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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: December 23, 2022)	Case No.: PSH-23-0037
)	
_____)	

Issued: May 23, 2023

Administrative Judge Decision

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."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

In August 2018, the Individual was arrested and charged with Aggravated Driving While Under the Influence of Intoxicating Liquor or Any Drug (DWI) and Abuse of a Child. At the time of the incident, the Individual possessed an access authorization, and accordingly, the Local Security Office (LSO) asked the Individual to complete a Letter of Interrogatory (LOI), which the Individual completed and signed in February 2019. Exhibit (Ex.) 15. As questions still remained, the LSO asked the Individual to undergo a psychological evaluation conducted by a DOE-consultant Psychologist (DOE Psychologist), which was completed in April 2019. Ex. 19. The first DOE Psychologist issued her report (the 2019 Report) the same month, which indicated that she had diagnosed the Individual with Substance Use (SU), Alcohol, Moderate, in early full remission, and determined that the Individual "no longer behaves in a manner that will impair her judgement, reliability, stability, or trustworthiness." *Id.* at 6.

The Individual retained her access authorization, and in June 2022, she voluntarily sought treatment to address her alcohol consumption. Ex. 16 at 2. To maintain her clearance, the

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.

Individual completed a Questionnaire for National Security Positions (QNSP), which she signed and submitted on July 26, 2022. Ex. 21. In the QNSP, the Individual disclosed the fact that she sought voluntary treatment for her alcohol consumption from June 2022 to July 2022 and completed the program. *Id.* at 53–55, 57. After completing the QNSP, the Individual participated in an Enhanced Subject Interview (ESI) conducted by an investigator in October 2022, and during the ESI the Individual answered questions regarding the 2018 incident, as well as her alcohol treatment. *Id.* at 60–70.

The LSO subsequently instructed the Individual to undergo a psychological evaluation conducted by a second DOE Psychologist in September 2022. Ex. 16. The second DOE Psychologist relied on the information she obtained in a clinical interview with the Individual, as well as her review of the Individual’s Personnel Security File (PSF) and the *Diagnostic Statistical Manual of Mental Disorders, 5th Edition* (DSM-V). *Id.* at 2. The second DOE Psychologist issued a report in September 2022 (2022 Report), containing her assessments and conclusions, which included a diagnosis of Alcohol Use Disorder (AUD), Severe, in Early Remission. *Id.* at 9.

Due to unresolved security concerns, 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 substantial doubt regarding her continued eligibility for access authorization in connection with her employment, and accordingly, her access authorization had been suspended pending a resolution. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline 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.

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 four other witnesses: her AA sponsor, her supervisor, her employer’s Employee Assistance Program (EAP) counselor, and a work colleague. *See* Transcript of Hearing, Case No. PSH-23-0037 (hereinafter cited as “Tr.”). She also submitted nine exhibits, marked as Exhibits A through I. The DOE Counsel presented the testimony of one witness, the second DOE Psychologist, and submitted twenty-one exhibits marked as Exhibits 1 through 21.

II. Notification Letter

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE raised security concerns under Guidelines G of the Adjudicative Guidelines. Ex. 1.

Under Guideline G, “[e]xcessive alcohol consumption often leads to the exercise of questionable judgement 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 frequency of the individual’s alcohol use or whether the individual has been diagnosed with alcohol use disorder[.]” and “[d]iagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]” *Id.* at ¶ 22(a) and (d). Regarding the Guideline G allegations, the LSO alleged that after evaluating the Individual in September 2022 the second DOE Psychologist determined that the Individual meets the diagnostic criteria for AUD, Severe, in Early Remission, pursuant to the DSM-V, that this condition impaired her judgement, and that she did not show adequate evidence of rehabilitation or reformation. Ex. 1 at 1. The LSO also alleged that in April 2019, the first DOE psychologist determined that the Individual met the diagnostic criteria for SU, Alcohol, Moderate, in early full remission, pursuant to the DSM-V. *Id.* The LSO alleged that in July 2022, the Individual told her employer’s Occupational Medicine (OM) psychologist that from September 2020 to June 2022, “she would consume one large alcoholic seltzer in addition to a quarter of a pint of vodka on most evenings after work and that on weekends she would consume several cans of alcoholic seltzer and a quarter of a pint of vodka. *Id.* The LSO also indicated that the Individual “admitted that from late 2019 to September 2020, she ‘drank excessively.’” *Id.* Finally, the LSO alleged that in August 2018, the Individual was arrested and charged with DWI and Abuse of a Child when the breath alcohol test (BAT) registered results at .21 g/210L after she consumed five mini liquor bottles of whiskey and two beers prior to her arrest. *Id.* Based on the foregoing, 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

