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

In the Matter of: Personnel Security Hearing )  
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Filing Date: June 6, 2023 ) Case No.: PSH-23-0090  
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Issued: August 30, 2023

**Administrative Judge Decision**

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material.”<sup>1</sup> For the reasons set forth below, I conclude that the Individual’s security clearance should be restored.

**I. BACKGROUND**

The Individual is employed by a DOE Contractor in a position which requires that she hold a security clearance. In 2022, the Individual informed her supervisor that she would be receiving outpatient substance abuse treatment and would need a leave of absence from work to do so. The leave was granted and the Individual began treatment. After an investigation into the Individual’s alcohol use, the Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing her that she was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding her eligibility to continue holding 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 the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e) and (g), the Individual presented the testimony of two witnesses—her supervisor and her daughter—and testified on her own behalf. The LSO presented the testimony of the DOE psychologist who had evaluated the Individual. *See* Transcript of Hearing (hereinafter cited as “Tr.”). The LSO submitted 11 exhibits, marked as Exhibits 1 through 11 (hereinafter cited as “Ex.”). The Individual submitted nine exhibits, marked as Exhibits A through I.

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<sup>1</sup> Under the regulations, “[a]ccess authorization’ means 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). Such authorization will also be referred to in this Decision as a security clearance.

## 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 her eligibility for a security clearance. That information pertains to Guidelines G and I of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that 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. Conditions that could raise a security concern include:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) Diagnosis by a duly qualified medical or mental health professional (*e.g.*, physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

*Id.* at ¶ 22.

Guideline I states that “[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline.” *Id.* at ¶ 27. Conditions that may cause a security concern include:

- (a) Behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
- (b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
- (c) Voluntary or involuntary inpatient hospitalization;
- (d) Failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions; and
- (e) Pathological gambling, the associated behaviors of which may include unsuccessful attempts to stop gambling; gambling for increasingly higher stakes, usually in an attempt to cover losses; concealing gambling losses; borrowing or stealing money to fund gambling or pay gambling debts; and family conflict resulting from gambling.

*Id.* at ¶ 28.

The LSO alleges that in February 2023, a DOE consultant psychologist (the Psychologist) evaluated the individual and diagnosed her with Alcohol Use Disorder (AUD), Moderate, Major Depressive Disorder (MDD), Moderate, and Generalized Anxiety Disorder with Panic Attacks (GAD), which could impair her judgment, reliability, and trustworthiness. Accordingly, the LSO's security concerns under Guidelines G and I are 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 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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. 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 her 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.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

#### **IV. FINDINGS OF FACT**

The Individual testified that she started consuming alcohol nightly at the end of 2021. Tr. at 19. Prior to that she had consumed occasionally. *Id.* The Individual began drinking nightly after receiving a two-sentence letter informing her that her estranged mother had died. *Id.* at 20. She was also dealing with significant changes and stressors in her family life. *Id.* The Individual began drinking two to four drinks per night in late 2021 and eventually progressed to six to eight drinks per night. *Id.* at 19–20. In the summer of 2022, the Individual decided to get help and spoke with her supervisor about what to do. *Id.* at 98.

The supervisor testified that the Individual had done some research into treatment before speaking with her, but the supervisor had strongly suggested that the Individual attend an intensive outpatient program (IOP). Tr. at 11. She testified that she checked in with the Individual about once per week. *Id.* She had noticed that the Individual appeared to be feeling “down” before going to the IOP. *Id.* at 11–12. She testified that she had noticed the Individual become happier, more resilient, and more confident since going to the IOP. *Id.* at 12–13. She specified that the Individual had not had any problems with her work or inappropriate reactions in the workplace before going to the IOP. *Id.* The supervisor testified that the Individual had not had any issues with handling secure information. *Id.* at 14. She described the Individual as honest and trustworthy and stated that she believed the Individual was brave for asking for help when she needed it. *Id.* She testified that the Individual had known when raising the issue of seeking help that being treated for alcohol could trigger an administrative review process, but the Individual was committed to improving her mental health. *Id.* at 17.

