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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: June 10, 2025 ) Case No.: PSH-25-0142  
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Issued: April 9, 2026

**Administrative Judge Decision**

Andrew Dam, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."<sup>1</sup> As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be restored.

**I. BACKGROUND**

The Individual holds access authorization in conjunction with his employment with a DOE contractor. Exhibit (Ex.) 1 at 6.<sup>2</sup> On September 4, 2024, while holding his security clearance, the Individual checked himself into an inpatient alcohol treatment program for thirty-five days, or until October 9, 2024. Ex. 7 at 28 (Individual's January 15, 2025, response to a Letter of Interrogatory (LOI)) (January 2025 LOI Response).<sup>3</sup> Given his inpatient treatment, the LSO referred the Individual for an evaluation with a DOE consultant psychologist (DOE Psychologist). Ex. 8 at 36. The DOE Psychologist, among other things, reviewed the Individual's personnel records and conducted a clinical interview with the Individual on March 3, 2025. *Id.* at 36–37. Then, on March 17, 2025, the DOE Psychologist issued a report (DOE Psychologist's Report). *Id.* at 34–67. The

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

<sup>2</sup> The Local Security Office (LSO) combined its exhibits into a single, Bates-stamped PDF workbook. This Decision references these exhibits by the exhibit number and the Bates stamp page number.

<sup>3</sup> The Individual made a typographical error when he dated his January 2025 LOI Response as January 2024. Transcript of Hearing, OHA Case No. PSH-25-0142 (Tr.) at 106.

DOE Psychologist opined that the Individual met sufficient diagnostic criteria for Alcohol Use Disorder (AUD), Severe, pursuant the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision (DSM-5-TR)*, and that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 41–42.

Based on the DOE Psychologist’s diagnosis of the Individual, the LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information creating substantial doubt regarding his eligibility for access authorization. Ex. 1 at 5–8. In the 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. 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 fourteen exhibits (Ex. A–N).<sup>4</sup> There were no objections to the exhibits. Tr. at 8–9. The Individual testified on his own behalf and offered the testimony of four additional witnesses: (1) the DOE contractor’s Employee Assistance Program (EAP) counselor (EAP Counselor); (2) his supervisor (Supervisor); (3) a fellow participant in SMART<sup>5</sup> Recovery (SMART Participant); and his wife (Wife). The LSO offered the DOE Psychologist as its sole witness, and the Individual stipulated to the DOE Psychologist’s expertise in psychology. *Id.* at 8.

## II. THE SECURITY CONCERNS

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. Conditions that could raise security concerns include a “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]” *See id.* at ¶ 22(d). In citing Guideline G, the LSO cited the DOE Psychologist’s Report, finding that the Individual had AUD, Severe, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. Accordingly, 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 granting a security clearance. *See Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest”

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<sup>4</sup> The Individual’s exhibits were combined into a single, PDF workbook. This Decision references these exhibits by the exhibit letter and the PDF page number.

<sup>5</sup> SMART Recovery stands for Self-Management and Recovery Training. Ex. G at 34; Ex. L at 47. SMART Recovery meetings are group meetings wherein participants discuss recovery and coping mechanisms. Ex. G at 34; Ex. L at 47.

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 granting 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.* § 710.26(h). Hence, the Individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

#### IV. FINDINGS OF FACT

##### **a. Individual’s Background and Alcohol Consumption Before his September 2024 Inpatient Treatment**

The Individual estimated that he began drinking alcohol when he turned 17 in 2001. Ex. 8 at 37; *see also* Ex. 11 at 159, 161 (investigator’s notes from Enhanced Subject Interview (ESI) taking place in March 2018). The Individual reported from 2001 to 2003 he would drink alcohol about twice per month at parties, typically consuming two beers and one shot. Ex. 8 at 37; Ex. 11 at 161. During this period of his life, the Individual, on his nineteenth birthday in 2002,<sup>6</sup> was arrested and charged with Driving While Intoxicated (DWI). *See* Ex. 11 at 187 (Federal Bureau of Investigations Rap Sheet). The Individual prior to the arrest had consumed six to eight beers. *Id.* at 159. The Individual pled guilty, completed six months of probation, and also completed a court-mandated alcohol education course. *Id.* at 159, 161.

