the DOE Psychologist applauded the Individual for recognizing that the treatment was not working and seeking out other treatment that could work.[20] *Id.* at 73.

When asked whether the Individual was receiving "appropriate treatment for PTSD" or PGD, the DOE Psychologist stated that he did not know if he could "respond to the word 'appropriate'[,]" but indicated that the fact that she was able to recognize that what she suffered through was trauma was a "big step" for her. *Id.* at 71. He also recognized that the Individual has now identified how she used to use alcohol to soothe her grief and PTSD. *Id.* He indicated that to this extent, the one-on-one counseling is addressing her issues "effectively." *Id.* He also stated that addressing the alcohol issue would "tend to help" address the other psychological conditions. *Id.* at 72.

## V. Analysis

### Guideline G

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

> (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
>
> (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
>
> (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
>
> (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Although the Individual has made great strides and progress in her endeavor to remain sober from alcohol, I am not able to conclude that the Individual has mitigated the stated concerns. Under Part 710 proceedings, I am tasked with, among other things, considering "the frequency and recency

[20] Similarly, the FFD psychologist stated in the September 2025 letter that "struggles" are "not uncommon in recovery" and the Individual "demonstrated self-awareness in recognizing her risk factors and proactively sought a higher level of care to support her recovery." Ex. C.

of the conduct[,]" "the absence or presence of rehabilitation or reformation[,]" "motivation for the conduct[,]" "the likelihood of recurrence" and "the nature, extent, and seriousness of the conduct[.]" 10 C.F.R. § 710.7(c). While I am heartened by the progress that the Individual has made, even in terms of identifying when treatment is or is not proving beneficial, the fact remains that the Individual has a long and grave history with alcohol, which was only exacerbated by underlying grief and trauma. Her long and fraught history with alcohol was made very clear during her testimony regarding her withdrawal symptoms. The Individual indicated that she experienced such severe symptoms as auditory hallucinations and palpitations. Furthermore, she readily admitted her understanding that her alcohol consumption was fueled by ongoing and painful feelings of grief and trauma. Although she indicated that she discusses her grief and trauma with her one-on-one therapist, I have no information before me that indicates that she is receiving targeted and comprehensive treatment to alleviate the conditions related to her grief and trauma, which would help resolve her maladaptive alcohol use and encourage lasting sobriety. The evidence in the record indicates years of alcohol misuse, the negative effects of which spilled over into her professional and personal life. Although the Individual began to receive treatment for her consumption in September 2024, she continued to consume alcohol until April 2025. Accordingly, her problematic consumption ceased only five months prior to the hearing. Finally, as indicated by the DOE Psychologist, the Individual required additional time in treatment and demonstrating abstinence before he would have found sufficient evidence of rehabilitation or reformation. When the evidence is taken together, the Individual has not spent enough time sober to assure me that the likelihood of recurrence is low or minimal.

As indicated above, the Individual engaged in a binge pattern of consumption over the span of years. When considering her journey into sobriety is only five months long, I am not sufficiently assured that her maladaptive alcohol use is unlikely to recur. Accordingly, the Individual has failed to mitigate the stated concerns pursuant to mitigating factor (a). Although the Individual is in aftercare and received treatment, she does have a prior history of treatment and relapse, and accordingly, she does not meet mitigating condition (c). Further, I cannot conclude that she has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations, as she has been abstinent from alcohol only five months, and the DOE Psychologist recommended twelve months of abstinence, corroborated by monthly negative PEth tests. Therefore, she has not met the requirements of mitigating factors (b) and (d).

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

**Guideline I**

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline I include:

(a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with a treatment plan;

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving

counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional stability;

(e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

There is scant information regarding the Individual's grief and trauma treatment as compared to the more detailed information I received pertaining to the Individual's alcohol treatment. The Individual herself has recognized that grief and trauma have played a painful and profound role in her life, lending to the gravity of her alcohol use. The DOE Psychologist diagnosed the Individual with PTSD and PGD, indicating that the conditions impair her judgment, reliability, and trustworthiness, and there is no information in the record, including the DOE Psychologist's testimony, confirming that the conditions were temporary or have resolved. Accordingly, the Individual has failed to meet the requirements of mitigating factors (d) and (e). Although the Individual testified that she continues to talk to her one-on-one therapist about her grief and trauma, I have no indication that the Individual is receiving targeted treatment specific to the PTSD and PGD, I have no information regarding a treatment plan for the diagnoses, and there is no indication in the record that the conditions are under control or in remission. Accordingly, she has failed to meet the requirements of mitigating factors (a), (b), and (c).

## VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines G and I of the Adjudicative Guidelines. After considering all the evidence, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the Guidelines G and I concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that granting her security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals