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**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 27, 2026                    | ) | Case No.: PSH-26-0128 |
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Issued: October 16, 2026

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**Administrative Judge Decision**

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Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."<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 not be restored.

**I. Background**

In January 2022, the Individual tested positive for alcohol at work when she submitted to an alcohol breath test. Exhibit (Ex.) 20 at 91–92.<sup>2</sup> Following the incident, the Individual was "required [by her employer] to participate in a company approved outpatient substance treatment program for up to 24 weeks." Ex. 10 at 35; Ex. 19 at 88. Her employer also required that she participate in Alcoholics Anonymous (AA) or a similar program for 24 months. Ex. 10 at 35; Ex. 19 at 88. The Individual completed an outpatient treatment program,<sup>3</sup> and as she completed the requisite amount of time attending AA, her employer determined that she had adequately met the requirements set forth above. Ex. 9 at 31; Ex. 18 at 83; Ex. 16 at 78. Following her completion of the program, she

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<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> This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE and the PDF page number when citing exhibits submitted by the Individual.

<sup>3</sup> Upon the completion of the intensive outpatient program (IOP), the Individual "attended aftercare meetings . . . when possible[.]" Ex. 12 at 49. The Individual testified that aftercare meetings were available to attend on a weekly basis, but that the meetings were convened in a different state, which made them inconvenient for her to attend. Tr. at 89.

was required to submit to quarterly alcohol testing by her employer for an additional twelve months, which she completed in November 2023. Ex. 18 at 83; Ex. 17 at 80–81.

The Individual reported to DOE that in June 2025, she was arrested and charged with Driving Under the Influence “less than 0.1” First Offense (DUI) and Open Container, among other charges.<sup>4</sup> Ex. 8 at 29; Ex. 14 at 72. She explained that she was driving after drinking alcohol at a friend’s home, and the area was unfamiliar. Ex. 8 at 29. She swerved while driving, striking a parked car. *Id.* Law enforcement personnel were subsequently called by an onlooker, and she was arrested and charged. *Id.* The Incident Report that was compiled by the responding law enforcement officer indicated that a witness “observed [the Individual’s] vehicle driving through shrubs and bushes that were planted along the side of his driveway and residence.” Ex. 13 at 54. When the Individual left the area, the witness followed her until a law enforcement officer was able to locate the Individual’s vehicle. *Id.* The officer observed damage to the Individual’s vehicle and noted that her vehicle contained a beverage that smelled of alcohol. *Id.* The Individual exhibited slurred speech, smelled of alcohol, and failed field sobriety tests. *Id.* at 54–55. As the Individual refused to submit to a breath test, her license was suspended. *Id.* at 56.

The Local Security Office (LSO) asked the Individual to complete two Letters of Interrogatory (LOI), which she signed and submitted in February 2024 and November 2025 after answering questions pertaining to the aforementioned incidents. Ex. 12; Ex. 11. The Individual underwent a psychological evaluation with a DOE consultant psychologist (DOE Psychologist) in March 2026. Ex. 21. In connection with the psychological evaluation, the Individual submitted to a phosphatidylethanol (PEth) test, which yielded a result of 81 ng/mL.<sup>5</sup> *Id.* at 109. In the report of his evaluation (Report), the DOE Psychologist opined that the Individual “habitually or binge consumes alcohol to the point of impaired judgement[,]” and further, she has failed to show adequate evidence of rehabilitation or reformation. *Id.* at 111.

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) 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.

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<sup>4</sup> The Individual completed a victim impact program in connection with the DUI in August 2025. Ex. 15 at 75; Ex. D. She also completed DUI, alcohol, or drug use risk reduction education in September 2025. Ex. E. An interlock device was installed in her car, and it was removed in June 2026. Ex. H; Ex. G. In February 2026, she completed a mandatory DUI education program. Ex. H. The DUI was dismissed and she received a Reckless Driving ticket. Ex. 11 at 39.