Then, from 2003 to 2006, he would drink alcohol about two times per week, consuming about three beers and one shot. *Id.* at 161. In 2006, he met his Wife and began drinking less; during the 2018 ESI, he reported his then pattern was about one to two beers on the weekend. *Id.* Upon securing employment with the DOE contractor in 2018, the Individual described attempting to not typically consume during the work week and frequently “binging” on the weekends. Ex. 8 at 38; Tr. at 70; *see also* Ex. 7 at 30 (estimating drinking to the point of intoxication two-to-three times per week). He reported that in 2020, his alcohol consumption began to increase. *See* Ex. 7 at 29. Periodically, his binges would gradually increase, starting on Thursday and then continuing into Monday. Ex. 8 at 38; Tr. at 70. The Individual recounted that his drinking would sometimes extend into weeklong binges, estimating that this occurred seven-to-eight times between 2022 and 2024; these weeklong binges required him to call off work. Ex. 8 at 38; *see also* Ex. 7 at 31 (“There have been days of work missed because the use of alcohol.”).

At the hearing, the Individual identified several sources of his increased alcohol use, including stress from work, marital issues, and generally feeling like “an underachiever.” Tr. at 71, 73, 102–03, 108–10; Ex. 7 at 31 (admitting “alcohol was utilized to deal with [his] negative emotions”).

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<sup>6</sup> The Individual’s Questionnaire for National Security Position’s (QNSP) reflects his birth year as 1983. Ex. 11 at 113.

Conversely, his alcohol use negatively affected his work and personal life. Tr. at 58 (Wife's testimony describing his alcohol use as a "rollercoaster"), 71–73 (Individual's testimony). The Individual described attending his daughter's and son's athletic events and not being "present" in some instances or "ma[king] a fool" of himself in other instances. *Id.* at 70–71; Ex. 7 at 31. The Individual also shared that his wife had threatened to divorce him because of his alcohol use. Ex. 8 at 38. The Individual, at the tail end of his binges, would stay at his father's house, who expressed disappointment in the Individual's drinking. *Id.*; Tr. at 102 (Individual testifying that he put his father "through a lot of stress when [he] was drinking").

Prior to checking into inpatient treatment, the Individual described having called off from work for two weeks because of his alcohol use. Tr. at 72. He testified that at this point he "was in a dark place" and "needed help." *Id.* The Individual described that inpatient treatment "felt like . . . the only way that [he] could seriously attempt sobriety." *Id.* at 72–73. The Individual's Wife testified that they researched and talked about treatment options together and that she drove him to the inpatient treatment facility. *Id.* at 56–57. According to the Individual's Supervisor, the Individual's Wife reached out on behalf of her husband to inform the DOE contractor of the Individual's inpatient treatment. *Id.* at 36–37.

#### **b. Inpatient Treatment Program from September 2024 to October 2024**

The Individual was admitted into inpatient treatment for thirty-five days starting on September 4, 2024, and discharged on October 9, 2024. Ex. B at 21, 26. The Individual submitted paperwork from the inpatient treatment program, including a staff therapist's treatment notes. *Id.* at 21–28. The staff therapist diagnosed the Individual with AUD, Severe, and notated the Individual's own reasons for admitting himself:

Client stated "I couldn't get off alcohol. I got close a few times and fell down[,] and it[']s been my longest binge. I messed up some relationships. My dad didn't want to talk to me anymore. [I] [c]ouldn't go to my son[']s football games because I made a fool of myself at one of the games."

