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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: August 18, 2025) Case No.: PSH-26-0006
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Issued: June 5, 2026

Administrative Judge Decision

Andrew Dam, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold 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 be restored.

I. BACKGROUND

The Individual holds access authorization in connection with his employment with a DOE contractor. Exhibit (Ex.) 1 at 6.² On April 8, 2025, the Individual self-reported to the Local Security Office (LSO) that he intended to start alcohol-related treatment on April 14, 2025. Ex. 6 at 23–24. The LSO issued to the Individual a Letter of Interrogatory (LOI), to which the Individual, on May 15, 2025, provided his response. Ex. 7 at 25–33 (May 2025 LOI Response). In the May 2025 LOI Response, the Individual communicated, among other things, that he believed he had “alcoholism” and “difficulty quitting” and thus sought out “professional help.” *Id.* at 26. He also indicated his alcohol consumption had “culminated” in “pancreatitis” and a “hospital stay” from March 21 to March 23, 2026. *Id.* at 31.

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 its exhibits into a single, Bates-stamped PDF workbook. This Decision references these exhibits by the exhibit number and the Bates stamp page number.

The LSO referred the Individual for an evaluation with a DOE consultant psychiatrist (DOE Psychiatrist). Ex. 4 at 18. The DOE Psychiatrist, among other things, reviewed the Individual's personnel records; conducted a clinical interview with the Individual on June 23, 2025; and referred the Individual to a laboratory for same-day Phosphatidyl Ethanol (PEth)³ testing. Ex. 8 at 38, 40 (DOE Psychiatrist's Report). The DOE Psychiatrist opined that the Individual met sufficient diagnostic criteria for Alcohol Use Disorder (AUD), Severe, pursuant to 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 43–44. The Individual's PEth result returned with a 264 ng/mL positive result. *Id.* at 40, 45.

Based on the DOE Psychiatrist's diagnosis of the Individual and his positive PEth result, 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 DOE submitted eleven exhibits (Ex. 1–11). The Individual submitted ten exhibits (Ex. A–J).⁴ There were no objections to the exhibits. The Individual testified and also offered the testimony of six other witnesses: (1) the Individual's counselor from an intensive outpatient program (IOP) he attended (IOP Counselor); (2) the Individual's counselor through his employer's Employee Assistance Program (EAP) (EAP Counselor); (3) the Individual's Alcoholics Anonymous (AA) sponsor (AA Sponsor); (4) the Individual's supervisor (Supervisor); (5) the Individual's girlfriend (Girlfriend); and (6) the Individual's mother (Mother). Transcript of Hearing, OHA Case No. PSH-26-0006 (hereinafter cited as Tr.) at 3–4. DOE counsel stipulated to both the IOP Counselor's expertise in clinical counseling and substance abuse counseling and the EAP Counselor's expertise in clinical social work. *Id.* at 8. The DOE offered the DOE Psychiatrist as its sole witness, and the Individual stipulated to the DOE Psychiatrist's expertise in clinical psychiatry. *Id.* at 3, 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 Psychiatrist's finding that the Individual had AUD, Severe, without adequate evidence of

³ The DOE Psychiatrist explained that “PEth is a marker of alcohol exposure to the body” which “reflects the average use of alcohol over the previous 28-30 days.” Ex. 8 at 40. Furthermore, “[a] [] PEth result exceeding 20 ng/mL is evidence of moderate to heavy ethanol consumption.” *Id.*

⁴ Exhibits A through I were combined into a single, PDF workbook. Exhibit J was sent as a standalone PDF. This Decision references these exhibits by the exhibit letter and the PDF page number.

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.⁵

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" 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 History of Alcohol Consumption Resulting in his Pancreatitis Hospitalization in March 2025

The Individual reported to the DOE Psychiatrist that he started drinking at 18 in about 2005. Ex. 8 at 39; *see also* Ex. 11 at 87 (QNSP wherein the Individual reported his birthyear as 1987). The Individual further reported that he would drink about 6 to 7 drinks twice per week in his 20s and might also drink 12 drinks "at keggers." Ex. 8 at 39. The Individual, while separating from his ex-wife, began drinking more regularly to reduce his anxiety in 2018. *Id.* He reported to the DOE Psychiatrist that at this time he would drink alone, approximately 8–10 beers or ciders over a 6-to-

⁵ The LSO also cited to the Individual's positive PEth result of 264 ng/mL as indicative of "alcohol consumption within the past 28-30 days." Ex. 1 at 5. While there is sufficient derogatory information to raise a concern under Guideline G given his AUD, Severe, diagnosis, I am not considering the positive PEth result as a standalone basis for a security concern given that alcohol consumption by itself does not raise a security concern.

Relatedly, the DOE Psychiatrist inferred from the results of the PEth test that the Individual had been consuming alcohol in secret while participating in treatment, which the LSO alleged as a security concern. *Id.* at 5. While alcohol consumption against treatment recommendations after a diagnosis of AUD could present a security concern under Guideline G, I have concluded that the facts alleged by the LSO do not present such a concern in this case for the reasons discussed *infra* note 13.

7-hour period. *Id.* This occurred usually 3 to 5 days in a row with breaks in between those periods. *Id.* The Individual reported that he tried attending AA in 2021 though he stopped attending due to him not feeling the group was effective for him at the time. Ex. 7 at 31; Ex. 8 at 40.

From 2022 to 2023, he cohabitated with a then-girlfriend and reduced his alcohol consumption. Ex. 8 at 39. After the relationship ended, he reverted to a pattern of consumption similar to his pattern prior. *Id.*; Ex. 7 at 29 (May 2025 LOI response indicating that he started drinking regularly again after a “breakup” in July 2023 and would consume “8-10 drinks” about “4-6 days” per week). Oftentimes, his alcohol consumption would lead him to isolate himself. Ex. 7 at 30–31 (reporting that he would “stay in” rather than socializing). He reported that he would try to stop drinking every few months “cold turkey” but then a “light switch” would go off due to stress and anxiety and he would start drinking again. Ex. 8 at 39–40. His regular alcohol consumption resulted in his three-day pancreatitis hospitalization in March 2025. Ex. 7 at 31.

b. Post-Pancreatitis Treatment from March 2025 to June 2025 Prior to Referral to DOE Psychiatrist

The Individual stopped drinking alcohol in March 2025 right after his hospitalization. *See* Ex. 7 at 30 (May 2025 LOI Response indicating that he stopped drinking in March 2025). The Individual started attending counseling with a licensed master social worker (LMSW) through a treatment provider (First Treatment Provider) in April 2025. *Id.* at 26; Tr. at 127. He continued seeing the LMSW, once-per-week, until August 2025. Tr. at 127. The Individual testified that, from his time there, he learned “coping mechanisms and grounding techniques.” *Id.* at 128; Ex. 7 at 26–27. The Individual testified that, in his time with the LMSW and First Treatment Provider, they imposed no requirement that he abstain from alcohol. Tr. at 165–66. The Individual also received a Naltrexone prescription in April 2025 to help with alcohol cravings. *Id.* at 144–45; Ex. 7 at 28.

Despite the aforementioned treatments, the Individual began drinking alcohol again in May 2025 until June 10, 2025. Tr. at 135, 146–47; Ex. 8 at 40. During this time, the Individual indicated that he was on the waitlist for an IOP. Ex. 7 at 26. The Individual indicated that—despite his hospitalization, counseling, and Naltrexone—he returned to drinking because “he was still battling the same demons that [he] had before.” Tr. at 147. He described his pattern of consumption, upon relapse, to be “basically . . . back to the original pattern.” *Id.* at 146. The Individual emphasized that his last day drinking alcohol was June 10, 2025,⁶ specifically recalling that at that point, he had “been on the wait list . . . for some time” and called the IOP’s staff to tell them, “I can’t wait[.] I need to get in.” *Id.* at 148. He was told that he needed to remain sober for “five days” before admission. *Id.* The Individual started the IOP on June 18, 2025. *Id.* at 14 (IOP Counselor’s

⁶ June 10, 2025 is the date of abstinence he reported to multiple sources at various points of this proceeding in his treatment. *See* Ex. 8 at 40 (reporting to the DOE Psychiatrist during his June 23, 2025, clinical interview that his last use of alcohol occurred on June 10, 2025); Ex. F at 99 (undated letter from a psychiatrist at the First Treatment Provider who met with the Individual in July and August 2025 and indicated that the Individual had self-disclosed being abstinent as of June 10, 2025); Tr. at 90, 135, 148 (Girlfriend’s and Individual’s testimony that he last drank alcohol on June 10, 2025).

testimony). He also took his first Ethyl Glucuronide (EtG)⁷ test through the IOP on June 16, 2025, which returned a negative result. Ex. B at 14.

c. Evaluation by DOE Psychiatrist and DOE Psychiatrist's Report and Recommendations

The LSO referred the Individual to the DOE Psychiatrist for a clinical evaluation, which took place on June 23, 2025. Ex. 4 at 18; Ex. 8 at 38. At that point, the Individual had only attended “two of 48 IOP sessions.” Ex. 8 at 40. The DOE Psychiatrist reviewed the Individual’s personnel file; conducted a clinical interview with the Individual, during which the Individual disclosed his history of alcohol abuse and treatment consistent with what was described in Sections IV(a) through (b); and referred the Individual for same-day PEth testing, which returned a positive result of 264 ng/mL. *Id.* at 40.

The DOE Psychiatrist drew several conclusions from the above. First, the DOE Psychiatrist determined that the Individual continued “actively drinking . . . in secret.” *Id.* at 41–42 (“He voluntarily admitted to an IOP on about June 10, 2025[,] and indicated he had no alcohol since then. His current PEth [of 264 ng/mL] indicates he continues to drink around 5 drinks or so per day most days of the week.”). The DOE Psychiatrist did not provide the rationale for this speculation in his Report, but, at the hearing, he explained that “about 32 percent of the time people do not honestly say how much they’ve been drinking.” Tr. at 171. Second, the DOE Psychiatrist found that the Individual met sufficient diagnostic criteria for AUD, Severe. *Id.* at 43. Third, the DOE Psychiatrist found that the Individual had not demonstrated adequate evidence of rehabilitation and recommended that he may demonstrate rehabilitation by (1) remaining abstinent for 12 months; (2) documenting such abstinence with monthly PEth tests; (3) attending AA or another peer support group for one year with a frequency of at least three meetings per week while working the steps and securing a sponsor; (4) complying with the requirements of his IOP; and (5) participating in the contractor employer’s EAP. Ex. 8 at 43–44. The DOE Psychiatrist further recommended that the Individual enroll in an inpatient treatment program if he could not demonstrate sobriety. *Id.* at 44.

d. Evidence of Sobriety, Individual's Continued IOP Treatment, AA Participation, and EAP Counseling

The Individual submitted monthly PEth test results from samples collected from August 2025 through May 2026. Ex. A at 3–12; Ex. J at 2. Each PEth test returned a negative result. Ex. A at 3–12; Ex. J at 2. This corroborates that the Individual had remained sober since at least July 2025 through April 2026, a ten-month period.

The Individual also took regular EtG tests through the IOP about once per week from June 16, 2025, through August 27, 2025. Ex. B at 14–37. The IOP tested the Individual about once per month from September 19, 2025, through March 17, 2026, throughout the duration of his treatment and aftercare in IOP. *Id.* at 38–53. These EtG tests all returned a negative result, which provides

⁷ A laboratory that conducted one of the Individual’s PEth tests explained the following when contrasting PEth and EtG testing: “PEth testing may provide a longer window of detection . . . than EtG . . . (e.g., 80 hours).” Ex. A at 3.

further evidence of sobriety. *Id.* at 14–53.

The Individual attended the IOP for three months from June 18, 2025, through August 27, 2025. Tr. at 14; Ex. C at 55 (IOP Certificate of Completion). The Individual’s IOP Counselor confirmed that upon intake, the Individual was diagnosed with AUD, Severe. Tr. at 21. The IOP Counselor explained that the IOP consisted of a group component, led by him, for nine hours per week and an individual counseling component for one hour per week. *Id.* at 32.⁸ During those meetings, the Individual worked on identifying triggers for alcohol consumption, coping mechanisms for those triggers, and long-term strategies for maintaining sobriety. *Id.* at 16. In particular, the IOP Counselor recounted that the Individual described feelings of isolation and stress related to work. *Id.* at 17. The IOP Counselor recalled that the Individual developed and identified coping mechanisms and long-term strategies for alcohol-related triggers, including intentionally scheduling time for exercise, time for family, and time with others in the recovery community. *Id.* at 17–18.

The IOP Counselor and the Individual created an aftercare plan, wherein the Individual would attend group sessions with the IOP once per week and individual counseling with the IOP Counselor once per month. *Id.* at 24. The IOP Counselor confirmed that the Individual had been compliant with the aftercare plan since completing the IOP in August 2025. *Id.* The IOP Counselor explained that, as of the hearing date, he recommended that the Individual attend aftercare “as needed” though generally he recommended that people complete a full year combined of both IOP and aftercare. *Id.* at 33–34.

The Individual’s IOP Counselor observed that the Individual was “genuine[.]”⁹ in his efforts to rehabilitate; opined that the Individual demonstrated a “very strong” clear and established pattern of abstinence in accordance with treatment recommendations; and gave the Individual an “excellent” prognosis, as opposed to poor, fair, or good. *Id.* at 20, 29–30. The IOP Counselor acknowledged that the Individual had a history of relapse prior to attending treatment with the IOP. *Id.* at 37. However, the IOP Counselor was confident in the Individual’s ability to maintain abstinence now given the different types of treatment he has involved himself in and the support that he has cultivated. *Id.*

The Individual started attending AA in late March 2025 after his hospitalization. Tr. at 131.¹⁰ The Individual met his AA Sponsor in July 2025, and, shortly after, he became the Individual’s sponsor.

⁸ The Individual’s IOP Counselor required that those in his program also attend three additional mutual support groups outside the IOP per week to develop “connections in the recovery community” and provide “continued support after the IOP ends.” Tr. at 21–22, 32–33. At the hearing, the IOP Counselor described that the Individual exceeded this by attending seven AA meetings per week during the IOP. *Id.* at 16.

⁹ The IOP Counselor also assessed the Individual’s honesty positively given the deeply personal and embarrassing nature of the information the Individual shared throughout the course of treatment with the IOP. Tr. at 38.

¹⁰ The Individual submitted AA attendance sheets demonstrating daily attendance followed by attendance multiple times per week as time passed. Ex. D at 57–61 (reflecting attendance in 100 AA sessions over 153 calendar days between August 26, 2025, and March 26, 2026). He did not start documenting his attendance until after he received the DOE Psychiatrist’s Report. Tr. at 154–55; Ex. 1 at 7 (reflecting that the Notification Letter was signed on August 18, 2025, and was accompanied by a copy of the DOE Psychiatrist’s Report).

Id. at 55. The Individual specifically recalled raising his hand during a meeting on July 3, 2025, and requesting that someone serve as his sponsor. *Id.* at 157. The Individual's AA Sponsor indicated that he required the following of those who ask him to be their sponsor: (1) that they attend 90 AA meetings in 90 days; (2) that they attend at least one meeting per week with the AA sponsor present; (3) that they call the AA sponsor every day to check in; and (4) that they meet with the AA Sponsor outside of meetings at least once per week to work on the 12 steps. *Id.* at 56–57.¹¹ The AA Sponsor also expressed he expects those his sponsees to engage in volunteer work. *Id.* at 58. The AA Sponsor indicated that the Individual has complied with his requirements and the recommended volunteer work. *Id.* at 58, 60–61. The AA Sponsor confirmed that the Individual has worked through all the 12 steps with him; that the Individual volunteers at a local detox facility to introduce others to AA; that the Individual has become a sponsor himself; and that the Individual has integrated AA into his social life as well by attending, for example, AA barbeques and retreats. *Id.* at 59–61. The AA Sponsor described the Individual as “enthusiastic” and going “above and beyond making this [his sobriety and AA participation] important to him.” *Id.* at 61–62.

