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

In the Matter of: Personnel Security Hearing )  
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Filing Date: March 28, 2022 )  
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Case No.: PSH-22-0064

Issued: August 24, 2022

**Administrative Judge Decision**

Brenda B. Balzon, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (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."<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 security clearance should be granted.

**I. BACKGROUND**

The Individual is employed by a DOE Contractor in a position which requires that he hold a security clearance. In May 2021, the Individual completed an Electronic Questionnaire for Investigations Processing (e-QIP) and disclosed that, in January 2019, he voluntarily admitted himself into a detoxification program to obtain treatment for his alcohol use. Exhibit (Ex.) 9 at 64.<sup>2</sup> During a subsequent investigation conducted by the U.S. Office of Personnel Management (OPM), the Individual told the OPM investigator that in February 2018, he was consuming "seven to eight shots" of alcohol daily, and estimated he was becoming intoxicated every other day. Ex. 9 at 78. The local security office (LSO) issued the Individual a letter of interrogatory (LOI) concerning his alcohol use. Ex. 6. In his LOI response dated October 8, 2021, the Individual indicated that his concern regarding his level of alcohol use prompted him to seek treatment including alcohol

<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> Numerous exhibits offered by DOE contain documents with printed page numbers that are inconsistent with the pagination of the exhibits. This Decision cites to pages in the order in which they appear in exhibits without regard for their internal pagination.

detoxification (detox) in January 2019, where it was recommended that he avoid alcohol use and take Vivitrol injections to address alcohol use. *Id.* at 1–3. The Individual reported that he took Vivitrol injections twice – once when he was discharged from detox, and once the following month. *Id.* at 2. However, he also admitted that he had resumed consuming one to three alcoholic drinks per month, beginning approximately one year prior to his October 2021, LOI response. *Id.* at 2. He admitted that he last consumed alcohol on October 2, 2021, when he consumed ten alcoholic drinks to intoxication. *Id.* at 3.

The LSO subsequently requested that the Individual undergo an evaluation by a DOE consultant psychiatrist (Psychiatrist), who conducted a clinical evaluation of the Individual in December 2021. Ex. 7. During the evaluation, the Individual told the Psychiatrist that his alcohol consumption peaked in 2018, and he entered inpatient alcohol withdrawal treatment (detox) on January 24, 2019. *Id.* at 3, 5. The Psychiatrist reviewed the Individual’s treatment records which stated that he participated fully in the detox program and by the end of seven days, his alcohol withdrawal symptoms had responded to treatment. *Id.* at 5. At discharge, he was given a Vivitrol injection to reduce alcohol cravings. *Id.* He subsequently attended individual counseling in an outpatient program and recalled to the Psychiatrist that the counseling program and his detox program recommended that he abstain from alcohol. *Id.* at 6. After his six sessions of counseling, he stated to the Psychiatrist, he concluded that he did not need treatment and was able to maintain abstinence for the remainder of 2019. *Id.*

The Individual told the Psychiatrist that he was able to maintain abstinence from alcohol for the rest of 2019, however, in approximately January 2020, he resumed moderate alcohol consumption of one to three alcoholic drinks once or twice per month. Ex. 7 at 6. He estimated that during the two years since resuming alcohol consumption, he became intoxicated approximately four times, generally during social events. *Id.* at 6. He stated that he last consumed alcohol on approximately October 1, 2021, when he consumed approximately ten alcoholic drinks over the course of eight hours. *Id.* Regarding his future intentions concerning alcohol, the Individual stated that he “did not see any future need to drink” and that if he had problems with alcohol use, he could seek help from his support system. *Id.* at 6–7. As part of the evaluation, the Psychiatrist ordered a Phosphatidyl Ethanol (PEth) test. *Id.* at 8. The PEth test was negative. *Id.* at 8, 12. The Psychiatrist stated in his report (Report), “PEth can still be detected in the blood for about 28 days after alcohol consumption has ceased.” He concluded that the Individual’s negative PEth test “was consistent with his self-report that he had not consumed alcohol during the two months before the test.” *Id.* at 8.

