



A Local Security Office (LSO) requested that the Individual undergo an evaluation by a DOE-contracted psychologist (Psychologist I), who conducted a clinical interview (CI) of the Individual on December 13, 2021. Ex. 10 at 1–2. On January 1, 2022, Psychologist I issued a report in which she concluded that the Individual did not currently meet the criteria for Alcohol Use Disorder (AUD).<sup>2</sup> However, Psychologist I noted that “there is reason for concern” about the Individual’s alcohol consumption, noting the Individual’s current alcohol use was potentially hazardous or harmful according to World Health Organization standards.<sup>3</sup> Ex. 10 at 16. She further noted that while the Individual had abstained from alcohol use for two years after he had received treatment for substance abuse, he had begun to use alcohol again with the stated intent to drink in moderation. Ex. 10 at 9. Psychologist I also noted that the Individual had provided conflicting information about his current alcohol consumption. Ex. 10 at 16. Psychologist I further stated: “He was advised of standard medical guidelines for nonhazardous consumption [of] alcohol . . . but given the risk factors identified above, he was also advised that the safest and most prudent course of action would be to abstain from alcohol use altogether and to discuss his use of alcohol in psychotherapy.” Ex. 10 at 16. Psychologist I also concluded that the Individual met the criteria for Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Attention Deficit Hyperactivity Disorder (ADHD). Ex. 10 at 17. Psychologist I recommended that the Individual abstain from alcohol use and address his history of alcohol misuse as part of his ongoing mental health treatment. Ex. 10 at 18. After reciting a number of occasions where the Individual had provided inconsistent information to her during her evaluation and had omitted important information during his investigation, she concluded that the Individual “either lacks insight in regard to his problems or attempted to be intentionally deceptive over the course of this evaluation.” Ex. 10 at 19.

The Individual then began working at a different DOE facility, under the jurisdiction of a different LSO. The second LSO requested that the Individual undergo an evaluation by a second DOE-contracted psychologist (Psychologist II), who conducted a second clinical interview (CI2) of the Individual on January 23, 2023. Ex. 8 at 2. In addition to conducting the CI2, the Psychologist administered a standardized psychological screening test, the Minnesota Multiphasic Personality Inventory, Third Edition (MMPI-3) to the Individual and had him undergo a Phosphatidylethanol (PEth) laboratory test to detect alcohol consumption. Ex. 8 at 2. The Individual’s PEth test result was positive, indicating that he had recently used alcohol. Ex. 8 at 9. Psychologist II opined that “[t]wo of the Individual’s Dauzat’s MMPI-3 validity scales were elevated which suggest that he was presenting himself as mentally better adjusted and more virtuous than almost all others in the normative comparison population . . . the maximum possible.”<sup>4</sup> Psychologist II further opined that

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<sup>2</sup> Psychologist I did conclude that the Individual had previously met the criteria for AUD. Ex. 10 at 6. Psychologist I did not indicate which version of the Diagnostic and Statistical Manual she used to evaluate the Individual for AUD.

<sup>3</sup> The Individual had reported to Psychologist I that he would regularly consume a six-pack of beer on a weekend night. Ex. 10 at 5.

<sup>4</sup> Psychologist II further opined:

[f]or example, he endorsed that he likes everyone that he knows, never gossips, always tells the truth, and never feels like swearing. The proprietary report stated that he “presented himself in a positive light by denying some minor faults and shortcomings that most acknowledge” and having a degree of psychological adjustment that is “rare” in the general population. This suggests that he

the Individual's PEth level, 146 ng/mL, detected in the blood sample he provided on January 23, 2023, "is congruent with significant alcohol consumption." Ex. 8 at 9. Psychologist II reported that, during the CI2, the Individual "stated that he drinks four to six . . . beers over four to five hours on Saturdays and Sundays two times a week." Ex. 8 at 8. Psychologist II expressed a concern that the Individual "may be drinking more than he reported." Ex. 8 at 9. Psychologist II concluded that the Individual "is binge consuming alcohol to an extent that his judgment is impaired." Ex. 8 at 10, 13. Psychologist II recommended that the Individual abstain from alcohol use for at least six months. Ex. 8 at 13. Psychologist II further found that the Individual does not have any other emotional, mental, or personality condition or conditions that can impair his judgment, reliability, stability or trustworthiness.<sup>5</sup> Ex. 8 at 13.