The Individual's EAP Counselor testified that he met the Individual when the employer contractor's EAP had referred him for counseling services from August 2025 to November 2025; they initially met once per week until, at some unspecified time, the EAP Counselor determined that biweekly sessions would suffice. *Id.* at 42–43. The EAP Counselor indicated that he diagnosed the Individual with AUD, though the modifier was “Moderate” rather than “Severe.” *Id.* at 49–50. The EAP Counselor described the Individual as having been responsive to cognitive behavioral therapy and recounted that the Individual actively participated, including completing homework between sessions. *Id.* at 43–44. The EAP Counselor and the Individual discussed “navigat[ing] emotional distress” and in changing the types of actions taken after the Individual experienced certain impulses. *Id.* at 44, 50. The EAP Counselor indicated that the Individual completed treatment with him in November 2025 and explained that his discharge plan was for the Individual to continue attending the IOP aftercare and to maintain active AA participation. *Id.* at 51–52. He gave the Individual a “positive prognosis.” *Id.* at 46.

At the hearing, the Individual testified that he intended to keep re-working the 12 steps and to maintain his relationship with his AA Sponsor and his AA community for the rest of his life. *Id.* at 132–34. He also intended to complete the IOP aftercare as recommended by the IOP Counselor. *Id.* at 130–31. The Individual testified that he no longer has alcohol in his home and recounted several social events where alcohol was available but he declined to drink alcohol. *Id.* at 136–37. The Individual testified that he no longer has cravings for alcohol but that, if he were to experience a craving, he can call his AA Sponsor or his Girlfriend and can also attend an AA meeting—which are even available online, 24-hours a day, seven days per week.¹² *Id.* at 137. In his testimony, the Individual acknowledged that his alcohol problem is one that he needs to work on every day and

¹¹ The AA Sponsor estimated that he sponsored about 20 to 25 people who have not completed his requirements and that he has only worked with 7 people, including the Individual, who have completed his requirements. Tr. at 66. He acknowledged his requirements to be “rigorous.” *Id.* at 66–67. The Individual also commented that, because of his military background, he believes he responded well to the strictness and structure provided by his AA Sponsor. *Id.* at 158.

¹² The Individual testified that his AA attendance sheets only recorded the live meetings that he attended and not the online meetings. Tr. at 158. The Individual testified that he prefers live meetings but knows the online meetings are available if he needed to attend. *Id.*

that this problem was exacerbated by his self-isolation. *Id.* at 139. He recognized the importance of developing his personal relationships, as well as maintaining his relationship with the sober community that he has integrated into his life. *Id.* at 138–39. The Individual specifically recounted that the time spent with his family, his Girlfriend, and his AA community, including his own sponsee—in turn prevent him from self-isolating and drinking. *Id.* at 161. When asked to provide an example of a scenario that used to induce his drinking, the Individual recounted that, in September 2025, the Individual felt alone since he was on a work trip. *Id.* at 167–68. During that work trip, the Individual continued his daily phone call with his AA Sponsor and attended daily AA meetings. *Id.* at 168.

e. Character Evidence

The Individual’s Supervisor testified that she has known the Individual for five or six years, during two of which she served as the Individual’s direct supervisor. *Id.* at 78–79. She indicated that the Individual had been forthcoming about his treatment for alcohol use. *Id.* at 79. The Supervisor noted that, while the Individual generally was reliable and trustworthy in the workplace and never had issues prior to receiving treatment, the Individual appeared more enthusiastic about work since engaging in alcohol-related treatment. *Id.* at 79–81 (stating he appeared more “vocal” and “present”), 84–85.

The Individual’s Girlfriend has known the Individual for about a year-and-a-half. *Id.* at 87. They originally started their relationship while she lived out-of-state, and she was not originally aware of his pattern of alcohol consumption prior to his hospitalization. *Id.* at 95. She noted that dating long distance “made it a lot easier for him to not . . . pick up the phone”; however, as of July or August 2025, she now lives in the same city as him and believes she would “definitely be able to tell” if he were to resume drinking alcohol. *Id.* at 95, 97. She estimated that she sees him three days per week when he has custody of his son and that she sees him “pretty much daily” otherwise. *Id.* at 95–96. The Individual’s Girlfriend also has not consumed alcohol in six years. *Id.* at 96. The Individual and his Girlfriend speak openly about refraining from alcohol consumption and have been at family gatherings where others are drinking alcohol. *Id.* at 101–02. They were able to mutually express “solidarity” and “frustrati[on]” when family members offered them alcohol; she specifically recounted the Individual stating, “I didn’t realize . . . how much it [alcohol] was messing up my life” and “I can’t even imagine reaching for a drink.” *Id.* at 102–03. She also recalled him teaching her a coping mechanism for dealing with stress: identifying five things in the room as a way to stay grounded. *Id.* at 97.