In August 2018, the Individual was arrested and charged with DWI and Abuse of a Child.² Ex. 11 at 15; Ex. 14; Ex. 13 at 6; Ex. 21 at 69. On this occasion, the Individual was stopped by law enforcement personnel after consuming alcohol. Ex. 13 at 3; Ex. 21 at 69. At the time she was stopped, the Individual admitted to law enforcement personnel that she had been consuming alcohol, and law enforcement personnel observed that the Individual had two children in the backseat of her vehicle. Ex. 13 at 3; Ex. 21 at 69. Law enforcement personnel could smell alcohol about the Individual, and she was arrested following her performance on field sobriety tests. Ex. 13 at 3–5; Ex. 11 at 15; Ex. 21 at 69. A breath alcohol test was performed, which registered a value of .21 BAC. Ex. 11 at 16; Ex. 21 at 69. During the ESI, the Individual told the investigator that prior to her arrest, she had consumed alcohol with her spouse, who proceeded to “pick[] a fight” with her. Ex. 21 at 69; Ex. 15 at 6. Accordingly, although she was intoxicated, she decided to leave the home with two minor children under her care. Ex. 15 at 1–2; Ex. 21 at 69. She disclosed to the investigator and stated in the LOI that her spouse had alerted law enforcement personnel to the fact that she was intoxicated and operating a vehicle. Ex. 15 at 1; Ex. 21 at 69.

Following the August 2018 incident, the Individual underwent a fitness for duty (FFD) evaluation and was placed on temporary work restrictions.³ Ex. 12; Ex. 15 at 2, 8. In the LOI, the Individual indicated that she had “no intention of drinking and driving ever again[]” and admitted that she had been consuming alcohol on an almost nightly basis. Ex. 15 at 4–5. She also stated in the LOI that she had last consumed alcohol on the day of the incident. Ex. 15 at 6–7. Following the 2018 incident, the Individual attended a ten-week intensive outpatient treatment program (IOP) and saw a therapist for one-on-one sessions for approximately one year. Ex. 16 at 4. She also attended her employer’s EAP alcohol education class twice per month for the span of two months. *Id.*

The Individual underwent an evaluation conducted by the first DOE Psychologist in April 2019. Ex. 19. The Individual disclosed to the first DOE Psychologist that she voluntarily received treatment for her alcohol consumption and that after she met her spouse, she began drinking alcohol heavily. Ex. 19 at 4–5. In the resulting 2019 Report, the first DOE Psychologist noted that the Individual had informed the officer who arrested her on the day of the August 2018 incident that she was not intoxicated, and that the fact the Individual was “functional enough to drive a car at that level [of intoxication] indicates that she had developed an alcohol tolerance.” *Id.* at 3. During the clinical interview, the Individual disclosed that she would drink with her spouse, and that in the months preceding her arrest, “she and her husband were drinking every night[,]” which “negatively impacted [their] relationship[.]” *Id.*; Ex. 15 at 7. On the day of the incident, the Individual “had consumed two beers over two hours and then five whiskey ‘minis’ [consisting of 1.75 ounces] over the last hour[.]” Ex. 19 at 3; Ex. 15 at 1. The Individual admitted to drinking and driving on the occasions she would argue with her spouse, which “had become quite common[,]” to stay with a family member. Ex. 19 at 3; Ex. 15 at 1. The Individual indicated that when she would drink, she would consume only two beers over the span of six hours, and on other

² The criminal matter was resolved via a suspended sentence which required the Individual to, among other things, undergo supervised probation, attend a victim impact panel, attend DWI school, complete a class at a nearby counseling center, have an interlock device installed in her vehicle, and refrain from using or possessing alcohol. Ex. 11 at 2–4, 8, 21, 24; Ex. 19 at 4; Ex. 21 at 69; Ex. 15 at 3–4.

³ The Individual complied with FFD requirements for eight months, at which point she was returned to work without any restrictions. Ex. 16 at 3; Tr. at 107–08.

occasions, particularly when she would argue with her spouse, she would consume “three or four whiskey ‘minis’ . . . over the span of three or four hours.” Ex. 19 at 3; Ex. 15 at 1.

Ethyl Glucuronide (EtG) and Phosphatidylethanol (PEth) tests were conducted in conjunction with the 2019 psychological evaluation, both of which were negative.⁴ *Id.* at 5. In addition to providing the previously stated diagnosis, the first DOE Psychologist concluded that as the Individual had been abstinent for eight months and had shown sufficient evidence of rehabilitation and reformation. *Id.* at 6–7.