After receiving Psychologist II's report (the Report), the LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual submitted his response to the Notification Letter in which he requested a hearing. The LSO forwarded his 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), I took testimony from six witnesses: the Individual, two of his coworkers, a Psychiatric Nurse Practitioner (PNP), his counselor (Counselor), and Psychologist II. *See* Transcript of Hearing, Case No. PSH-23-0127 (hereinafter cited as "Tr."). The LSO submitted 13 exhibits, marked as Exhibits 1 through 13. The Individual submitted 12 exhibits, marked as Exhibits A through L.

Exhibit A is a table, prepared by the Individual, summarizing the results of the six PEth tests administered to the Individual between June 2, 2023, and September 27, 2023.

Exhibit B consists of laboratory reports for six PEth tests administered to the Individual on June 2, 2023; June 16, 2023; July 7, 2023; August 1, 2023; September 1, 2023; and September 27, 2023. The July 7, 2023, August 1, 2023, September 1, 2023, and September 27, 2023, PEth tests were each negative. Ex. B at 3–6. The June 2, 2023, PEth test was positive with a value of 32 ng/mL,

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may under-report problems in the test that he considers derogatory. In fact, there is evidence that this likely happened. Five of the eight Restructured scales, all of the Somatic/Cognitive scales, and nine of the 10 Internalizing scales were at their absolute minimum values. This suggests many fewer problems than are admitted to by people in the normal population. These are the scales that reflect possible clinical problems and ten of these scales were at least one standard deviation below the average level of problems found in the normative population. When this was discussed with him, [the Individual] stated that he is "happier now than I have ever been" (repeating what he said at the beginning of the clinical interview). He found it ironic and irritating that feeling so well could be seen as a problem. It was pointed out that his endorsements suggested that he may be minimizing his problems and not being fully forthcoming. His likely underreporting of problems was a basis of concern in [Psychologist I's] report.

Ex. 8 at 10–11.

<sup>5</sup> Psychologist II further recommended that the Individual be formally evaluated for ADHD by a psychologist specializing in ADHD. Ex. 8 at 13.

indicating “moderate alcohol consumption.” Ex. B at 1. The June 16, 2023, PEth test was ambiguously positive with a value of 14 ng/mL indicating “abstinence or light alcohol consumption,” according to the interpretive information set forth in the laboratory reports. *See e.g.*, Ex. B at 2.

Exhibit C is a “List of Lifestyle Changes – Current, Plans, & Goals” authored by the Individual.

Exhibit D is a letter to Whom It May Concern from the Individual’s brother, dated October 2, 2023. The Individual’s brother indicates that the Individual’s “drinking has been considerably less compared to that regrettable phase 10 years ago.” Ex. D at 1. He further states that as of “a few months ago” the Individual has abstained from alcohol. Ex. D at 1. He noted that the Individual had accompanied him to “a few sports bars” without consuming alcohol. Ex. D at 1.

Exhibit E is a letter to Whom It May Concern from the Individual’s mother, dated August 4, 2023. The Individual’s mother indicates that the Individual had not consumed alcohol during a week-long visit in late May 2023, even when in the presence of other people using alcohol. Ex. E at 1. She further stated that the Individual had explained to her that “his prior drinking behavior was a concern for his job, and that he is committed to changing his lifestyle because he loves his job . . .” Ex. E at 1.