<sup>5</sup> “PEth is not a normal body metabolite” and “accumulates when ethanol binds to the red blood cell membrane.” Ex. 21 at 109. The PEth in one’s blood “reflects the average amount of alcohol consumed over the previous [twenty-eight to thirty] days[.]” *Id.* “20 ng/mL is the established threshold for a ‘[p]ositive’ PEth finding.” *Id.* Further, this result “indicate[s] regular consumption of alcohol.” *Id.*

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 and presented the testimony of her stepmother, two coworkers, and the Clinical Services Manager of an IOP that she attended. *See* Transcript of Hearing, OHA Case No. PSH-26-0128 (hereinafter cited as "Tr.") The Individual also submitted thirteen exhibits, marked Exhibits A through M. The DOE Counsel submitted twenty-six exhibits marked as Exhibits 1 through 26 and presented the testimony of the DOE Psychologist.

## II. Notification Letter

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 "[a]lcohol-related incidents away from work, such as driving while under the influence . . . regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder[.]" "alcohol-related incidents at work[.]" and "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder[.]" *Id.* at ¶ 22(a)–(c). Under Guideline G, the LSO alleged that the DOE Psychologist concluded in his March 2026 Report that the Individual "habitually or binge consumes alcohol to the point of impaired judgment" and that the Individual has not shown adequate evidence of rehabilitation or reformation. Ex. 1 at 6. The LSO also alleged that in January 2022, she tested positive for alcohol following a breath test at work. *Id.* Finally, the Individual was arrested and charged with DUI and Open Container in June 2025. *Id.* The LSO's invocation of Guideline G 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 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

With respect to the incident in 2022 where she tested positive on a random drug test at work, the Individual was celebrating a birthday with coworkers the night before. Ex. 21 at 107. When she reported for work the next morning, she was called for a random test, and she tested positive for alcohol.<sup>6</sup> Ex. 21 at 107. She indicated that she consumed approximately four medium sized drinks containing liquor and ice while at a restaurant with coworkers, and after that, she consumed two six-ounce glasses of wine at home. *Id.*; Ex. 12 at 47. As indicated above, the Individual had to comply with the requirements set forth by her employer, and accordingly, she was abstinent during the IOP. Tr. at 89–90. She remained abstinent until she attended a concert in April 2025. *Id.* at 90. When asked why she resumed alcohol consumption in April 2025, the Individual indicated that she was “[a]t a social event . . . where . . . it was common and it was what . . . other individuals were partaking in[.]” *Id.*

She told the DOE Psychologist of the circumstances that resulted in the June 2025 DUI, stating that she had consumed three to four cocktails containing liquor. Ex. 21 at 105. As she was not making the drinks herself, she could not determine how much alcohol was being poured into each drink. *Id.* She consumed the drinks over the span of four to five hours and indicated that she “did not feel she was intoxicated.” *Id.*

The Individual attended approximately 115 online AA meetings from August 2025 to August 2026.<sup>7</sup> *See* Ex. A (copies of online meeting attendance records); Tr. at 96–97. The Individual also began seeing a therapist employed with her employer’s Employee Assistance Program (EAP). Ex. B. She began attending session in July 2025. *Id.* In 2025, she attended five sessions, and in 2026, she attended six sessions.<sup>8</sup> *Id.*

The Individual claimed that she last consumed alcohol in late February 2026, while on a cruise. Ex. 21 at 107; Tr. at 106–07. The Individual did not provide any alcohol testing to corroborate her claimed abstinence from alcohol, although two of the Individual’s coworkers who have known the Individual for over ten years and who socialize with the Individual outside of work testified that they had never been concerned about the Individual’s alcohol consumption, had recently observed the Individual in social environments where she abstained from alcohol, and that the Individual had communicated to them the intention to abstain from alcohol in the future. Tr. at 34–39, 44–

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<sup>6</sup> She testified that she did not feel as though she was under the influence of alcohol when she reported to work. Tr. at 87.

<sup>7</sup> The Individual explained that she did look into in-person meetings and attended fifteen to twenty in-person meetings, but she could not find an in-person meeting that she enjoyed. Tr. at 72–73, 99. She does not have an attendance sheet to corroborate attending the in-person meetings. *Id.* at 73. The Individual does not have “an official sponsor[.]” but considers her stepmother to be her sponsor, as her stepmother is also sober from alcohol. *Id.* She has the Big Book but does not work the Twelve Steps in order. *Id.* at 74. In later testimony, she indicated that she is “not officially working those steps.” *Id.* She also testified that she tries to attend two AA meetings per week. *Id.* at 97.

<sup>8</sup> The Individual had to stop seeing her EAP therapist because she was placed on unpaid leave. Tr. at 76, 104.