As noted in the September 2022 Report, the Individual reported remaining abstinent from alcohol for “only a few to several months” following the 2018 incident. Ex. 16 at 4. In September 2020, the Individual began consuming alcohol heavily. *Id.* at 2, 4. The Individual told the second DOE Psychologist and testified that by September 2020, she was consuming a “hard seltzer and a quarter-pint of vodka[.]” every night, with her alcohol consumption increasing over the weekend by several alcoholic seltzers. *Id.* at 4. Her alcohol consumption increased further to an alcoholic seltzer and “four to five shooters[.]” so that she could reach intoxication. *Id.* at 4. The Individual testified that going to the liquor store after work became her daily routine. Tr. at 69. She stated to the second DOE Psychologist in 2022 that she woke up one morning in early June 2022, “with tremors and craving alcohol.” Ex. 16 at 2, 4. In her testimony, the Individual stated that in the month prior to entering the inpatient facility, she felt that she “might be going down the wrong road[.]” Tr. at 64. It was at this point that the Individual decided to seek treatment. *Id.* at 2, 4; Tr. at 64–65. The Individual entered an inpatient rehabilitation program for her alcohol use the next day, after her son helped her find a rehabilitation facility. Ex. 16 at 2, 4; Ex. 21 at 70; Tr. at 65–66. She testified that she had her last alcoholic drink at the airport on the way to the rehabilitation facility. Tr. at 66–67.

The Individual testified that although she was scared, she knew she wanted to be in inpatient care because she “knew that [she] 100 percent wanted to stop drinking.” Tr. at 67. She completed the inpatient rehabilitation program and was discharged in July 2022 with a good prognosis, completing a little over thirty days of inpatient treatment. Ex. E at 3–4; Tr. at 70. Treatment records indicate that when the Individual began treatment at the inpatient facility, she was experiencing withdrawal symptoms for which she was being monitored. Ex. E at 9–13; Tr. at 71. While in the inpatient rehabilitation program, the Individual participated in various therapeutic sessions, and was described as “engaged,” open to sharing information about herself, and “focused.” Ex. E at 13–211. The Individual described her participation in these therapeutic sessions as “a wonderful experience that [she] knows she needed.” Tr. at 71. Her overall performance in the various areas of compliance was rated as “good” to “excellent.” Ex. E at 4–5.

Following her inpatient treatment, the Individual was required to report to her employer’s OM to comply with FFD requirements. Ex. 15 at 3; Tr. at 73, 83–85. The OM psychologist performed an Alcohol Use Disorders Identification Test, the results of which were “suggestive of an alcohol use disorder.” Ex. 16 at 3. The Individual had a one-time, one-on-one meeting with her employer’s EAP counselor in July 2022 following her discharge from the inpatient rehabilitation program. Tr.

⁴ An EtG test provides an indication of “abstinence within the four days just prior to [the] evaluation,” and a PEth “test detects any significant alcohol use over the past three to four weeks.” *Id.* at 5.

at 15; Tr. at 72–73. The Individual began attending an EAP six-week alcohol education class in July 2022, attending a total of ten classes, the last one taking place in December 2022, for which she received a certificate of completion. Ex. F; Tr. at 16–17, 73–74. She also began attending a Maintaining Changes in Substance Use (Maintaining Changes) class in July 2022, and by late April 2023, she had attended nineteen classes. Ex. F; Tr. at 16–17, 19–20, 73, 77–78. The Individual stated that she intends to continue attending the Maintaining Changes class and indicated that the class is “like [Alcoholics Anonymous (AA)].” Tr. at 79, 90–91; Ex. F. In her testimony at the hearing, the EAP counselor who conducts both of the aforementioned classes noted the Individual’s “excellent attendance” and stated that she is “always very honest, very open.” Tr. at 17. The EAP counselor also stated that the Individual “definitely participates in a robust recovery lifestyle[.]” *Id.* at 18.

In September 2022, the Individual began attending one-on-one therapy sessions with a licensed counselor. Ex. D; Tr. at 86–87. The counselor diagnosed the Individual with AUD, Moderate, and recommended that the Individual attend weekly one-on-one “counseling for six months,” that the Individual continue attending EAP classes, and that she “add other group therapy with an online provider[.]” Ex. 16 at 6. An April 2023 letter from the Individual’s counselor indicates that the Individual is “an active and engaged client who attends sessions regularly and is committed to the therapeutic process of change.” Ex. D. The letter also makes clear that the therapeutic sessions are geared toward processing past traumas, and the Individual “has been open and honest regarding her commitment to sober living now and in the future.” Ex. D; Tr. at 88, 108–09. Accordingly, the Individual also works on developing “a long term relapse prevention plan[.]” with the counselor. Ex. D. The Individual began her therapeutic relationship by seeing her counselor every week, and at the time of the hearing, she was seeing the counselor every other week. Tr. at 86–88, 108. She also confirmed at the hearing that she intends to see her counselor “indefinitely.” *Id.* at 90.