Exhibit F is a letter to Whom It May Concern from the Individual’s coworker, dated September 29, 2023. The co-worker reports that he had socialized with the Individual on April 22, 2023, when the Individual consumed two beers and “behaved in a very kind and hospitable manner.” Ex. F at 1.

Exhibit G is a list of the Individual’s support systems prepared by the Individual.

Exhibits H and I are copies of two of the Individual’s Performance Reviews.

Exhibit J is a court record indicating that the court granted a motion for expungement for an “OWI” arrest that occurred on November 16, 2012. Ex. J at 1.

Exhibit K is a laboratory report for a PEth test administered to the Individual on October 18, 2023. The PEth test was negative. Ex. K at 1.

Exhibit L is an updated table, prepared by the Individual, summarizing the results of the seven PEth tests administered to the Individual between June 2, 2023, and October 18, 2023.

## **II. The Notification Letter and the Associated Security Concerns**

The Summary of Security Concerns (SSC) attached to the Notification Letter informed the Individual that information in the possession of the DOE created substantial doubt concerning his eligibility for a security clearance under Guideline G (Alcohol Consumption).<sup>6</sup>

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<sup>6</sup> The record contains evidence indicating that the Individual has been diagnosed with MDD, GAD, ADHD, Bipolar Disorder, and Cannabis Dependence, Severe, in full remission. Ex. 10 at 4–8, 17–18. However, no security concerns arising from these diagnoses were cited in the SSC.

Under Guideline G, the LSO cites the Individual's five alcohol-related arrests, and the Psychologist II's conclusion that the Individual had been binge consuming alcohol to an extent that his judgment was impaired. This information adequately justifies the LSO's invocation of Guideline G. Under Guideline G, "[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are "alcohol-related incidents away from work, such as driving while under the influence, fighting, . . . 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," and "binge consumption of alcohol to the point of intoxication, regardless of whether the individual is diagnosed with alcohol use disorder." Adjudicative Guidelines at ¶ 22(a) and (c).

### **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) (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 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**

A coworker of the Individual, who described himself as the Individual's mentor, testified at the hearing. The co-worker testified that the Individual has promised him that he will abstain from alcohol use. Tr. at 17–18. He believes that the Individual has been abstaining from alcohol use for "about a year." Tr. at 18. During social and family get togethers, the Individual makes it clear to others that he does not use alcohol. Tr. at 20–21. The Individual has made a major effort to improve his health. Tr. at 21.

A second coworker of the Individual testified at the hearing. He has known the Individual for about two years, and they have worked and socialized together. Tr. 56–57. When he and the Individual would socialize, others would consume alcohol while the Individual abstained. Tr. at 59–60. The second coworker believes that the Individual has been abstaining from alcohol use and opined that abstinence has “actually been working much better for him.” Tr. at 60.

The PNP testified at the hearing that she has been treating the Individual since May 2022. Tr. at 27, 30. She testified that she has been managing his psychiatric medications, providing “supportive therapy,” and monitoring his mental health. Tr. at 27–28, 34. She opined that the Individual takes accountability for his past substance abuse issues and has been honest and open with her about them. Tr. at 28, 36. She believes that the Individual recognizes that he is a healthier person when he is not drinking and has an “openness” that she does not observe with many other clients. Tr. at 28. She treats the Individual for ADD and believes that it is an appropriate diagnosis for him. Tr. at 30. She described the Individual as active and engaged in his treatment. Tr. at 31. When the PNP was asked about the Individual’s positive PEth test in June she stated: “He admitted that he had used, and he also has fatty liver disease [(FLD)], which can slow the time for a PEth test to clear.” Tr. at 31. She believes that the Individual has been abstaining from alcohol use since June 2023 and will likely continue to completely abstain from using alcohol. Tr. at 32–33, 36. The PNP indicated that she has been providing “supportive” therapy to help the Individual address his alcohol issues. Tr. at 34. She referred the Individual to psychotherapy to address his “Major depression.” Tr. at 34–35. She describes the Individual as highly motivated, insightful, and engaged in his treatment. Tr. at 36.