*Id.* at 21. The staff therapist's notes outline the various interventions the Individual underwent while in the program, including (1) reading the "Big Book" from Alcoholics Anonymous (AA) and discussing its contents in a group setting and with a counselor; (2) attending daily 12-step AA meetings; (3) working through the 12-step program; (4) listing ten significant consequences of his drinking on himself and others and discussing those consequences in group settings, with peers, and with his counselor; (5) discussing the causes of addiction and reasons for his drinking with his counselor; (6) education on the "brain disease of addiction and neurochemistry of cravings"; (7) identifying triggers and relapse risk factors; and (8) identifying daily recovery maintenance tools and coping skills to practice mitigating relapse, among other topics. *Id.* at 24–25.

When asked to describe the treatment there, the Individual recounted that the residential treatment program included meditation exercises, different group sessions, individual counseling, and daily AA meetings. Tr. at 75. The Individual described that "it was a challenge for [him] to speak up in front of large groups" but that "he was able to do it" and "impressed [him]self." *Id.* In particular, the Individual recounted working through a "skit" during which he "act[ed] out a scene" or

“situation that [he] and [his] [W]ife . . . would typically face.” *Id.* at 76. He was able to express his feelings about the situation to the group and to the counselors leading the situation. *Id.* at 76–77. The Individual also described having worked the 12-steps, “admitting” his “powerlessness over alcohol” and acknowledging past mistakes, but also having learned about “being able to move forward . . . .” *Id.* at 76. The staff therapist included the following in the Individual’s discharge paperwork:

Client has been thorough with his treatment plan. He’s been able to begin opening up and participating in reciprocal trusting, helping relationships with a number of his peers. Client [is] able to identify progress to include: “Admitting I’m powerless is a no-brainer[.] I’ve handled being abstinent in the past but am completely powerless over the first drink. Being abstinent is the only way to control my drinking. I fully admit to Step 1. I’m powerless before the first drink . . . because the cravings and thoughts. My brain is different because I make it a point where [I]’m typically wanting to drink the most. Step 2 means a higher power[.] something stronger than me. I’ve had issues calling it a god, but [I] am starting to believe that for me, talking with other people and being with other people in addiction recovery is my best form of higher power[.] . . . Step 3 means relieving myself of the burden that I haven’t been able to control myself and hand it over and know [I]’m not alone . . . .”

Client has been participatory in 12[-]step meetings and in 12[-]step groups. Client made good progress in learning and beginning to practice mindfulness techniques. Client making slow, steady progress in utilizing his peers to both identify his assets and for help with his liabilities. Client has begun to identify negative core belief systems and negative self-talk and has worked toward developing more positive and empowering self-talk and beliefs about himself and the world . . . . Client has been of service to those around him, helping both staff and his peers. Client has identified the need for engaging in healthy lifestyle behaviors including exercise and attention to his diet nutrition . . . . Client has made progress on identifying triggers and high[-]risk situations that could precipitate relapse as part of his relapse prevention plan; client has worked to learn about and utilize 12[-]step tools mindfulness techniques[ ] and coping skills to help him better regulate his emotions and mitigate his identified relapse traps.

Ex. B at 26. The therapist’s notes further reflect that the Individual identified several coping mechanisms including “talking with those affected by addiction; attend[ing] . . . AA meetings [ ] frequently; . . . meditation; talk[ing] to others about what may be bothering [him]; physical exercise; reading; practicing the steps of AA . . . ; mak[ing] honest assessment[s] of [him]self and [his] day[;] and practic[ing] good character traits like reliability, honesty, confidence, humility, listening[,] sharing[,] [and] caring.” *Id.* at 27.