The Individual’s daughter testified that she had been concerned about the Individual’s alcohol consumption prior to the Individual starting treatment. Tr. at 97. She testified that the Individual had become withdrawn and was pushing her away. *Id.* She had discussed her concerns with the Individual, which spurred the Individual to seek treatment for her alcohol use. *Id.* at 98. Around the time of this conversation, the Individual’s daughter moved out of the Individual’s house for unrelated reasons, but she continued to be in close communication with the Individual. As of the hearing, the daughter was no longer concerned about the Individual, stating that she had “changed her ways” and was improving her relationships with her family. *Id.* at 97. She had last seen the Individual consume alcohol around Christmas 2022, at which time the Individual had one serving of alcohol. *Id.* at 98–99. The daughter testified that the Individual was taking sobriety one day at a time and was focused on the present more than the future. *Id.* at 99. She testified that there is no alcohol in the Individual’s home and that the Individual had been attending therapy to address the underlying causes of her problematic alcohol use. *Id.* at 100–01. She also testified that she was

part of the Individual's support system, and that the Individual would call her or one of her other children if she was experiencing high anxiety. *Id.* at 101–02. The daughter described the Individual as an honest person. *Id.* at 102.

The Individual testified that her alcohol consumption had not impacted her life professionally or personally, though she admitted that some family members had commented that they had noticed the increase in her alcohol consumption and had asked why it had increased. *Id.* at 20. She testified that getting help had not all been positive, citing the suspension of her security clearance as a difficult consequence, but was adamant that it had been worth it. *Id.* at 25. She testified that she could have possibly gotten help privately, but honesty was very important to her and she would not have felt right keeping that information from DOE. *Id.* at 82.

The Individual's IOP consisted of classes from 8:00 AM to 3:00 PM five days per week. Tr. at 26. She attended from September 2022 to October 2022. *Id.* The program provided individual therapy, group cognitive behavioral therapy (CBT), sessions focused on coping with stress, and education about alcohol and substance abuse. *Id.* at 26–27. It also required attendance twice per week at group recovery support programs, such as Alcoholics Anonymous or Smart Recovery. *Id.* at 27. The Individual attended Smart Recovery meetings twice per week. *Id.* When identifying herself in those meetings, she identified herself as an alcoholic. *Id.* at 66.

The Individual had learned that alcohol is not a coping mechanism, but rather an escape. Tr. at 30. She had learned that it is OK to ask for help. *Id.* She testified that she had initially been resistant to trying therapy again because it had not worked in the past, but she had connected more with her current therapist, who she began seeing in conjunction with the IOP, than she had with any other therapist. *Id.* Through her therapist, the Individual had started two other treatment programs: CBT and dialectical behavioral therapy (DBT). *Id.* at 31. As of the hearing, the Individual was not consistently attending Smart Recovery, but was able to attend meetings as needed. *Id.* She did not prefer those meetings because they were exclusively about alcohol, and she was focusing on her mental health issues more since she was abstinent from alcohol. *Id.* She also did not like the format of the meetings because she did not get feedback in those meetings. *Id.* at 41. She preferred to attend programs that provided actionable feedback and treatment. *Id.* at 40–41.

The Individual initially began abstaining from alcohol on September 3, 2022. Tr. at 33–34. After completing treatment in October of that year, the Individual consumed one glass of wine with a meal during the winter holidays. *Id.* at 34; Ex. E. A few weeks later, in January 2023, she consumed one glass of wine at a celebration, which was the last time she consumed alcohol. *Id.* at 36. The Individual reported her lapses to her therapist. Tr. at 49. She testified that, while she knew the investigation of her eligibility to hold a security clearance had been started, she did not know what DOE's expectations were regarding her alcohol consumption after completing the IOP. *Id.* at 35. The Individual testified that her IOP had recommended abstinence after completion, but she had wondered if she could have just one glass of alcohol and be OK. *Id.* at 34–36. She further testified that the lapses prompted her to reevaluate her thought patterns using what she had learned in the IOP; she identified “stinkin’ thinkin’” (rationalizing her decision to try alcohol) and denial. *Id.* at 37–39. She testified that she finally came to terms with the fact that she could not consume alcohol in the future and was using the “one day at a time” framework to continue her abstinence. *Id.* at 37–38. The Individual submitted into evidence two urine tests for alcohol use covering the weeks

before the hearing, after learning during the administrative review process that urine tests were an acceptable form of evidence. Ex. C; Ex. I. Both tests produced a result that was negative for the presence of alcohol. *Id.*