The second DOE Psychologist who examined the Individual in September 2022 stated in the 2022 Report that the Individual could show adequate evidence of rehabilitation or reformation by attending aftercare, as she had completed an inpatient treatment program, receiving one-on-one counseling, attending daily AA meetings, continuing to attend EAP courses twice a week, and having her medication monitored. Ex. 16 at 8. In lieu of AA meetings, the second DOE Psychologist recommended that the Individual attend Self-Management and Recovery Training (SMART) program meetings at a minimum of three times per week.⁵ *Id.* The second DOE Psychologist also recommended that the Individual submit to monthly PEth tests and implement all aforementioned measures for a full twelve months, with the twelve-month period beginning June 2022. *Id.* As in 2019, the Individual was required to submit to a PEth test in conjunction with the 2022 psychological evaluation, the results of which were negative. Ex. 16 at 7; Tr. at 96.

The Individual began attending AA meetings in approximately October 2022, soon after seeing the second DOE Psychologist in September 2022. Tr. at 81. The Individual has attended up to five AA meetings per week, but her attendance also varies according to her daughter’s care needs. *Id.* at 80–81. The Individual testified that AA has become part of her routine, one from which she

⁵ The September 2022 Report notes that the Individual was initially reluctant to attend AA meetings. Ex. 16 at 6. The Individual testified that she initially felt she could recover by herself but attended several different AA meetings anyway. Tr. at 79–80, 102–03. She then happened upon her current AA group and decided that it was “perfect.” *Id.* at 80.

does not like to deviate. *Id.* at 81. She testified that she intends to continue attending AA meetings “because [she] is an alcoholic.” *Id.* at 82.

The Individual also submitted the results of over fifty breath alcohol and urine tests that she had taken from July 2022 to November 2022 pursuant to the FFD program, all of which were negative. Ex. G; Tr. at 91–95, 115. She took five PEth tests from September 2022 to April 2023, which were also negative. Ex. H; Tr. at 85, 95–98. Further, the Individual received a certificate of completion for SMART recovery host training in October 2022. Ex. I; Tr. at 105–06.

The Individual testified that since abstaining from alcohol, her relationship with her children has improved, and she wakes up every morning “clear-minded.” Tr. at 69. She denied having any cravings and stated that she is “grateful to be a recovering alcoholic.” *Id.* At 69–70. She also testified that she has been in situations where other people are drinking alcohol around her, and because she no longer craves alcohol, these situations are not problematic for her. *Id.* at 99–102, 110. However, the Individual indicated that she has a support network she can reach out to if she does find herself craving alcohol or in a stressful situation. *Id.* at 100–01. The Individual testified that she has no intention of ever consuming alcohol again. *Id.* at 102. She also indicated that this endeavor to remain sober is different from her 2018 endeavor to remain sober because she had not yet become dependent on alcohol in 2018, and this time she is remaining abstinent “for [her]self.” *Id.* at 104–05.

The Individual’s AA sponsor of six months testified that she studies the AA “Twelve Steps” with the Individual and meets with the Individual regularly. *Id.* at 40, 42–45. The AA sponsor confirmed that the Individual is both an active listener and participant at AA meetings. *Id.* at 46. The sponsor testified that she would know if the Individual began drinking alcohol again, as “[it is] usually noticeable.” *Id.* The Individual has indicated to her sponsor that she is “done” with drinking alcohol, her sponsor has noticed positive changes in the Individual, and her sponsor feels the Individual is honest, reliable, and trustworthy. *Id.* at 47–48. Finally, the Individual’s AA sponsor stated that the Individual has never called her to talk through a craving, as the Individual is “solid in her sobriety.” *Id.* at 49.

A colleague who began working with the Individual approximately six or seven years ago, testified that she knew the Individual sought inpatient rehabilitation treatment and that, based on her knowledge, the Individual has been abstinent from alcohol since. *Id.* at 27–30. While the witness knew of the 2018 incident, she was not privy to the Individual’s increasing alcohol use when she learned the Individual had gone to seek treatment in 2022. *Id.* at 30, 32. The witness also indicated that she does not spend time with the Individual during off-duty hours but has noticed that the Individual is “a lot more mature and serious these days.” *Id.* at 31–32, 34. The Individual told this witness that when she previously sought treatment following the 2018 incident, it was for the sake of keeping her job, but on this occasion, she was “willing to do whatever it takes to get help[.]” *Id.* at 32–34. She believed that the Individual is honest, trustworthy, and reliable. *Id.* at 35.