The therapist’s notes recommended the following aftercare upon the Individual’s discharge, among other elements: (1) completion of intensive outpatient treatment [IOP]; (2) regular AA attendance; (3) continued work through the 12-step program; and (4) obtaining a sponsor. *Id.* The discharge notes further reflect that the Individual contacted the IOP program on the week of

September 23, 2024, while he was still in the inpatient program, and was informed that he was on a waiting list. *Id.*

**c. Enrollment in the Fitness for Duty (FFD) Program in October 2024 and Evaluation by the DOE Psychologist in March 2025**

Upon returning to work after his inpatient treatment, the Individual was evaluated by the DOE contractor's lead psychologist and subsequently enrolled in the FFD program in October 2024. Ex. J at 45. The DOE contractor's FFD program is "a program that evaluates an employee's ability to work safely and reliably due to medical, behavioral health or substance use concerns." Ex. J at 45. The Individual was required to (1) complete a 24-week IOP; (2) submit to periodic alcohol breath tests and urine tests; and (3) complete a 12-week sobriety maintenance class through the DOE contractor's EAP. *Id.*; Ex. E at 31.

Regarding the first FFD requirement, the Individual started attending the IOP on December 5, 2024, and finished the 24-week program on June 25, 2025. Ex. 2 at 10; Ex. C at 29 (Certificate of Completion); Ex. F at 33. A letter from a therapist at the IOP explained that the program consisted of educational group sessions, group therapy, and individualized counseling. Ex. F at 33. The therapist observed that the Individual was "diligent" in his treatment and had developed his ability "to recognize uncomfortable feelings/triggers" and could "employ learned coping skills to deal with those feelings/triggers." *Id.* By March 2025, the IOP qualified the Individual's AUD diagnosis as being in "early remission[.]" Ex. 8 at 39. The Individual testified that, upon completing the IOP, his provider had set up three meetings, once per month, for his aftercare. Tr. at 82. The Individual missed those meetings due to logistical issues but instead attended SMART Recovery and AA meetings, individualized therapy with the EAP Counselor, and EAP group meetings. *Id.* at 82–83; Ex. G at 34 (September 2025 letter from SMART Recovery counselor indicating that Individual had attended 11 sessions since July 2025); Ex. I at 44 (documenting attendance in 8 AA sessions from December 2025 through February 2026); Ex. L at 47 (February 2026 letter from SMART Recovery counselor indicating that the Individual attended 17 meetings since July 2025); Ex. M at 48–49 (October 2025 letter from EAP Counselor indicating the Individual attended 10 individualized counseling sessions between November 2024 through October 2025), 52 (documenting Individual's attendance at sixteen group meetings through EAP between October 2024 and October 2025).

Regarding the second FFD requirement, the Individual submitted a July 1, 2025, letter from a social worker employed with the DOE contractor, which stated the Individual underwent nearly weekly breath and urine testing for alcohol use from December 2024 through June 2025, the results of which were all negative. Ex. E at 31–32. The Individual also submitted to nearly monthly Phosphatidylethanol (PEth) testing<sup>7</sup> from October 2024 to February 2026, the results of which were negative and corroborated the Individual's representation that he had remained abstinent

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<sup>7</sup> The PEth "test detects any significant alcohol use over the past three to four weeks." Ex. 8 at 40. "PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption." *Id.* at 54.

from alcohol over an eighteen-month period. Ex. A at 4–19; Ex. H at 35–43; Ex. N at 53.<sup>8</sup>

Regarding the third FFD requirement, the Individual stated attending the 12-week sobriety maintenance class through the DOE contractor’s EAP starting in October 2024. Ex. M at 52. The Individual completed the 12-week class in March 2025. *Id.*; Ex. D at 30 (certificate of completion). He continued attending classes even after having completed the course. Ex. M at 52 (attendance log demonstrating participation in four more classes between May 2025 and October 2025). The EAP Counselor also indicated that the Individual has met with her for individualized counseling and that the Individual also attends other group classes focused on grief management. Tr. at 19, 26. The EAP Counselor observed that the Individual, in his counseling and group sessions, demonstrated “change talk”—in particular, that he is “grappl[ing] with . . . real life issues[,] . . . emotions[,] . . . and . . . why he drank” alcohol. *Id.* at 23.