53. She told the DOE Psychologist that while on the cruise, she “consumed two glasses of wine one evening[,]” which was approximately eight days prior to the evaluation and the PEth test. Ex. 21 at 108. The medical doctor who interpreted the PEth test results indicated that the Individual’s PEth results were more consistent with consuming an “average [of two to four] or more drinks/day.” *Id.* at 109. The Individual amended this statement at the hearing and testified, “[o]ver the course of the vacation or cruise that I was on, the amount that I drank was well over two drinks.” Tr. at 81. She admitted to drinking alcohol daily while on the cruise. *Id.* She explained that she went on the cruise with friends and that she would be able to “safely and responsibly drink alcohol in that environment, not drive, not be . . . out of control or drink to excess to put [herself] or anybody else . . . in a bad position.” *Id.* at 82. Prior to the cruise, she reported having last consumed alcohol on the day of her arrest in June 2025. Ex. 21 at 109.

The DOE Psychologist indicated in his March 2026 Report that the Individual “did not provide enough information to determine whether she has an Alcohol Use Disorder (AUD)” but opined that the Individual “habitually or binge consumes alcohol to the point of impaired judgment.” *Id.* at 111. In reaching this conclusion, the DOE Psychologist relied on the opinion of the medical doctor who interpreted the PEth test that the Individual’s PEth level was likely substantially higher, and thus indicative of greater amounts of alcohol consumption, one week prior to the evaluation based on the Individual’s claim that she had not consumed alcohol in the week prior to the test and the medical doctor’s calculation of how much the Individual’s PEth level had likely decreased in that time. *Id.* at 108, 111. The DOE Psychologist also administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) to the Individual, the results of which suggested that the Individual was underreporting symptoms and minimizing problems in her life. *Id.* at 108. He further noted that the Individual acknowledged prior periods of heavier alcohol consumption and estimated that the Individual’s blood alcohol content reached .17 g/210L on the night before her 2022 positive workplace alcohol test based on her own account of her alcohol consumption. *Id.* at 107. Considering the Individual’s self-described intoxication in connection with the abovementioned alcohol-related events, the medical doctor’s opinion that the Individual’s PEth level was substantially more elevated one week prior to the test, and the evidence from both the PEth test and the MMPI-3 that the Individual was underreporting the extent of her alcohol-related problems, the DOE Psychologist inferred that she was consuming substantially more alcohol than she admitted and was engaging in either habitual or binge consumption of alcohol to the point of impaired judgment to which she did not admit. *Id.* at 109–11. As the Individual did not show adequate evidence of rehabilitation or reformation, he recommended participation in an IOP consistent with “the American Society of Addictive Medicine standards of a minimum of nine hours of therapeutic and educational meetings [per] week, for between [twelve] and [sixteen] weeks.” *Id.* at 110. After completing the IOP, the Individual should attend regular aftercare with a substance abuse professional and “at least two group meetings per week for six months.” *Id.* He also recommended AA or a similar-type program, and that she submit to monthly PEth testing. *Id.* Alternatively, he recommended that if the Individual decided not to attend an IOP, she should participate in AA, or a similar program, for a span of twelve months. *Id.* The meetings should be “in-person” and “documented.” *Id.* She should also secure a sponsor and work the Twelve Steps, as well as submit to monthly PEth testing. *Id.* at 111–12. If she decided not to attend any programs at all, she could demonstrate rehabilitation or reformation by remaining abstinent for eighteen months and providing eighteen months of negative PEth tests. *Id.* at 112.

In June 2026, the Individual underwent an assessment with a substance use treatment center, which recommended that she attend a women's IOP that began in July 2026. Ex. I. The IOP consisted of three meetings per week, with each meeting lasting three hours. *Id.* The Individual completed the IOP in August 2026,<sup>9</sup> and during her attendance, she participated in a peer support program conducted by the IOP, allowing her to access more support.<sup>10</sup> *Id.* As part of the IOP, she was subject to two urine tests that screened for alcohol and drugs, and both were negative for the tested substances. Ex. K; Tr. at 25.