The Individual did not miss alcohol, did not experience alcohol cravings, and intended to remain abstinent indefinitely. Tr. at 62. The Individual did not want to be defined by alcohol. *Id.* at 39. She testified that during her evaluation by the Psychologist, she realized what DOE's expectations were for her, and that was a factor, though not the only factor, in her decision to remain abstinent indefinitely. *Id.* at 40. She had not consumed alcohol at family gatherings since January 2023 and had also not consumed alcohol at her daughter's recent wedding. *Id.* at 62–63, 65. She testified that her daughter had bought non-alcoholic wine so she could participate in the toasts, but she did not like the taste and stuck to water and soda. *Id.* at 65. The Individual was not able to undergo phosphatidylethanol (PEth) testing—blood tests recommended by the Psychologist which could show alcohol use over the preceding three to four weeks—through her insurance provider without having a work-related injury and could not afford to pay for the tests out-of-pocket, particularly because she had taken a leave of absence from work to attend the IOP. *Id.* at 56. She did not attend Smart Recovery aftercare but attended six weekly sessions of a CBT therapy program. *Id.* at 40–41, 57. The Individual's counseling involved alcohol treatment, and her therapist also trained her in CBT. *Id.* at 48, 76. The Individual noted that her IOP had not provided instructions for an aftercare program. *Id.* at 32–33.

The Individual testified that pausing to acknowledge and evaluate feelings was a key component of her anxiety management process. Tr. at 41, 43, 59. She had learned how to recognize the physical sensations of urgency in her body, which let her know she needed to stop, evaluate what feelings she was having, and ask what the basis for each feeling was. *Id.* at 42–44, 59. This allowed her to gain distance from and perspective on her feelings and prevented her from jumping straight to the worst-case scenario. *Id.* at 41–42, 59. She did daily check-ins with herself to identify stressors and triggers she was feeling and employed her therapeutic techniques consistently to manage her emotions as they arose. *Id.* at 44–45.

The Individual had been experiencing panic attacks for about 30 years. Tr. at 23. When having a panic attack, the Individual experienced feelings of doom, wanting to run, shortness of breath, and fatigue. *Id.* She had been in and out of therapy her whole life but at the time her alcohol consumption increased, she was not seeing a therapist. *Id.* at 24. The Individual had learned emotional management skills through her recent treatment programs and ongoing therapy. *Id.* at 47, 72–73. She had last had a panic attack about three weeks before the hearing, which she described as mild, that was triggered by stress at work. *Id.* at 42. She was able to interrupt the panic attack in its early stages using cognitive skills she had learned and was able to employ positive coping and self-soothing behaviors, in this case spending time with her dogs, to prevent the panic attack from becoming severe. *Id.* at 42–43, 69. She also used breathing exercises to help calm herself. *Id.* at 76. The Individual had only had one or two full panic attacks since the beginning of the year, but it had been months since she last experienced that kind of episode. *Id.* at 44. She experienced mild anxiety frequently, but her therapeutic techniques allowed her to consistently manage and move past those feelings. *Id.* at 44–45.