Ultimately, the Psychiatrist diagnosed the Individual with Alcohol Use Disorder, Moderate, in early remission, without adequate evidence of rehabilitation or reformation, and he concluded that the Individual binge consumes alcohol to the point of impaired judgment. Ex. 7 at 10. The Psychiatrist recommended that, in order to demonstrate rehabilitation or reformation, the Individual should participate in an outpatient treatment of moderate intensity, which means a treatment regimen such as Self Management and Recovery Training (SMART), at least once per week, or attend individual or group alcohol abuse counseling. *Id.* at 11. He also recommended that the Individual abstain from alcohol, and that treatment be for one year. *Id.*

Due to unresolved security concerns related to the Individual's alcohol use, the Local Security Office (LSO) informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding the Individual's eligibility to hold a security clearance. In the Summary of Security Concerns attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. Ex. 1.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the Individual presented the testimony of six witnesses, and testified on his own behalf. The LSO presented the testimony of the Psychiatrist. The Individual submitted seven exhibits (Ex. A–G). The LSO submitted nine exhibits (Ex. 1–9).

## **II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS**

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as a basis for denying the Individual a security clearance. Ex. 1. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21.

In citing Guideline G, the LSO relied upon the Psychiatrist's determination that the Individual met the *Diagnostic and Statistical Manual of the American Psychiatric Association, Fifth Edition* (DSM-5) criteria for a diagnosis of AUD, Moderate, in early remission, without adequate evidence of rehabilitation or reformation, and that he binge consumes alcohol to the point of impaired judgment. Ex. 1. The LSO also cited the Individual's admissions from his LOI response in which he disclosed that he sought alcohol treatment in January 2019, but resumed alcohol consumption approximately one year prior to his LOI response, and last consumed alcohol on October 1, 2021, when he drank to intoxication. The above information justifies the LSO's invocation of Guideline 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 of 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) cert. denied, 499 U.S. 905 (1991) (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. 10 C.F.R. § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

#### **IV. HEARING TESTIMONY**

At the hearing, the Individual testified on his own behalf and presented the testimony of his wife (Wife), his mother (Mother), his SMART recovery program facilitator (Facilitator), the reverend from his church (Reverend), a work colleague who is also his trainer (Trainer), and a coworker (Coworker).

The Wife testified that she has known the Individual since 2015 and she married him in April 2022. Transcript (Tr.) at 21–22. She stated that the Individual participated in a medical detoxification (detox) program in 2019 where they gave him tools to moderate his alcohol consumption. *Id.* at 26. After he completed detox, she noticed that he significantly decreased his alcohol consumption although he binge consumed alcohol one or two times per year. *Id.* She stated that he eventually realized that moderate alcohol consumption was not working for him, so he decided to fully abstain from alcohol in October 2021. *Id.* at 27. The Wife asserted that the Psychiatrist’s diagnosis of AUD and recommendations for total abstinence prompted the Individual to maintain 100 percent abstinence. *Id.* She testified that since the Individual began abstaining from alcohol, he has made several changes in his life. *Id.* She elaborated, stating he has been very driven in his goals, goes to the gym six days per week, has lost 40 pounds in one year, and wakes up very early in the morning to work on school assignments and his career, and she stated that they now have a great relationship without arguments. *Id.* at 27–28. She asserted that the Individual’s main trigger for his alcohol use was his former associates, but it has been over a year since he last associated with them. The Wife asserted that the Individual is committed to total abstinence from alcohol, and she is fully confident in his ability to maintain his sobriety. *Id.* at 29. She stated that they do not keep alcohol in the house. *Id.* at 28. She also stated that when she and the Individual have attended social events where alcohol is served, he has maintained his sobriety without incident, including at their own wedding where he drank sparkling water in lieu of a champagne wedding toast. *Id.* at 28.

The Mother testified that after the Individual completed the detox program in 2019, she found some workbooks in his room on moderation management, and discussed with him the premise of moderation management. *Id.* at 41–42, 52. She stated that in approximately February 2019, the Individual initially began moderating his alcohol consumption based on program guidance he had received on moderation management. *Id.* at 42–43, 46. She asserted that he has made consistent efforts to decrease alcohol consumption from 2019 until he began total abstinence on October 1, 2021. *Id.* at 42–43, 46. The Mother testified that she sees the Individual at least once a week and the most significant changes she has seen since he began total abstinence are that he is attending

treatment meetings as recommended by the Psychiatrist, and he undergoes voluntary alcohol testing. *Id.* at 47. She has also seen him maintain his sobriety while successfully managing multiple stressful and significant life events, including his recent marriage, starting a new job, and undergoing the current security clearance process. *Id.* at 49. The Mother further testified that the Individual has told her that his future intention with alcohol is to maintain “complete and total sobriety and abstinence.” *Id.* at 57. She asserted that because she has a very close relationship with the Individual, she would know if he started drinking alcohol again. *Id.* at 48. She stated that the Individual has an immense support network and provided as an example how the Individual, the Mother, and the maternal grandmother spoke together the night prior to the hearing to provide the Individual with the support he needed to cope with the stress and nervousness he experienced in anticipation of the hearing. *Id.* at 55.