The Individual began seeing a private therapist in July 2026. Ex. C. The Individual testified that she had attended "five or six" sessions with this therapist. Tr. at 101. The Individual also stopped seeing the individuals with whom she previously drank socially. *Id.* at 94. Her therapist is aware of her prior alcohol use and that it has caused difficulties for the Individual. *Id.* at 101. The Individual sought out this therapist because she is "versed in alcohol and . . . drug . . . counseling." *Id.* She also testified that she has a "strong support group" that consists of supportive friends and family. *Id.* at 94–95. She realized that being around certain friends in a social capacity served as a trigger for alcohol consumption. *Id.* at 102. The Individual testified that she does not experience any cravings for alcohol and she intends to "abstain from [alcohol] and reap the benefits that [come with] . . . not partaking[.]" *Id.* at 108. The Individual testified that one of those benefits is engaging in activities like painting. *Id.* at 109–10.

The Clinical Services Manager at the women's IOP testified that she was conducting a group that the Individual attended during her treatment. Tr. at 17. The Individual was diagnosed with AUD, in early remission.<sup>11</sup> *Id.* at 30. She met with the Individual to create a treatment plan, and "alcohol use" was the "identifying problem" when the Individual first sought services. *Id.* at 18. The goal that they identified was the Individual's desire to "find alternatives to [alcohol to] occupy her time and get through [a] stressful situation[.]" *Id.* at 18–19. She also wanted to maintain her employment. *Id.* at 19. The Individual also wanted to learn about recovery to determine where she is in the process, and to "meet with a peer support specialist to work on creating a personal wellness plan[.]" *Id.* Ultimately, she wanted to create a plan to help her transition into a way of living without maladaptive alcohol use, and to "meet with [a] counselor to monitor progress[.]" *Id.* The Clinical Services Manager testified that at the time of the hearing, they were working on getting the Individual enrolled in aftercare. *Id.* at 20. She explained that attendees are only discharged from the IOP when they have met eighty percent of their goals, and the Individual had met ninety percent of her goals. *Id.* She indicated that the Individual participated "fully" in group meetings while attending the IOP, and she was "very self-aware around how her substance use or alcohol use led her to consequences[.]" *Id.* at 21–22. The Individual told the Clinical Services Manager that she needed to make "[c]hanges in some social settings, social interactions, changes in peers, [and] different ways to manage stress and emotions[.]" *Id.* at 22. Attendees of the IOP are not

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<sup>9</sup> At the time of the hearing on September 9, 2026, the Individual had not yet started aftercare services, but she had meet with peer support specialists since the completion of the IOP. Tr. at 75.

<sup>10</sup> Peer support specialists are individuals who are in recovery themselves but are certified to offer support. Tr. at 23. Peer support specialists are not clinicians. *Id.* at 24.

<sup>11</sup> The early remission status was based on self-reports of when the Individual last consumed alcohol. Tr. at 30.

required to attend AA or similar meetings, but it is encouraged. *Id.* at 23. She indicated that the Individual was “focused on abstinence moving forward and recovery maintenance[.]” *Id.* at 25. She confirmed that the IOP conducted two random drug and alcohol urine tests, and that the Individual did not have any positive results. *Id.* at 25–26.

The DOE Psychologist testified that he was concerned by the lack of PEth testing. *Id.* at 118. He understood that it was costly but stressed that it is the “most objective and scientific way” that one can measure alcohol in an individual’s system.<sup>12</sup> *Id.* He also stated that although the Individual has a “quasi [AA] sponsor” and has “quasi worked the [Twelve Steps,]” it was not in as formal a manner as he would have liked. *Id.* The DOE Psychologist explained that he did recommend aftercare, which, including the IOP, would bring the Individual to about six months of treatment. *Id.* Although the Individual had completed the IOP, she had not yet participated in any aftercare and thus had not met his recommendations. *Id.* Although the DOE Psychologist was heartened by the fact that the Individual was able to provide more information to the IOP Clinical Services Manager, as the IOP was able to diagnose her with AUD based on self-reports during intake, he still felt that she needed to participate in aftercare. *Id.* at 119. When asked if the Individual’s diagnosis had changed since the psychological evaluation, the DOE Psychologist indicated that it had and referred to the AUD diagnosis offered by the IOP, confirming that the IOP treatment center was “qualified to make a diagnosis.” *Id.* at 121. He indicated that on a scale of poor, fair, and good, the Individual had a fair prognosis. *Id.* at 122.