The Individual saw her therapist about twice per month. Tr. at 47. She testified that she would prefer to see her weekly, but the therapist did not have availability for that. *Id.* at 46–47. When starting therapy, the Individual set a treatment goal to be able to control her emotions and anxiety instead of letting them control her. *Id.* at 47. She also wanted to stop feeling like a “freak” because of the stigma she felt from her mental health issues. *Id.* Her therapy was not focused solely on substance abuse, but her therapist was a chemical dependency counselor who consistently promoted and supported abstinence for the Individual as a part of her overall mental health treatment. *Id.* at 48. Realizing that anxiety would be a lifelong struggle for her, the Individual’s current goal was to have more calm days than anxious days. *Id.* at 45, 48. She had started several activities that soothed her or channeled her emotions, such as journaling, crafting, and even putting together Legos. *Id.* at 48. She found that abstinence from alcohol gave her more time to pursue those positive activities and rediscover who she was. *Id.* at 49. She had also learned that alcohol fueled her anxiety while her anxiety fueled her alcohol use, creating a negative cycle. *Id.* at 73. The Individual submitted into evidence a letter from her therapist saying that she participated appropriately and was doing well in her sessions. Ex. D.

The Individual testified that she had a strong support network. Tr. at 50. She could depend on her husband, parents, sister-in-law, and children to support her, and she had been fully transparent about her treatment process with all of them. *Id.* She had improved her relationship with her husband since entering therapy and was surprised at how supportive he had been. *Id.* at 51. She had learned that her tendency toward people-pleasing had made it difficult for her to set boundaries, and she had learned to ask herself if tasks or actions would be healthy for her before doing something for someone else. *Id.* at 61. The Individual’s husband did not drink, and they did not keep alcohol in their home. *Id.* at 51.

The Individual had been prescribed medication to control her anxiety for many years. Tr. at 85. During the IOP, the Individual had been required to taper off her long-standing prescription. *Id.* at 25. She transitioned to a new medication regimen and was actively involved in the process of finding the right medications and doses to best manage her conditions. *Id.* at 25, 53–54. She had recently started a planned increase to a full dose of a new medication and credited her current medication regimen with helping her be able to interrupt her panic attacks so she could employ her therapeutic techniques. *Id.* at 52. The Individual took her medications daily as directed. *Id.* at 54.

After evaluating the Individual in February 2023, the Psychologist had made several recommendations in her report that would help the Individual demonstrate that she was rehabilitated or reformed from her AUD, GAD, and MDD:

- (1) The Individual should continue her aftercare plan from the IOP or attend weekly Smart Recovery meetings;
- (2) The Individual should demonstrate abstinence for 12 months, supported by monthly PEth tests;
- (3) The Individual should set treatment goals of gaining coping skills to tolerate distress and regulate emotions, learning to set assertive boundaries, learning problem-solving skills, and gain a broader range of anxiety management skills;

- (4) The Individual should continue individual therapy for 12 months or until she and her therapist agree that her treatment goals have been met; and
- (5) The Individual should continue taking her medication as prescribed.

Ex. 8 at 5–6.

At the hearing, the Psychologist testified that the Individual had acknowledged the connection between alcohol and anxiety and that she acknowledged the importance of abstinence for her anxiety management. Tr. at 122. She testified that the Individual had made significant progress not just with learning coping skills, but actually practicing them in her life outside of therapy. *Id.* She testified that the Individual had learned how to catch negative thinking in real time and address it appropriately so that she could separate catastrophic thoughts from what was real. *Id.* She testified that the Individual had also learned how to calm herself through breathing exercises and taking a step back before coming back to work on solving the problem. *Id.* She commended the Individual for taking the CBT class and encouraged her to work further on DBT, which would further her distress tolerance, emotional regulation, and relationship and boundary-setting skills. *Id.* at 122–23. The Psychologist was pleased to see the Individual working actively with her doctor to make medication adjustments and testified that the Individual had learned to control her anxiety attacks much better than before starting treatment. *Id.* at 123. She was encouraged by the Individual’s willingness to approach distressing topics and was particularly impressed by the Individual’s ability to cope with emotions in both emotional and practical ways. *Id.* at 125. She also acknowledged that the Individual was learning to tolerate uncertainty and had implemented problem-solving skills in finding ways to continue her treatment. *Id.* She stated that the Individual was “on the right track in terms of the mental health issues.” *Id.* at 129. She testified that, regarding GAD and MDD, the Individual was reformed and rehabilitated. *Id.* at 134.