The Facilitator testified that he facilitates the SMART recovery program which the Individual has been attending since approximately early February 2022, as also corroborated by his attendance records. *Id.* at 64; Ex. B; Ex. F. He stated the SMART program is based on abstinence, is very similar to other 12-step programs, has weekly group sessions, provides tools including rational emotive behavioral therapy to help people overcome addictions or substance abuse, and uses a program workbook with assignments based on these principles. *Id.* at 65–66. Additionally, a peer support group is an integral part of the program. Tr. at 70–71. *Id.* The program starts with the beginning of the workbook, and upon completion of the entire workbook, it restarts at the beginning of the book, but the program itself has no end date. *Id.*

The Facilitator stated that the Individual has already completed one full progression of the program workbook, attends the group regularly, and has attended several sessions in person, even though the group offers hybrid-meetings where participants can choose to attend virtually online. *Id.* at 65, 67–68. He testified that the Individual is a very active and engaged participant who regularly shares with the group, including discussing his completed workbook assignments, and has excellent attendance. *Id.* at 65. The Facilitator testified that the Individual has confided in him regarding emotional triggers and controlling emotions. Tr. at 67. He stated that the Individual has shared in group sessions the insights he has learned on how to manage those triggers, and has provided examples of coping skills and tools that have helped the group. *Id.* The Facilitator recalled successful strategies the Individual uses, which are getting up early in the morning, keeping himself busy with activities throughout the day, and maintaining his commitment to exercise and good health. *Id.* at 72. He asserted that, based on his longstanding experience as a SMART facilitator, the Individual’s progress is noteworthy and significant because of his consistency and his desire to change and achieve an active lifestyle balance. *Id.* at 68. He actively pursues these goals by being present in the program consistently since February 2022, despite already completing a full circuit of the workbook. *Id.* The Facilitator asserted that the Individual’s exemplary commitment and dedication distinguishes him from the many people who start attending SMART recovery but end up in a cycle where they disappear and reappear, but do not attend regularly. He stated that the Individual is different than most people because “he actually shows up and is trying to better himself.” *Id.* at 70. The Facilitator further stated that based on his understanding, the Individual has maintained his sobriety for the entire time he has participated in the SMART program. *Id.*

The Reverend, who has known the Individual for four years, stated that he, himself, has been sober for 24 years. *Id.* at 77. He testified that he has counseled the Individual regarding positive approaches to recovery programs and how to ensure sobriety and success in a treatment program. *Id.* at 76–77. Based on his conversations and observations of the Individual, he asserted that the Individual’s participation in SMART recovery has given him an increased maturity in his “ability to see his failing and faults from prior years ... that are related ... to his use of alcohol,” and his ability to recognize how he has grown and what he has learned from his SMART program participation. *Id.* at 84. The Reverend testified that he is confident that the Individual would confide in him if he were struggling with alcohol, or other life problems, and stated that he has never perceived there to be an active issue regarding the Individual’s alcohol use, nor has he encountered the Individual in a state that would make him question the Individual’s sobriety. *Id.* at 81. He believes the Individual is proactively engaged in his recovery program and is vigilant about protecting his sobriety. *Id.* at 81–82. The Reverend also testified that he finds the Individual to be reliable and trustworthy as his volunteer work with the church requires him to maintain confidentiality of financial information and the private needs of parishioners, which he does. *Id.* at 79.

The Individual’s Trainer and his Coworker both testified that they have known the Individual for a year-and-a-half and are aware of the security concerns involving his alcohol use. *Id.* at 89–90, 97. The Trainer testified that he has seen no indications that the Individual has a problem with alcohol. *Id.* at 90. He stated that he has attended co-worker social gatherings with the Individual where others were consuming alcohol, and asserted that the Individual did not consume alcohol at those events. *Id.* at 91. He also stated that the Individual has impressed him at work and has shown himself to be reliable and trustworthy because he has never taken a day of vacation and always arrives for work on time, and his level of work is exceptional. *Id.* at 90, 92. The Coworker testified that during the time he has interacted with the Individual, the Individual has never spoken about alcohol, and the Coworker has not seen him consume alcohol. *Id.* at 98. The Coworker stated that he attended the Individual’s wedding where alcohol was served, but did not see the Individual drink alcohol. He also stated he finds the Individual trustworthy and reliable. *Id.* at 99.

The Individual testified regarding his efforts to mitigate the security concerns. He testified that he last consumed alcohol on October 1, 2021, and acknowledged that it was a bad “experiment” involving modified consumption. *Id.* at 112. He asserted that he has maintained total abstinence since October 1, 2021, because at that point, he no longer believed that he could partake in modified consumption, he reaped no benefits from alcohol use, and it was better for himself and the people around him if he completely abstained from alcohol. *Id.* at 112, 124. He stated that upon his completion of a seven-day medical detox program in January 2019, he was offered a Vivitrol injection to decrease alcohol cravings, and was given a recommendation for a book that promoted modified consumption of alcohol. *Id.* at 104, 106–07. He ultimately stopped taking Vivitrol because of undesirable side effects and because he wanted to try modified consumption and managing his cravings without it. *Id.* at 104, 106. He asserted that after completing detox in 2019, he significantly decreased his alcohol consumption by using moderation management.<sup>3</sup> *Id.* at 107.

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<sup>3</sup> This testimony seems to differ from the DOE Psychiatrist’s Report which states that the Individual reported resuming alcohol consumption in January 2020, and his LOI response which states he resumed alcohol consumption

The Individual testified that the Psychiatrist's Report had a significant effect on his relationship with alcohol because it gave him the self-awareness to recognize that he has a formal diagnosis of AUD, which he previously did not believe he had. *Id.* at 113–14. He agreed with the Psychiatrist's diagnosis and admitted that he has AUD. *Id.* at 114. He testified that “one of the greatest things coming out of all of this, is that [he] feels...comfortable saying that [he has AUD], and [he] thinks it has only benefitted [him] since to acknowledge that” and take steps to resolve it. *Id.* at 114. He asserted that after reading the Report in February 2022, he immediately decided to seek out a SMART recovery program. *Id.* The Individual testified that the greatest benefit he has obtained from the SMART program is the accountability it offers him. *Id.* at 116. He stated that the program has also taught him to identify and express his emotions associated with his previous alcohol use, and has taught him how to successfully work through the different phases of recovery. *Id.* He indicated that because the SMART program places a heavy emphasis on abstinence, and promotes self-awareness, it has been more helpful to him than the detox program. *Id.* at 120-21. He asserted that he intends to continue attending the SMART program indefinitely, because he has integrated it into his routine, and he enjoys the community of other participants that provide him with support and are, like him, also committed to their recovery. *Id.* at 116–17.

The Individual stated that the program also requires him to do a lot of work on identifying triggers which has personally helped him maintain his sobriety. *Id.* at 117–18. He learned to recognize that while he has never had traditional cravings for alcohol, he was influenced under social situations with certain people with whom he used to associate. *Id.* at 106, 118. He elaborated that from 2013 through 2018, during his teenage and young adult years, he was involved in a musical band and through that industry, he associated with people who consumed alcohol. *Id.* at 108–10. He stated that the social ties he had were more for professional reasons than friendship, and those associations led to his own increased alcohol consumption. *Id.* at 108–10. He stated that over a period of time, he terminated those connections because he became focused on completing college and establishing a career. *Id.* at 110. He asserted that it has not been difficult to continue to avoid interaction with his former associates, because he distinguishes that previous timeframe of his life as being a “temporary [period] as a young person” living a different lifestyle in the past. *Id.* at 111-12.

The Individual testified that he feels comfortable maintaining his sobriety in social situations where others are consuming alcohol. *Id.* at 119. He provided the example of his wedding and asserted he did not feel that he was “missing out ... not even a little bit” by not drinking alcohol at his wedding, and stated he enjoyed himself. *Id.* at 120. He asserted that he has a robust support system including but not limited to his wife, his mother, his Reverend, his SMART facilitator, his two colleagues who testified, and his grandmother. *Id.* at 121. He testified that, if he found himself struggling with the thought of wanting alcohol in the future, he would reach out to his support group including his mother. *Id.* at 121-22.