The Individual’s stepmother testified that they live approximately two blocks away from each other, and they see each other about twice per week. *Id.* at 57–58. She explained that at the time of the DUI, she was worried for the Individual in terms of her employment but did not have concerns with respect to the Individual’s alcohol consumption. *Id.* at 60. She explained that the Individual does not consume alcohol around her when they go on family vacations together. *Id.* at 61. When they last went on vacation together in June 2026, others were drinking alcohol around the Individual, but the Individual did not partake. *Id.* The Individual did not endorse any cravings for alcohol at that time. *Id.* at 62. She visited the Individual’s home the week prior to the hearing and did not see any alcohol. *Id.* The Individual’s stepmother confirmed that the Individual told her that she last consumed alcohol while on a cruise. *Id.* at 63. She explained that she has “always [been] there” for the Individual, so she considers herself as part of the Individual’s support network. *Id.* at 63–64. Since starting treatment, the Individual has been making “better decisions in her personal life and in her family life[.]” *Id.* at 65.

## V. Analysis

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;

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<sup>12</sup> The Individual testified that she could not afford the cost of the PEth testing. Tr. at 104–05.

- (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.

It is clear from the record that the Individual has made some strides with respect to treating her maladaptive alcohol consumption. After testing positive for alcohol at work, she completed an IOP and all other requirements set forth by her employer. It would have been ideal for the Individual to maintain her sobriety following that incident, but she started consuming alcohol again. Although her coworkers and stepmother did not endorse any problematic alcohol consumption on behalf of the Individual, the record does indicate that the Individual would habitually or binge consume alcohol, and ultimately, she operated her vehicle under the influence, resulting in a DUI charge. She was subsequently diagnosed with AUD by a second IOP. While I am heartened by the progress that her coworkers and stepmother indicate she has made, I am also concerned that they do not have the full scope of the information available, as they did not feel that the Individual's consumption was problematic in any way. Concerningly, it also appears from the record that the Individual misrepresented the amount of alcohol she had recently consumed to the DOE Psychologist. It is of particular note that at the time the Individual was on the cruise and consuming alcohol, she was attending AA meetings and had already completed an IOP as a result of testing positive for alcohol at her workplace. These factors do not engender any confidence that the Individual will continue to remain abstinent from alcohol, especially because at the time of the hearing, she could not present evidence to corroborate continuous abstinence since February 2026. The months that she has been abstinent have also not been corroborated by monthly PEth testing. I am further concerned by the fact that the Individual previously participated in and completed an IOP, was abstinent from alcohol beginning in 2022, but started consuming again in April 2025. She was abstinent from alcohol for approximately three years. As it stands now, the Individual has not remained abstinent from alcohol nearly as long as she was from 2022 to 2025. Although I have the Individual's assurance that she has discontinued spending time with people who triggered her alcohol consumption, my concerns that she will resume maladaptive alcohol consumption are not sufficiently assuaged, especially because I do not have an established pattern of negative PEth test results.

As the Individual has not demonstrated any period of verified abstinence, has demonstrated herself to be an unreliable narrator of her alcohol consumption, and consumed alcohol in the presence of others for the purposes of socializing under ordinary circumstances, including the night that resulted in her being charged with DUI, I cannot conclude that the behavior happened so long ago,

so infrequently, or under such unusual circumstances that it is unlikely to recur or does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. Mitigating factor (a) has not been met.

While the Individual did take the commendable step of attending a second IOP and she has been attending online AA meetings, the DOE Psychologist recommended PEth tests to establish a pattern of abstinence. The record is bereft of any PEth testing. I cannot, therefore, conclude that the Individual has met the requirements of mitigating factor (b).

As stated above, the Individual had completed one IOP prior to the 2025 DUI. She testified that she had remained abstinent from alcohol from 2022 until she began consuming alcohol again in April 2025, and that she had a second period of abstinence beginning in June 2025 until she relapsed in February 2026. Accordingly, although the Individual has completed a second IOP and intends to continue into aftercare, she does have a history of treatment and relapse. I cannot conclude that mitigating factor (c) has been satisfied.

Although the Individual has completed the IOP, she has neither completed the recommended aftercare nor undergone the PEth testing recommended by the DOE Psychologist to show a clear and established pattern of abstinence. Accordingly, mitigating factor (d) has not been satisfied.

For the aforementioned reasons, none of the mitigating conditions are applicable and the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

## **VI. Conclusion**

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G 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 mitigated the Guideline G concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring 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 restored. 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