The Individual’s Mother also testified and recalled situations where alcohol was present, but the Individual had refused to drink alcohol. *Id.* at 110. The Individual’s Mother had asked him if he had alcohol-related cravings on two separate occasions: once, nine months ago, and another time over the winter holidays. *Id.* at 110–11. She stated that the Individual nine months ago had alcohol-related cravings but, as of the winter holidays, did not. *Id.* The Individual’s Mother admitted that she had not known the Individual had an alcohol problem until his hospitalization. *Id.* at 116–17. She acknowledged that in retrospect the Individual had been distancing himself from the family and spending more time alone, which she attributed to work. *Id.* at 117. She now considers this to be a red flag for the future and would confront him immediately if she felt that he was again withdrawing. *Id.* at 118–19.

f. Updated DOE Psychologist's Opinion and Testimony

The DOE Psychiatrist provided his expert testimony after hearing the testimony of the Individual and his witnesses. *Id.* at 171. Regarding his first conclusion in his Report that the Individual was drinking alcohol “in secret”—the DOE Psychiatrist indicated that he “would have been more willing to say that . . . [the Individual’s] sobriety date was actually June 10[], 2025” had he seen the EtG results prior to him writing his Report. *Id.* at 171–72; *see also id.* at 196 (testifying that “if [the Individual] continues to demonstrate abstinence between now and June 10[] of this year . . . he would satisfy the” recommendation of 12 months of abstinence). I also find that the DOE Psychiatrist’s opinion that the Individual had continued drinking in secret past June 10, 2025, to have been overreaching when his own Report acknowledges that “PEth [results] reflect[] the average use of alcohol over the previous 28-30 days.” Ex. 8 at 40 (emphasis added). It is well within possibility that the Individual could have stopped drinking on June 10, 2025, and still tested positive on a PEth test from a sample collected on June 23, 2025.

Furthermore—while the Individual’s EtG result from a June 16, 2025, sample only corroborates sobriety in the preceding 80 hours, or since June 13, 2025—I credit that the Individual stopped drinking on June 10, 2025, given the narrow window between June 10, 2025 and June 13, 2025; the Individual’s forthcomingness to treatment providers and to the LSO; and the voluntariness with which he sought treatment. Even the DOE Psychiatrist, at the hearing, stated that he now believed that the Individual had “established transparency very thoroughly.” Tr. at 175; *see also id.* at 204 (finding that the Individual had acknowledged his maladaptive alcohol use). Those same reasons also lead me to believe that the Individual used no alcohol between June 10, 2025, and the 30 days preceding his first PEth test on August 7, 2025—or July 8, 2025. Furthermore, I find it highly unlikely that the Individual consumed alcohol during this period given the negative results of the weekly EtG testing he took with the IOP. Ex. B at 14–53.

The DOE Psychiatrist indicated that his diagnosis of the Individual had not changed from AUD, Severe. *Id.* at 173–74. The DOE Psychologist still recommended that the Individual maintain abstinence for a year and that such abstinence be documented by PEth testing. *Id.* at 178. The DOE Psychiatrist indicated that twelve months was important given that there are high rates of relapse for those who do not complete one year of treatment. *Id.* The DOE Psychiatrist also opined that the Individual’s intensity with which he approached sobriety and treatment may be a concern insofar as the Individual may be acting “too goal directed” or “too task oriented” when the goal is instead “lifetime sobriety.” *Id.* at 179. The DOE Psychiatrist noted that the Individual’s AA attendance and relationship with his AA Sponsor were positive indicia of his ability to maintain sobriety. *Id.* at 180. The DOE Psychiatrist gave the Individual a “good” prognosis, between “poor” and “excellent.” *Id.* at 191. He believed that the Individual’s prognosis would be “excellent” if he completed the full 12-months of treatment, sobriety, and AA attendance. *Id.* at 191.