The Individual’s supervisor stated that she knew the Individual had struggled with alcohol in the past, but she was unaware of the Individual’s more recent struggles with alcohol. *Id.* at 53–55. Although the Individual and her supervisor see each other in social settings outside of work, her supervisor never “detect[ed] that [the Individual] had any kind of alcohol issues[.]” *Id.* at 55–56.

The Individual told her supervisor that she no longer consumes alcohol and discussed her treatment with her supervisor, and her supervisor stated the Individual is now “more confident” and healthier. *Id.* at 56–57. Further, the Individual has told her supervisor that she is “never going to touch [alcohol] again[.]” and the supervisor confirmed that when she visited the Individual’s home, she did not see any alcohol there. *Id.* at 58–59. Finally, the supervisor stated that the Individual is honest, reliable, and trustworthy. *Id.* at 59.

The second DOE Psychologist who evaluated the Individual in September 2022 testified that the Individual has a “strong recovery program[.]” in place, as she has a “three-pronged approach” with the EAP class, one-on-one therapy, and AA. *Id.* at 114-15. The second DOE Psychologist confirmed that she believes the Individual has been abstinent since June 6, 2022, and that although the Individual did not submit to the number of PEth tests recommended by the second DOE Psychologist, the DOE Psychologist was “still satisfied[.]” *Id.* at 116. She testified that although the Individual still meets the criteria for AUD, the Individual is in early remission, as the Individual has been abstinent for less than twelve months. *Id.* at 116-17. Finally, the second DOE Psychologist testified that at the time of the hearing the Individual had shown adequate evidence of rehabilitation and reformation. *Id.* at 117-18. The second DOE Psychologist stated that there was a “striking difference from when [she] saw [the Individual] in September[.]” as there was “a change of heart and mind and behavior.” *Id.* at 118. She also determined that the Individual’s risk of relapse was “very low to low.” *Id.* at 118–19.

The Individual also submitted letters from character witnesses who described her as honest, an engaged employee, and “a person of strong moral character.” Exs. A, B, and C. One character witness noted that the Individual “has been dedicated to fulfilling her responsibilities this past year by completely (and happily) abstaining from alcohol” and she stated her confidence that the Individual “will continue to do so.” Ex. C. Another letter from a character witness indicated that the Individual’s “continued sobriety also shows her commitment to reestablishing proper behavior to enable her to maintain her clearance status.” Ex. B.

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;
- (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.

There are some facts in this case that provide cause for concern. The Individual has a history of heavy alcohol consumption and an arrest for alcohol-related criminal offenses, and she previously underwent outpatient treatment. Following the 2018 incident and the treatment she received, the Individual did not feel that her alcohol consumption was problematic. Accordingly, the Individual only addressed the concerns that her alcohol consumption presented to maintain her employment, and she resumed consuming alcohol several months later.

However, despite the aforementioned concerns, the record makes clear that the Individual has shifted in her understanding of her alcohol consumption and her primary purpose in receiving treatment. In early June 2022, after experiencing symptoms associated with alcohol dependence, she acknowledged that her alcohol consumption was maladaptive, and she voluntarily sought inpatient treatment. As her motivation for seeking treatment and abstaining from alcohol extends to herself and her health, as opposed to simply maintaining her employment, she has resolved to remain abstinent indefinitely. Not only did she complete over one month of inpatient treatment for her alcohol consumption, but she also attends one-on-one therapy with a counselor on a regular basis and has done so for months. Further, despite her initial misgivings about AA, she has demonstrated that it is now a part of her routine and that she enjoys a good and supportive relationship with her sponsor. The Individual also completed her employer's FFD, which included the requirement to regularly submit to breath and urine testing. The Individual took several PEth tests, completed the EAP six-week alcohol education class, and continues to attend the Maintaining Changes class. She has found and established a strong support network in her AA sponsor and fellow attendees, which will serve her well in the event she ever does crave alcohol or finds herself in problematic situations. Significantly, I also have the benefit of the second DOE Psychologist's testimony, including his opinion that the Individual had shown adequate evidence of rehabilitation and reformation. Accordingly, the Individual has mitigated the stated Guideline G concerns pursuant to the mitigating factor at ¶ 23(b).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guidelines 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 brought forth sufficient evidence to resolve the security concerns set forth in the Notification Letter. Accordingly, the Individual has demonstrated that restoring her security clearance would not endanger the common defense and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should 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