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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: May 1, 2024) Case No.: PSH-24-0118
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Issued: October 11, 2024

Administrative Judge Decision

Matthew Rotman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX(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 not be granted.

I. BACKGROUND

In January 2018, the Individual sought treatment at a counseling center for substance abuse, including abuse of alcohol, at which time he was diagnosed with Alcohol Use Disorder (AUD). Exhibit (Ex.) 8 at 220; Ex. 4 at 21.² Four years later, in August 2022, the Individual sought inpatient treatment for alcohol use at a rehabilitation center. Ex. 8 at 222; Ex. 4 at 21. Upon arrival at the rehabilitation center, the Individual reported, “I’ve had a drinking problem for the last couple years.” Ex. 8 at 244. He described his pattern of drinking as follows: “daily; someday’s [sic] it’s a pint of liquor, other days it’s at least 6 beers and often it’s both. I was drinking in the morning.” *Id.* at 247; *see also id.* at 244; Ex. 4 at 21. The Individual was diagnosed with AUD, Severe. *Id.* He left the treatment program early against medical advice, and after a short period of abstinence, made the decision to resume alcohol consumption at a reduced level. Ex. 8 at 201; *see also* Ex. 3 at 16.

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.

² The exhibits submitted by DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

In early 2023, the Individual became an applicant for a security clearance in connection with his employment with a DOE contractor. Ex. 8 at 155, 187. On December 6, 2023, the Individual was evaluated by a DOE-consultant psychiatrist (DOE Psychiatrist), who diagnosed the Individual with AUD, Moderate, not yet in early remission, pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. Ex. 5 at 38–39.

According to the report of the DOE Psychiatrist’s evaluation (Report), the Individual disclosed during the evaluation that his late father sexually abused him when he was a child, and he sees an Employee Assistance Program (EAP) counselor to address his trauma and other mental health issues. *Id.* at 29–30. He also disclosed a history of cutting himself, the last time being one year prior to the evaluation after consuming three beers. *Id.* at 30. The Individual described a substantial history of drug use. *Id.* at 31. Much of it took place more than five years prior to the evaluation, but he continued smoking cannabis every day up until July 2022.³ *Id.* At the time of the evaluation, he reported, he was on medications for attention-deficit/hyperactivity disorder (ADHD) and anxiety. *Id.* at 29.

With regard to his alcohol use, the Individual told the DOE Psychiatrist that he first used alcohol at 16 years old. *Id.* In the time leading up to his 2022 treatment at the rehabilitation center, he reported to the DOE Psychiatrist, he was consuming “1/2 pint [of liquor] and four beers at a time” and was often hiding his alcohol consumption from his spouse out of guilt. *Id.* The DOE Psychiatrist described this pattern of consumption as “a very severe alcohol habit.” *Id.* at 39. Since his 2022 stay at the rehabilitation center, the Individual had reduced his alcohol use significantly, which he attributed to his EAP therapy sessions, a reduced desire to drink, and less money to spend on alcohol.⁴ *Id.* at 31. In the three months prior to the evaluation, the Individual was engaging in “controlled drinking,” consisting of “two or three 16-ounce 9% ABV beers per weekend about two times per month.”⁵ *Id.* at 31, 39.

The DOE Psychiatrist opined that “controlled drinking” was not a viable long-term option for the Individual, noting that he is “at high risk for using increasing amounts of alcohol.” *Id.* at 40. In order to demonstrate rehabilitation or reformation, he indicated, the Individual would need to attend Alcoholics Anonymous or a similar program three times per week for one year, with documented evidence of working the steps with a sponsor; obtain PEth tests every other month for one year; provide random urine drug screens and blood alcohol content tests through his employer’s EAP; continue EAP counseling and compliant use of medication; and find and pursue

³ During intake at the rehabilitation clinic in August 2022, the Individual reportedly disclosed that he had been using cannabis “all day, everyday.” Ex. 8 at 244.

⁴ After leaving the rehabilitation center in August 2022, the Individual attended Narcotics Anonymous for “a few months,” but discontinued because he did not like the group setting. Ex. 5 at 32.

⁵ Immediately following the psychiatric evaluation, the Individual submitted to a Phosphatidyl Ethanol (PEth) test – a test which “reflects the average use of alcohol over the previous 28-30 days.” Ex. 5 at 33. The Individual’s PEth was negative, which according to the Report, “indicates his alcohol consumption was less than two alcohol drinks per day (averaging less than 14 drinks per week) and could be zero drinks per week.” *Id.*

trauma-focused psychotherapy to address the consequences of his childhood sexual abuses. *Id.* at 41.