#### **d. DOE Psychologist’s March 2025 Evaluation and Report**

Contemporaneous with his participation in the DOE Contractor’s FFD, the LSO referred the Individual to the DOE Psychologist for a March 2025 psychological evaluation. Ex. 4 at 15; Ex. 8 at 36. As part of the evaluation, the DOE Psychologist (1) reviewed the personnel security documentation, (2) conducted a clinical interview with the Individual, (3) reviewed a chain of custody PEth test result administered the same day, the result of which was negative, (4) reviewed documentation from the inpatient treatment program and IOP, and (5) spoke with the DOE contractor’s FFD staff and the EAP Counselor. Ex. 8 at 36–37. During his interview, the Individual recounted his history of alcohol use and treatment consistent with the above in Section IV(a) through (c). *Id.* at 37–39. He also self-reported, at the time, that he had been about six months sober. *Id.* at 39. The DOE Psychologist interpreted the Individual’s negative PEth result to be “consistent with [the Individual’s] self-report . . .” of sobriety. *Id.* at 40–41.

The DOE Psychologist, in agreement with the providers at the inpatient treatment program, found that the Individual’s “symptoms [for AUD] rose to the level of the ‘severe’ specifier” and found in his March 2025 Report that the Individual’s “diagnosis is [AUD], severe, in early remission.” *Id.* at 41. The DOE Psychologist’s Report also noted that the Individual’s self-report, treatment paperwork, and consultation with the EAP Counselor and FFD staff all indicated that the

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<sup>8</sup> The Individual provided one PEth test result for approximately every four weeks from October 2024 to February 2026, with two exceptions. The Individual submitted to testing on April 24, 2025; however, the testing provider conducted the “incorrect lab . . . inadvertently.” See Ex. A at 20 (July 2025 letter from testing provider). The Individual provided negative PEth tests from samples collected on March 28, 2025, and May 9, 2025. *Id.* at 11–12. Accordingly, there is an approximate 2-week period for which the Individual lacks laboratory testing corroborating his sobriety.

The Individual also submitted to testing on October 15, 2025; however, the testing provider used the “wrong tube” and discarded his sample. Ex. H at 35. The Individual provided negative PEth tests from samples collected on September 11, 2025, and October 21, 2025. *Id.* at 36; Ex. A at 18. Accordingly, there is another approximate 2-week period for which the Individual lacks laboratory testing corroborating his sobriety.

Despite the Individual’s lack of laboratory testing corroborating his alcohol abstinence for those isolated 2-week periods, I find that the Individual was likely sober for the entirety of the eighteen-month period given the Individual’s other negative PEth tests and the fact that the Individual is unlikely to have voluntarily submitted to the PEth tests on April 24 and October 15, 2025, if he believed the results would have returned a positive result.

Individual had “complied with treatment requirements and recommendations, [ ] consistently attended AA and SMART Recovery meetings, [ ] complied with the [ ] FFD program, and [ ] been abstinent from alcohol just over six months.” *Id.* Despite those aforementioned efforts, however, the DOE Psychologist found that the concerns around the Individual’s AUD, Severe, were not yet “assuaged” and made further recommendations for the Individual. *Id.* In particular, the DOE Psychologist provided the following:

[T]o demonstrate adequate evidence of rehabilitation, [the Individual] should abstain from alcohol for a period of not less than one year. He has already completed 35 days of detoxification/inpatient treatment and 10 weeks of IOP in addition to ongoing AA meetings, SMART Recovery meetings, and meetings with [ ] FFD and the EAP program . . . . At the completion of his IOP . . . , [the Individual] should continue to attend AA meetings twice per week and maintain a sponsor (or participate in another evidence-based treatment approach such as SMART Recovery, Motivation-Enhanced Therapy, or 12-Step Facilitation Therapy), with the goal of treatment being complete abstinence and attendance documented on a sign-in sheet. The total time in all treatments combined should equal not less than one year. Online programs are not acceptable. Because breath alcohol tests are able to be manipulated and will not provide adequate evidence of abstinence, PEth tests are recommended at least once every four to six weeks over the course of the twelve months.