The Counselor testified at the hearing. He testified that he is a licensed clinical counselor, has a master’s degree in clinical counseling, and has been in practice for 11 years. Tr. at 43. He does not specialize in treating substance abuse, instead describing himself as “more of a generalist.” Tr. at 43. The Individual was referred to him by the PNP. Tr. at 44. He testified that the Individual’s therapy is targeted “to assist with [the Individual’s] continued adjustment into the environment, as well as working on some interpersonal concerns of his.” Tr. at 44. He has been treating the Individual since December 5, 2022. Tr. at 44, 50. They meet weekly. Tr. at 44. He described the Individual’s clinical goals as “his adjustment to the environment, problems and challenges pertaining to his work environment, as well as his personal endeavors to improve his personal overall wellbeing.” Tr. at 45. He opined that the Individual has been fully engaged in his treatment and has been able to achieve several of his clinical goals, “including decreasing to the point of little or no use with alcohol.” Tr. at 45. The Counselor reported that the Individual has been using cognitive behavioral techniques to “ensure that he has positive replacement behaviors for his past and previous use.” Tr. at 46. When the Counselor was asked about the Individual’s prognosis, he stated:

Absolutely, he’s been very resilient, determined, to ensure that he’s accomplished this goal. He’s absolutely had to apply a lot of mental fortitude, including enduring a process such as this during this time. He’s had several opportunities in which he experienced, you know, feelings of overwhelming or being distressed, yet he’s been able to maintain fidelity to the goals that he set with me.

Tr. at 46.

The Counselor has not been treating the Individual for alcohol issues, since he believed that “there was minimal use involved when [the Counselor] came onboard” and since the Individual “had already made several gains on his own.” Tr. at 48–49. The Counselor was unsure about the extent of the Individual’s current alcohol use. Tr. at 49. The Counselor testified that the Individual had not expressed his future intentions concerning alcohol use to him. Tr. at 49–50. The Counselor testified that the Individual had not informed him that he was abstaining from alcohol use but rather testified that they were working on reducing the Individual’s alcohol use. Tr. at 50. The Counselor, however, noted that the Individual was committed to making “fundamental lifestyle changes” and that “alcohol does not seem to be a part of that prescription for himself.” Tr. at 49. The Counselor testified that the Individual has made “several fundamental changes . . . not necessarily just due to this process, but of his aspirational growth and gains.” Tr. at 50.

The Individual repeatedly testified that he had not consumed alcohol since the day after he had read the Report, April 29, 2023. Tr. at 69, 71. The Individual admitted that he had tested positive for alcohol use thirty days later, but he argued that his non-alcoholic FLD slows down his elimination of the PEth molecule.<sup>7</sup> Tr. at 69–71. He admitted that when he read the Report, he did not believe he had a problem with alcohol, instead, he saw himself as rehabilitated since he was drinking less. Tr. at 64. After reading the Report, he realized that Psychologist II was right about his drinking and that he had been binge drinking. Tr. at 65. That led him to start making changes in his life. Tr. at 66. He started eating better, exercising more, becoming “more social,” and dating. Tr. at 66–67. The Individual testified that he has abstained from alcohol use for six months and claimed that he had documented his abstinence with monthly PEth testing. Tr. at 68.