On February 22, 2024, the Local Security Office (LSO) issued the Individual a letter in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6. 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. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 11. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted eight exhibits (Ex. 1–8). The Individual submitted nine exhibits (Ex. A–I). At the hearing, the Individual testified on his own behalf and offered the testimony of his spouse, his mother, his grandmother, his spouse’s grandmother, his close friend, his non-DOE supervisor, his EAP counselor, and a psychologist who evaluated the Individual in March 2024. Hearing Transcript, OHA Case No. PSH-24-0118 (Tr.) at 11, 39, 55, 68, 84, 100, 111, 170, 186. The LSO offered the testimony of the DOE Psychiatrist. *Id.* at 197.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G as the basis for its determination that the Individual was ineligible for access authorization. Ex. 1 at 5. “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. According to the LSO, the factors that gave rise to the Guideline G concerns were the Individual’s December 2023 diagnosis by the DOE Psychiatrist with AUD, Moderate, without adequate evidence of rehabilitation or reformation; the Individual’s alcohol-related treatment at the rehabilitation center in August 2022, where the Individual was diagnosed with AUD, Severe, after consuming “four to ten beers and a pint of liquor daily for several years”; and the Individual’s decision to leave the rehabilitation center against medical advice and to resume drinking in February 2023.⁶ Ex. 1 at 5. These allegations justify the LSO’s invocation of Guideline G. *See* Adjudicative Guidelines at ¶ 22(d)–(f).

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 Dep’t 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

⁶ At the hearing, the Individual testified that he actually resumed drinking even earlier than alleged in the SSC, “around Christmastime” 2022. Tr. at 165.

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. HEARING TESTIMONY

The Individual’s spouse testified that she met the Individual in 2011, when they were in school together. Tr. at 12. They got married in 2018 and have since had two children together. *Id.* at 12–14; Ex. A (photos of the Individual with his spouse and children). By the summer of 2022, she knew that the Individual was consuming alcohol “[f]requently,” and their marriage was strained. Tr. at 16–17. In July 2022, she learned from a friend that her husband had a one-day extramarital affair. *Id.* at 17. She confronted him about the affair, and the discussion turned to the Individual’s alcohol consumption. *Id.* She gave him a choice: “either go to rehab, get sober, or you can walk out the door no penalties, no child support, nothing” *Id.* at 18. The Individual chose to enter a 30-day program at a rehabilitation clinic. *Id.* at 18–19. The Individual left the program early, after two weeks, because she and her husband were dissatisfied with the behavior and attitude of his treatment provider.⁷ *Id.* at 19–22.

Upon his return from the rehabilitation facility, the Individual completed 90 days of Narcotics Anonymous meetings. *Id.* at 22–23. Thereafter, they agreed that the Individual would resume some “occasional” alcohol consumption. *Id.* at 23. This consisted of “one or two” drinks, approximately every other weekend. *Id.* at 24. Then in early 2024, the Individual decided to cease alcohol consumption altogether, in order “to have a better chance at receiving his Q clearance.” *Id.* at 25. The Individual’s last alcoholic drink, to his spouse’s knowledge, was on March 15, 2024. *Id.* Since January 2024, the couple has been attending marriage counseling, and she has witnessed positive changes in the Individual. *Id.* at 25–26. He’s become more “present” with his family, more “in tune with his emotional state of being,” and more communicative. *Id.* at 26. He also attends individual therapy once a week, where he focuses on his past trauma. *Id.* at 32–33, 37. He continues to associate with the same friends with whom he used to consume alcohol, “but they are very, very respectful of his recovery and they do not drink or mention alcohol around him.” *Id.* at 35. In the future, the Individual has indicated, he might resume alcohol consumption, “but it won’t be anything like it ever was before.” *Id.* at 33.

⁷ Specifically, she testified, she was angry because the treatment provider advised the Individual not to disclose to his spouse that “he had had a contact or potentially positive for hepatitis B.” Tr. at 20. This angered her, because she had been intimate with the Individual since his extramarital affair, and she was currently breastfeeding their son and could have potentially passed it on to the baby. *Id.* Moreover, the Individual’s spouse testified, the treatment provider told her that “[her] anxiety was not real, it was not valid, and that nothing else mattered besides [the Individual] being at the rehab.” *Id.* at 21. For these reasons, she decided with the Individual that he should leave the rehabilitation center early, without completing his treatment program. *Id.* at 19.

The Individual's mother testified that she sees the Individual and his family once a week, and talks to him on the phone daily. *Id.* at 42. She knew he was consuming alcohol in 2022, leading up to his treatment at the rehabilitation clinic, but did not know how much. *Id.* at 42–43. Since the Individual committed to abstinence in March 2024, she testified, he's been going to college, he obtained employment with the DOE contractor, and he's become "very goal oriented" and very "family-oriented." *Id.* at 46, 48. She believes the Individual is committed to remaining abstinent, she testified, but she doesn't know anything about his current treatment. *Id.* at 49, 53.

The Individual's maternal grandmother testified that she lives "two blocks away" from the Individual and sees him every one-to-two weeks. *Id.* at 56. She testified that she and the Individual used to have "a beer every now and then," but she never saw him drunk. *Id.* at 57. She knows that the Individual is currently attending counseling. *Id.* at 60. He is a "really good father" and a "really good husband," and he's "communicating better" now that he's abstinent. *Id.* at 60–61.

The Individual's spouse's grandmother testified that she lives "[f]ive or six miles" away from the Individual and his family and sees them at least four or five days a week. *Id.* at 69. She testified that the Individual "never did drink around us, other than perhaps a beer at a Mexican restaurant," and that she has not seen him consume alcohol at all in 2024. *Id.* at 71. She described the Individual as "very intelligent" and "probably the best young father I've seen . . ." *Id.* at 73–74, 76. She is not concerned that the Individual will relapse. *Id.* at 76.