*Id.* at 42.

**e. Testimony Regarding the Individual’s Sobriety and Treatment, Compliance with the DOE Psychologist’s Recommendations, and Character Testimony**

With respect to the DOE Psychologist’s recommendation regarding alcohol abstinence, the Individual testified that he has been sober for 18 months. Tr. at 95. As stated above, except for two isolated, 2-week periods, the Individual has corroborated his sobriety with monthly negative PEth test results. *See supra* Sec. IV(c). As I noted above, I have credited that the Individual was sober for the entirety of that period. *See supra* n. 8.

The DOE Psychologist further recommended that the Individual, at the completion of IOP, continue attending AA or SMART Recovery twice per week until the Individual had spent a total of one year in treatment. Ex. 8 at 42. The Individual completed the IOP on June 25, 2025. Ex. F at 33. Since completing the IOP, the Individual attended 17 meetings with SMART Recovery between July 2025 and January 2026; attended 8 AA meetings between December 2025 and February 2026; attended 3 individualized therapy sessions between June 25, 2025, and October 13, 2025; and attended three EAP group classes between June 26, 2025, and October 16, 2025. Ex. I at 44; Ex. L at 47; Ex. M at 49, 52. At the hearing, the SMART Participant testified that the Individual acknowledged his struggles with alcohol and expressed his pride in having transitioned to sobriety. Tr. at 45–46.

The Individual secured the services of another clinical therapist in December 2025. *See* Ex. J at 46 (February 17, 2026, letter from Individual’s clinical therapist). The Individual’s clinical therapist

indicated that the Individual had been “consistently attending his therapy sessions and [was] actively working on learning and utilizing relapse prevention skills.” *Id.* The Individual testified that he had been seeing her once every two weeks and intends to continue doing so. Tr. at 89–90.

When asked to reflect on his history of alcohol use and treatment, the Individual was forthcoming in expressing that originally seeking out treatment was difficult. *Id.* at 95. However, from the experience, he has come to recognize various triggers such as “boredom”; “marital issues”; and general “feelings of inadequacy.” *Id.* at 73, 95, 109. Both the Individual and his Wife testified that, after the Individual first returned from the IOP, he had a hard time being in environments with alcohol present, such as restaurants or social gatherings. *Id.* at 63–64, 101. When the Individual had a difficult time where alcohol was present, they responded by leaving that environment. *Id.* at 101 (Individual testifying that he had left a Thanksgiving gathering where alcohol was present). Both the Individual and his Wife testified that they are now both sober, and the Individual cited his Wife’s support as beneficial to his sobriety maintenance. *Id.* at 62–63, 101–02. Now, when the two have a disagreement, the Individual and his Wife communicate openly and calmly, rather than engaging in an argument, which used to trigger his alcohol consumption. *Id.* at 67, 109–10.

At the hearing, the Individual testified to making a “lifelong commitment” to his sobriety and recognized his alcoholism as a “lifelong challenge.” *Id.* at 95. The Individual recounted in detail the many benefits of his sobriety and treatment, including his improved relationships with his daughter, son, Wife, and father; the time spent in his productive hobbies such as hunting and skiing; and the development of his support network that includes others in SMART Recovery. *Id.* at 88–90, 95–96, 103–05. The Individual cited his productive hobbies as coping mechanisms and his involvement with his family act as a primary motivator in his lifelong sobriety maintenance. *Id.* at 97, 104 (“I have too much to lose . . . [T]here’s a serious commitment to me not drinking for [my] two . . . kids, and my father, and my wife . . .”). The Individual is also open with others about his prior alcohol abuse and subsequent treatment. *See, e.g., id.* at 33 (Individual’s Supervisor testifying that he is aware of the Individual’s therapy, AA attendance, and prior alcohol abuse).