The Individual testified that he had attended a 28-day intensive inpatient program in 2016. Tr. at 71. He then lived in an inpatient rehabilitation facility for substance abusers for six months. Tr. at 72. He then moved into a half-way house. Tr. at 72. While attending these programs, he attended Narcotics and Alcoholics Anonymous (NA and AA) meetings and had a sponsor. Tr. at 72, 86–87. He has not attended any NA or AA meetings since then. Tr. at 86. In May 2022, he realized that his binge drinking was inhibiting his social, emotional, and physical health. Tr. at 73. He has begun to develop healthy interests and hobbies. Tr. at 73–74. He testified that he is feeling better, losing weight, eating better, dating, socializing, and being more physically active. Tr. at 77. The only therapy or professional support the Individual is receiving is from the PNP and Counselor. Tr. at 74. He believes he has learned and matured. Tr. at 76. He has stopped using alcohol before, only to resume using it again. Tr. at 76. His family used to tell him he had an alcohol problem, and he would “fight with them for saying that.” Tr. at 76. He further testified that he resumed using alcohol “a little over a year after getting out of my rehab.” Tr. at 77, 86, 88–89. When he resumed using alcohol, he felt he “could control it and do it in moderation” and limit his use to “social drinking.” Tr. at 77. The Individual described his support network which includes his family and healthcare providers. Tr. at 82–84.

Psychologist II testified at the hearing after observing the testimony of the other witnesses. He testified that he found that the Individual was engaging in binge drinking. Tr. at 96. Because the

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<sup>7</sup> The June 2, 2023, PEth test occurred 33 days after April 30, 2023, the date on which the Individual claims his last use of alcohol occurred.

PEth test administered on the day of the CI2 indicated that Individual had been consuming a significant amount of alcohol in the previous three to four weeks, he found that the Individual's binge drinking was ongoing. Tr. at 96–97. Psychologist II testified that he found it difficult to trust the Individual, because the Individual's answers to an MMPI he had administered to the Individual at the CI deviated so strongly from the other information supplied by the Individual. Tr. at 98. Psychologist II further opined: "I've never seen an MMPI like that. [It] suggests that [the Individual was] trying to deny even things most people admit to." Tr. at 110. He also repeated his recommendation that the Individual abstain from alcohol use for at least six months and document that abstinence with monthly PEth testing. Tr. at 99. Psychologist II opined that the Individual has only documented four months of abstinence through the submission of PEth test results. Tr. at 99. Psychologist II opined that FLD would not affect the rate at which the body disposes of the PEth molecule, since the PEth molecule is not decomposed by the liver. Tr. at 100. Psychologist II further testified that he found that the Individual did not have any other emotional or personality disorder that would affect or impair his judgment. Tr. at 100. Psychologist II testified that he believes that the Individual has not been rehabilitated from his binge drinking. Tr. at 101.

## V. Analysis

The Individual has a significant history of substance abuse and at least four arrests in which alcohol has been involved.<sup>8</sup> The Individual asserts that he has been abstaining from alcohol use since April 29, 2023.<sup>9</sup> If this testimony was accurate, then he would have been abstaining from alcohol use for almost six months at the time of the hearing. During this time period, the Individual has had seven PEth tests. The last five PEth tests have been negative, indicating that the Individual has been abstaining from alcohol use since mid-June 2023. However, the PEth test taken by the Individual on June 2, 2023, was positive and the PEth test taken by the Individual on June 16, 2023, was ambiguously positive. Moreover, when the PNP, who had issued the order for the June 2, 2023, PEth test, was asked about the June 2, 2023, positive PEth test, she testified that the Individual had admitted to her that he had used alcohol, and further testified that the Individual began abstaining from alcohol use in June 2023, after noting that his FLD may have affected that PEth test. The Counselor, who the Individual had been seeing on a weekly basis since December 5, 2022, was unaware that the Individual was abstaining from alcohol use. The Individual argued that his positive test result from the June 2, 2023, PEth resulted from his having FLD. As an initial matter, the only evidence in the record indicating that the Individual has been diagnosed with this disorder was his own testimony and that of the PNP who testified that the Individual was being seen by a primary care provider for his FLD and that the FLD could "slow the time it takes for a PEth test to clear." Tr. at 31. The Individual did not offer any evidence to show that the PNP had knowledge of whether the Individual's FLD had advanced to the point where it was affecting his liver function enough to affect his PEth test, or the expertise to determine whether FLD could be expected to

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<sup>8</sup> While the SSC cited his five alcohol related arrests, the record indicates that the Individual had not been using a alcohol at the time of his November 30, 2012, arrest for OVWI. Ex. 7 at 2–3.