V. ANALYSIS

The Individual does not challenge that a Guideline G concern exists in light of his AUD, Severe, diagnosis.¹³ I next turn to the mitigating factors.

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"—specifically having several drinks when isolated—appears to have been a cyclical concern. From the Individual's own description, his maladaptive pattern of consumption started in 2018 as a coping mechanism for feelings of loneliness. His drinking slowed down somewhat in 2022 and 2023; however, after his relationship with an ex-girlfriend ended, he resumed drinking in isolation in 2023. The Individual tried in some instances to quit drinking alcohol "cold turkey" but then resumed. This all culminated in his hospitalization in March 2025, when he stopped again but relapsed from May 2025 to June 10, 2025. I cannot find the behavior to be "infrequent" given the longstanding pattern. The Individual did not assert that such drinking occurred under "unusual" circumstances, and I cannot find the behavior to have occurred under unusual circumstances given the regularity of the behavior.

¹³ As a preliminary matter, the LSO's SSC stated in part that an alcohol-related concern existed because the DOE Psychiatrist had concluded the Individual drank alcohol "in secret" during his IOP—presumably because the DOE Psychiatrist and LSO believed this would have conflicted with treatment recommendations. The Individual allegedly drinking "in secret" during his IOP does not form a sufficient basis for a Guideline G concern given the probability that his heavy alcohol consumption prior to his claimed abstinence beginning on June 10, 2025, would have returned a positive PEth result on June 23, 2025. *See supra* p. 9.

I also cannot find the behavior to have occurred “so long ago”—when the Individual only became sober on June 10, 2025, less than a year before the hearing, and considering the many years over which this cycle of alcohol use was a problem. 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 did 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 and completed several forms of therapy, including weekly individual therapy with his First Treatment Provider from April 2025 to August 2025; the IOP, comprised of individual and group sessions, from June 2025 to August 2025; IOP aftercare from August 2025 to present; and EAP counseling from August 2025 to November 2025. The Individual has attended AA at an extremely high frequency, continues to engage rigorously with his AA Sponsor and meet his Sponsor’s expectations, and has integrated himself with the AA community, going so far as to also serve as a sponsor. The totality of his time in treatment and in mutual support groups, which he attended in various combinations, helped the Individual maintain sobriety since June 10, 2025—a sobriety date that I credit given the Individual’s forthcomingness, the EtG testing and PEth testing, and other indicators of the Individual’s credibility.

When determining whether the Individual’s sobriety is “in accordance with treatment recommendations”—I look to the opinion of the IOP Counselor, who deemed the Individual’s prognosis without further demonstrated abstinence to be excellent, and not the recommendation of the DOE Psychiatrist, who has indicated that his recommendation is still for the Individual to complete a full-year of sobriety and PEth testing. In crediting the IOP Counselor’s recommendations, I weigh heavily that he is the Individual’s treating clinician who has frequent, regular interactions with the Individual to observe first-hand the efficacy of the Individual’s efforts. The prior paragraph describes actions that accord with the IOP Counselor’s recommendations insofar as the Individual has completed the IOP, continues to attend aftercare, and continues to attend AA. I found compelling that the IOP Counselor described the Individual’s prognosis as “excellent” and that this treatment provider had confidence in the Individual. I also found compelling that the Individual understood the importance his sobriety played in maintaining his family relationships and understood that sobriety and his relationship to his AA community was a lifelong commitment. Accordingly, the Individual has also demonstrated a clear and established pattern of abstinence in accordance with the treatment recommendations established by his IOP. Mitigating condition (b) applies.

Mitigating condition (c) does not apply where the Individual admitted that he started attending individualized counseling with the First Treatment Provider in April 2025 for his alcohol consumption but continued drinking alcohol until June 10, 2025, prior to entering into the IOP. This evinces a history of treatment and relapse.

Mitigating condition (d) does not apply, as the Individual continues attending aftercare appointments with the IOP and has not yet completed a year of IOP and aftercare.

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