#### **f. Updated DOE Psychologist’s Opinion and Testimony**

The DOE Psychologist provided his expert testimony after hearing the testimony of the Individual and his witnesses. *Id.* at 116. The DOE Psychologist indicated that he heard “positive” testimony from all the witnesses and thought it important that the Individual was using phrases acknowledging that his sobriety was a “lifelong commitment.” *Id.* To the DOE Psychologist, this meant that the Individual saw his sobriety as “something . . . to keep working on” and that the Individual would not “kind of just hang it [his sobriety] up.” *Id.* The DOE Psychologist opined that the Individual’s AUD was in “full remission” and that his prognosis was “good.” *Id.* at 116–17. In making that determination, the DOE Psychologist relied upon (1) the Individual seeking treatment “of his own volition”; (2) the Individual seeking out therapeutic interactions with the EAP Counselor, outside of the FFD requirements; (3) his attendance in SMART Recovery, AA, and current therapy; and (4) his 18 months of sobriety. *Id.* at 117–18. The DOE Psychologist had no concerns with the fact that the Individual had not attended IOP’s three aftercare appointments since the Individual had sought out other forms of support and treatment. *Id.* at 118. He further

testified that the Individual had demonstrated both rehabilitation and reformation. *Id.* at 118–19.<sup>9</sup>

## 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 first mitigating condition, the Individual’s “behavior” or “pattern of maladaptive alcohol use” appears to have been a longstanding concern. From the Individual’s own description of his alcohol consumption, he appears to have started increasing his alcohol consumption in 2020, then engaging in periodic weeklong binges, estimating that this occurred seven-to-eight times between 2022 and 2024. I cannot find this behavior to have been “infrequent” or to have occurred in “unusual circumstances” given the regularity of the behavior.

I also cannot find the behavior to have occurred “so long ago”—when the Individual’s last binge occurred immediately prior to his September 2024 treatment. This is only 18 months prior to the hearing. While 18 months of sobriety is commendable, the Individual’s problematic alcohol use cannot be considered to have occurred “so long ago” where his history of problematic alcohol use spanned a proportionately longer amount of time. Mitigating condition (a) does not apply.

Regarding the second mitigating condition, the Individual has clearly acknowledged his pattern of maladaptive alcohol use, having voluntarily sought treatment and consistently expressed regret regarding his prior alcohol consumption. At no point in the record does the Individual minimize his alcohol use or the concerns surrounding his alcohol use. The Individual also provided ample evidence of actions taken to overcome the problem—having attended inpatient residential

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<sup>9</sup> The DOE Psychologist explained that “[r]eformation speaks to changing his behaviors” while “rehabilitation is the actual [act of] going through treatment.” Tr. at 119.

treatment for one month; an IOP for six months; various group sessions through EAP, SMART Recovery, and AA; and individualized counseling through both the EAP Counselor and his own therapist. The totality of his time in treatment and in mutual support groups, which he attended in various combinations, helped the Individual maintain eighteen months of sobriety. The eighteen months of sobriety have been corroborated by monthly PEth testing—with only the limited exception noted above in footnote 8. The DOE Psychologist opined that the Individual has demonstrated rehabilitation and reformation and made note of the Individual's positive self-reflection with respect to his attitude towards sobriety. I also found compelling that the Individual understood the importance his sobriety played in maintaining his family relationships and understood that sobriety was a lifelong commitment. Accordingly, the Individual has also demonstrated a clear and established pattern of abstinence in accordance with the DOE Psychologist's treatment recommendations. Mitigating condition (b) applies.

Mitigating condition (c) does not apply as the Individual is not currently enrolled in a "treatment program." Mitigating condition (d) does not apply, as the Individual had missed aftercare appointments with the IOP.

For the aforementioned reasons, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

## **VI. CONCLUSION**

Above, I found that 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 brought forth sufficient evidence to resolve the security concerns set forth under Guideline G. Accordingly, I find the Individual has 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