<sup>9</sup> Although he initially testified that had stopped using alcohol in mid-April 2023. Tr. at 64.



affect a person's PEth test results.<sup>10</sup> Moreover, the Individual has not submitted any medical records answering these questions. The laboratory reports of the results of the Individual's PEth test results do include interpretive information stating in part that "[p]atients with advanced liver disease may have falsely elevated PEth concentrations." Ex. B at 1. However, there is no evidence in the record indicating that the Individual's liver disease has advanced to the point where it may have elevated his PEth concentrations. Accordingly, I find that the Individual has not provided sufficient evidence to show that he had completely abstained from alcohol use in May 2023.<sup>11</sup> However, since the Individual tested negative for alcohol on an August 2, 2023, PEth test, I find that, at the time of the hearing, he had shown that he had been abstaining from alcohol use for almost five months, beginning in early June 2023.

The Adjudicative Guidelines set forth four factors that may mitigate security concerns under Guideline G. First, the Adjudicative Guidelines provide that an individual may mitigate security concerns under Guideline G if they can show "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." Adjudicative Guidelines at ¶ 23(a). In the present case, the evidence shows only that the Individual last consumed alcohol less than five months before the hearing, which, given Psychologist II's recommendation that he abstain from alcohol use for at least six months, is not a sufficient period to demonstrate that the security concerns arising from his binge drinking and history of alcohol-related arrests have been resolved and that his problematic alcohol consumption is unlikely to recur. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(a).

Second, 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." Adjudicative Guidelines at ¶ 23(b). In the present case, the Individual has acknowledged his binge drinking and has provided evidence that he has begun to overcome this problem. However, as attested to by Psychologist II, a five-month period of abstinence is not sufficient for the Individual to have demonstrated a clear and established pattern of abstinence from alcohol, especially since he is not currently receiving any formal support specifically addressing his alcohol issues. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(b).

Third, the Adjudicative Guidelines provide that an individual may mitigate security concerns under Guideline G if "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

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<sup>10</sup> Nor I am convinced that Psychologist II has the requisite medical and scientific expertise to provide a sufficiently reliable opinion concerning the effect of FLD on the Individual's PEth test score.

<sup>11</sup> I further note that I have concerns about the credibility of the Individual's testimony, which are raised by the discrepancy between his reporting of his alcohol consumption and objective laboratory evidence, the conflicting testimony of the Counselor, his brother's letter indicating that the Individual had been abstaining for a few months, the testimony of the PNP that the Individual has been abstaining from alcohol use since June 2023 rather than May 2023, and the Psychologist's interpretation of his MMPI results.

program.” Adjudicative Guidelines at ¶ 23(c). In the present case, the Individual is not participating in a treatment program to address his problematic alcohol consumption and has a history of relapsing after treatment. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(c).

Fourth, the Adjudicative Guidelines provide that an individual may mitigate security concerns under Guideline G if “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(d). As noted above, while the Individual completed an intensive treatment program in 2016, he has not yet sufficiently established a pattern of abstinence from alcohol, given that he has only shown that he has been abstaining for five months. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(d).

I therefore find that the security concerns raised by the LSO under Guideline G have not been resolved.

## **VI. Conclusion**

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G. After considering all of the evidence, both favorable and unfavorable, in a commonsense manner, I find that the Individual has not mitigated the security concerns raised under Guidelines G. Accordingly, the Individual has not demonstrated that granting his security clearance would not endanger the common defense and would be clearly consistent with the national interest. Therefore, the Individual’s security clearance should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Steven L. Fine  
Administrative Judge  
Office of Hearings and Appeals