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approximately one year prior to October 2021. Ex. 6 at 2; Ex. 7 at 2. However, I do not find that the testimony casts doubt on the Individual's credibility because the Individual consistently admitted in his evaluation by the Psychiatrist, his LOI response, and in his hearing testimony, that he resumed alcohol consumption until he began permanently abstaining from alcohol on October 1, 2021.

The Individual asserted that he has no intention of consuming alcohol in the future. *Id.* at 124. He asserted that he can maintain his sobriety without incident partly because his problematic alcohol use occurred during a time when he had no responsibilities in his life, which is in contrast to his life now. *Id.* at 125. He stated that he currently has many responsibilities including work, personal relationships, and goals he is pursuing that all require him to be stable and not backtrack into alcohol use. *Id.* at 125. In support of his assertions of abstinence, he submitted two EtG hair tests, from March 1, 2022, and June 9, 2022. *Id.* at 126-27; Ex. A. The EtG test results provide evidence of whether alcohol was consumed over a period of 90 days prior to the date the hair sample was collected. Ex. A at 1–2. Both EtG test results stated that the hair was tested for ethyl glucuronide, the lab result was “non-detected,” and the test result was negative. *Id.* Although alcohol testing was not included among the recommendations made by the Psychiatrist in his Report, the Individual stated he took the EtG tests to evidence his sobriety from December through May 2022, as his understanding was that each test measures alcohol use up to 90 days prior to the test. *Id.* at 126-27, 131.

The Psychiatrist testified after observing the hearing and listening to the testimony presented. He stated that, as of the date of the hearing, he believed that the Individual had shown adequate evidence of rehabilitation and reformation of his past AUD. *Id.* at 141, 145. The Psychiatrist stated that it was “obvious to [him] that [the Individual] has changed quite a bit” since the time of the psychiatric evaluation. *Id.* at 139. He stated that initially, the Individual still had some denial during the evaluation. *Id.* at 140. However, he has concluded that after the Individual reviewed the Report, he recognized that the evaluation was the “bottom”<sup>4</sup> that led him to realize that his alcohol use was jeopardizing his job, and prompted him to take action to resolve it. *Id.* at 140–41. The Psychiatrist noted that the Individual “was already in early recovery” with two months of sobriety at the time of the evaluation. *Id.* at 141. He stated that the Individual has shown that he has done a lot of work to address the issues identified in the Report. *Id.* at 141. He noted how important it was that during the hearing the Individual testified that he was comfortable with his diagnosis of AUD. *Id.* at 140. The Psychiatrist asserted that the Individual’s acceptance of his AUD reflects that he has overcome the “shame” that comes at the first stages of recovery, and that the Individual’s comfort with his diagnosis and moving beyond shame is normally something that is achieved at later stages of recovery. *Id.* at 140.

The Psychiatrist also stated that he found that the Wife, the Mother, and the Individual’s other witnesses were all impressive witnesses in that they were people who knew the Individual well, had daily contact with him, and could see if he had been drinking alcohol. *Id.* at 138–39. He also noted the importance of the Individual’s witnesses who had experience with recovery programs because they have knowledge and experience to “know when somebody is ‘doing good [recovery] work’” or not. *Id.* at 139. Additionally, the Psychiatrist stated that the negative EtG tests submitted by the Individual provide some scientific corroboration for the Individual’s assertion that he has maintained his sobriety. *Id.* at 129–30. The Psychiatrist opined that the EtG test does carry a “small

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<sup>4</sup> The Psychiatrist stated, “[I]n AA, they often say an alcoholic has to hit bottom before they make a complete turnaround, and ... often times I’m the bottom in that I represent significant things, like a clearance, a job,” that can help an individual recognize that “this problem might affect my job, consequences like that.” Tr. at 140–141.



risk” of false negatives.<sup>5</sup> *Id.* at 137. The DOE Psychiatrist stated that since the Individual got two independent tests, it “statistically almost certainly ....corroborates that [the Individual] had not drunk alcohol...so it’s a nice corroboration.” *Id.* at 130–31. He also stated that the fact that the Individual got the tests voluntarily reflects well on the Individual’s commitment to maintaining and proving his sobriety, including at his own expense. *Id.* at 131.