With regard to the Individual’s AUD, the Psychologist testified that it seemed like her February 2023 meeting with the Individual was a wake-up call that showed the Individual how important abstinence was. Tr. at 123. She believed the Individual had made progress in building a support network and that the Individual’s decision not to keep alcohol in her home was positive. *Id.* at 124. However, she was concerned that the Individual had not undergone monthly PEth testing. *Id.* at 125–26. She testified that the Individual’s lack of testing, combined with the Individual’s insistence on committing to abstinence one day at a time rather than indefinitely, made her question whether the Individual took her abstinence seriously. The Psychologist testified that this was connected to the Individual’s decision to “tempt[] fate” by consuming alcohol in December and January, which she believed showed poor judgment. *Id.* at 128. She also believed that the Individual’s resistance to attending Smart Recovery demonstrated that the Individual was avoiding her alcohol issues to some extent. *Id.* at 130. She wanted to see the Individual approach alcohol the way she was approaching other distressing topics. *Id.* at 131. The Psychologist testified that, while weekly check-ins about abstinence with a therapist could be helpful, it did not always put a strong focus on alcohol issues the way a recovery group would. *Id.* at 154. She also testified that recovery groups reinforce skills learned in early recovery and provide examples of ways to deal with different situations that arise in life. *Id.* at 155.

The Psychologist testified that the Individual had not quite demonstrated rehabilitation or reformation from her AUD, Moderate. *Id.* at 135. She based her opinion on the lack of lab testing



to support the Individual's claim of abstinence, particularly in light of her decision to drink twice in the weeks surrounding the winter holidays and new year. *Id.* at 136–37. She further testified that it had been about seven months since the Individual's last stated drink, which would place her in early—but not sustained—remission. *Id.* at 136. For that reason, she gave the Individual a guarded prognosis. *Id.* The Psychologist testified that she would not be able to give a good prognosis without laboratory evidence of abstinence, whether through PEth or urine testing. *Id.* at 136–37, 140, 141–42. She believed (and the Individual confirmed) that the Individual's urine testing had been covered by insurance and, if done weekly or bi-weekly, with consistently negative results, could have led to a good prognosis. *Id.* at 144–45. She testified that the Individual's progress on her mental health issues reflected positively on her prognosis regarding her alcohol issues because the Individual had learned healthy coping mechanisms she could use instead of turning to alcohol. *Id.* at 159. She believed that the progress on overcoming her anxiety and depression would make the Individual less likely to relapse on alcohol. *Id.* at 160.

The Psychologist testified that the Individual's decision to enter treatment demonstrated good judgment, as did her decision to disclose that to DOE. Tr. at 149. She also believed the Individual's decisions to drink around the winter holidays and to not undergo laboratory testing demonstrated poor decision-making. *Id.* at 149–50. The Psychologist believed that the Individual's decision-making had improved over time and that she was making better decisions as of the hearing date than she was making in January. *Id.* at 150–51. She believed that, overall, the Individual was closer to accepting that laboratory testing was the best way to demonstrate abstinence than she was to being in denial about her alcohol problem. *Id.* at 151.

## V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. “Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security.” Adjudicative Guidelines ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

### A. Guideline G

Conditions that can mitigate Guideline G concerns 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; or

(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. Mitigating conditions (b) and (d) apply here.

Regarding the initial elements of condition (b), acknowledgment of her pattern of maladaptive alcohol use and evidence of actions taken to overcome the problem, the Individual acknowledged that her drinking was problematic before starting treatment. Indeed, it was her realization that she had an alcohol problem that led her to seek voluntary treatment in the first place. She identifies as an alcoholic and has made a conscious choice to remain abstinent indefinitely. She employs techniques learned in her IOP, such as taking her sobriety one day at a time and using introspection to find and change thought patterns that lead her back to alcohol.

Regarding the initial element of condition (d), successful completion of a treatment program and any required aftercare, the Individual completed her IOP and continues to engage in therapy with a substance abuse counselor. Her therapy sessions address her alcohol issues and help her identify stressors that could lead to drinking.