The Psychiatrist noted that the Individual has been abstinent from alcohol for ten months,” which is less than the guideline of one year of abstinence that the Psychiatrist recommended in his Report in order to demonstrate rehabilitation and reformation. *Id.* at 142, 144. He testified, however, that in the Individual’s case, he feels comfortable making an exception to the one-year guideline for two reasons. *Id.* at 144, 146–47. First, there is only a two-month difference between the Individual’s ten months of sobriety and the 12-month guideline. *Id.* at 144. Second, and more importantly, the Psychiatrist stated that the Individual has shown exceptional efforts in his recovery because he has done everything asked, has done it well, and has taken extra steps to do additional actions that were not even part of the recommendations. *Id.* at 144, 146–47. The Psychiatrist also gave the Individual a good prognosis for not having future alcohol problems. *Id.* at 145.

## V. ANALYSIS

The Adjudicative Guidelines provide that an individual may mitigate security concerns under Guideline G if “[t]he 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[.]”<sup>6</sup> Adjudicative Guidelines at ¶ 23(b).

The Individual brought forth sufficient evidence to apply ¶ 23(b) to resolve the Guideline G security concerns. The Individual unequivocally acknowledged his past maladaptive alcohol use during the hearing, and has admitted that he has an Alcohol Use Disorder. He has also set forth evidence of actions he has taken to overcome his problem. The evidence demonstrates that he has been abstaining from alcohol since October 2021. His testimony and the testimony of his witnesses on this point is bolstered by negative alcohol tests in the record that cover much of the period of his asserted abstinence. Moreover, the Individual has been following the Psychiatrist’s recommendations by regularly participating in a SMART recovery program on a weekly basis since February 2022, as corroborated by the weekly attendance logs he has submitted and the testimony of the Facilitator.

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<sup>5</sup> The Psychiatrist explained that “the sensitivity is .93, which means there’s a 93 percent chance that it’s going to be positive if you’ve been drinking more than 30 drinks.” *Id.* at 138. He further testified that “the more they drink, ...the better the sensitivity is...[i]n other words, it’s going to more likely pick it up if you drink a lot than if you drink a little.” Tr. at 138. He stated, “it’s a good test as far as not giving you a false negative” although he admitted, “if it’s a negative, ...it doesn’t prove anything 100 percent, no test does, but it’s a very good corroboration....” *Id.*

<sup>6</sup> I have not addressed the mitigating factors at ¶ 23(a), (c), and (d) as they do not require consideration, in light of the fact that the Individual has shown mitigation under ¶ 23(b).

The evidence, including supporting testimony from the Individual's SMART Facilitator, demonstrates that the Individual is continuing to make progress in his treatment program. He continues to participate in the SMART program even after he has already completed a full circuit of the program workbook because he recognizes the strong impact that the program has had on his ability to successfully remain sober. He has also established that he has worked to recognize and deal with his triggers, including that he has disassociated from alcohol-using associates, and has established outside accountability for his sobriety through his recovery group and his church, and by maintaining a robust support system of individuals with whom he interacts regularly.

Finally, the Psychiatrist testified that the Individual has demonstrated adequate evidence of rehabilitation and reformation from his AUD. I find compelling the Psychiatrist's testimony regarding the significant strides the Individual has made in his sobriety journey. The Psychiatrist persuasively explained how the Individual's exceptional efforts in his recovery, including the cognitive changes he observed in the Individual, as well as his active engagement in ongoing treatment, outweigh the fact that the Individual has not yet achieved a full year of abstinence. The Psychologist's determination is supported by the opinion of the Individual's SMART Facilitator, by the negative alcohol testing, and by attendance records and documentation from the Individual's SMART program. Further, the Psychiatrist's determination is consistent with the testimony of additional witnesses, who testified to their observations that the Individual has made behavioral, social, and lifestyle changes to better ensure his continued sobriety. As such, I find that the Individual has mitigated the Guideline G security concerns.

## **VII. CONCLUSION**

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guidelines G of the Adjudicative Guidelines. After considering all of the relevant information, 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 in the Summary of Security Concerns. Accordingly, the Individual has demonstrated that granting his security clearance would not endanger the common defense and would be clearly consistent with the national interest. Therefore, I have determined that the Individual's access authorization should be granted.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Brenda B. Balzon  
Administrative Judge  
Office of Hearings and Appeals