Regarding the final element of conditions (b) and (d), demonstration of a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations, the Individual stated at the hearing that she had not consumed any alcohol in nearly seven months. She began her sober journey even earlier, nearly 11 months before the hearing. The Individual has demonstrated a habit of being transparent about her mistakes in the face of potential consequences as evidenced by her decisions to seek treatment voluntarily, inform her therapist of her alcohol use, and discuss her struggles and treatment candidly with her daughter. Based on this evidence, I find that, apart from the two lapses in December and January, the Individual has not consumed alcohol since September 2022, thereby establishing a clear and established pattern of abstinence in accordance with treatment recommendations.<sup>2</sup>

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<sup>2</sup> Regarding the Individual's failure to undergo testing to corroborate her assertions of abstinence, the Psychologist's report specifically recommended PEth tests—which the Individual stated she could not afford—and did not mention more frequent urine screenings as an acceptable alternative. Despite this omission, the Individual on her own began submitting urine tests once she knew they would be accepted to establish a pattern of abstinence.

The Individual testified that after her lapse in January she finally realized that she wanted to remain abstinent permanently. I found the Individual's testimony credible and, for this reason, find that the Individual's lapses do not countermand her period of sustained abstinence. Furthermore, it has been over seven months since the Individual consumed alcohol, during which time the Individual's commitment to sobriety has only strengthened, which is in itself evidence of a clear and established pattern of abstinence.

The Psychologist did not find that the Individual was rehabilitated or reformed from her AUD due to a lack of laboratory evidence of abstinence; she also questioned the Individual's commitment to abstinence. My role, in evaluating the evidence presented in this case, is to determine whether the government can trust the Individual's judgment, trustworthiness, and reliability. The Individual has demonstrated rigorous candor to DOE, her treatment team, and her family. She has adequately attended her treatment appointments and proactively enrolled in continuing treatment classes. She has also shown that when she makes a mistake, she will promptly report her error and take the necessary steps to correct it, including introspection to determine why she made the mistake in the first place. The Individual has demonstrated trustworthiness and reliability through her dedication to following DOE's rules and procedures even when she may be personally disadvantaged by compliance. She has demonstrated good judgment by listening to her daughter's feedback about her problematic alcohol use, by taking an active role in her treatment and treatment planning, and by using her lapses in December and January as learning experiences that enhanced her recovery. Moreover, the significant progress she has made in overcoming her anxiety and depression, as attested to by the Psychologist, makes her even less likely to relapse. Thus, notwithstanding the reservations expressed by the Psychologist, I am confident that the Individual has adequately addressed DOE's concerns about her alcohol use.

For these reasons, I find that the security concerns under Guideline G have been mitigated.

## **B. Guideline I**

Conditions that can mitigate Guideline I concerns include:

- (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29. Mitigating conditions (b), and (c) apply.

Regarding condition (b), the Individual voluntarily entered the IOP, which included mental health treatment, and continued to work on her anxiety and depression after finishing the program. She continues to meet with her therapist regularly and voluntarily enrolled in further treatment programs that focus on ways to interrupt and treat anxious and depressive thought patterns. She is also adhering to a medication regimen that appears to help her manage her anxiety and depression on a daily basis. She participates in the prescription process and believes that the medication improves her mental health. The Psychologist gave her a good prognosis for her mental health conditions and believed the Individual's treatment plan was sound.

Regarding condition (c), the Psychologist was contracted by DOE to evaluate the Individual and gave the Individual a good prognosis. She opined that the Individual was integrating her therapeutic techniques into her life well and was managing her chronic symptoms appropriately. She was satisfied with the Individual's progress in emotional regulation and problem-solving. She also believed she had the tools to avoid debilitating depression and anxiety in the future.

For these reasons, I find that the security concerns under Guideline I are mitigated.

## **VI. CONCLUSION**

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guidelines G and I of the Adjudicative Guidelines. I further find that the Individual has succeeded in fully resolving those concerns. Therefore, I conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should restore access authorization to the Individual.

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

Kristin L. Martin  
Administrative Judge  
Office of Hearings and Appeals