The Individual's friend testified he has known the Individual since high school, and their families get together at least once every week. *Id.* at 85–86. He hasn't seen the Individual drink any alcohol for the past three years, but he is aware the Individual entered into treatment at the rehabilitation center in 2022. *Id.* at 87–89. He feels confident the Individual has a "great mindset," and is "going to keep moving forward and stay sober." *Id.* at 90. He has seen the Individual "grow very much" as a result of counseling, as evidenced by the job he obtained with the DOE contractor and the Individual's recent interest in learning about construction and cars. *Id.* at 95–96.

The Individual's non-DOE supervisor testified that he is good friends with the Individual's stepfather and has known the Individual since 1997. *Id.* at 100. In the past "couple years," he has employed the Individual part time in his construction business. *Id.* at 101. He described the Individual as a "quick" learner and a "strong worker." *Id.* at 102. He never knew the Individual to have an alcohol problem, but the Individual did inform him earlier in 2024 that he quit drinking. *Id.* at 103.

The Individual testified that when he was 20 or 21 years old, he realized for the first time that his father had sexually molested him as a child. *Id.* at 113. His father passed away when the Individual was ten years old. *Id.* at 112–13.

When asked about his pattern of drinking prior to his treatment at the rehabilitation center in August 2022, the Individual stated that he always consumed "between zero and four drinks per

day,” and only “about four days of the week.”⁸ *Id.* at 163. Sometimes he would drink “a quarter pint of liquor,” which he believed was “like four drinks.” *Id.* at 164. The Individual only recalled consuming as much as a pint of liquor on one occasion – the day that he cheated on his spouse in early July 2022. *Id.* at 122. Further, he recalled only one occasion when he consumed as many as ten beers in one day – when he went to clean the family cabin in early August 2022 and was dealing with guilt from his infidelity. *Id.* He acknowledged that when he drank beer, it was typically 16-ounce IPAs with 9 percent alcohol by volume. *Id.* at 163–64.

In August 2022, after the Individual’s spouse confronted him about his infidelity, they jointly decided that he would enter treatment at the rehabilitation facility. *Id.* at 124. The Individual acknowledged that he left the program early against medical advice, for the reasons that his spouse cited in her testimony. *Id.* at 124–25. After leaving the rehabilitation program, he testified, he immediately started Narcotics Anonymous and attended 90 meetings in 90 days. *Id.* at 125. At the time, he intended to permanently abstain from alcohol. *Id.* at 164. But around Christmastime, because he “always liked the holiday beers,” he made the decision to resume the consumption of alcohol. *Id.* at 164–65. Thereafter, he consumed “one to three beers a couple times a month.” *Id.* at 126 (quoting the Individual’s counsel’s question, to which the Individual responded, “Yes.”). That pattern of consumption continued until March 15, 2024, when the Individual attended a concert and consumed his last drink of alcohol. *Id.* at 119. He made the decision to stop drinking after reading the recommendations in the DOE Psychiatrist’s Report, which he received in February.⁹ *Id.* at 120, 158.

From April 25 through May 30, 2024, the Individual attended his employer’s 6-week Alcohol Awareness and Education class. *Id.* at 138; Ex. C; Ex. E. Immediately thereafter, he began attending his employer’s 12-week follow-on class, which he plans to continue indefinitely, as well as another weekly class offered by his employer, Trauma Informed Educational Skills. Tr. at 141–42, 155; Ex. E (letter from the counselor who leads these classes, stating that the Individual “demonstrated excellent attendance, initiated conversations, participated, and appeared to benefit from the discussion and materials presented in each of the classes”). The Individual has been seeing his EAP counselor since July 2023, and has attended eight sessions per year – the maximum number permitted by his employer. Tr. at 142–43, 170. In spring of 2024, he also began seeing a private therapist on a weekly basis. *Id.* at 140, 156. His therapy is focused on “[m]ostly trauma and everything that comes with it.” *Id.* at 140. He plans to continue seeing his private therapist for at least the next few years, and he plans to continue on his currently prescribed medications “as long as clinically advised.”¹⁰ *Id.* at 155, 157. He attended weekly SMART Recovery meetings from April 2024 through July 2024. and he testified that he benefitted greatly from this group. Tr. at

⁸ This account of his drinking habits differed notably from the account he reportedly gave to his treatment providers at the rehabilitation center in August 2022, and from the account he gave to the DOE Psychiatrist in December 2023. *See supra* Section I.

⁹ The Individual underwent five monthly PEth tests since April 2024, all with negative results. Tr. at 144; Ex. F. He also underwent two urine drug screens in May and August 2024, which appear to show negative results for the presence of all non-prescribed drugs covered by the tests, and three THC tests in June, July, and August 2024, all of which yielded negative results. Tr. at 144–45; Ex. F.

¹⁰ The Individual testified he is taking three prescribed medications for ADHD and other mental health conditions. Tr. at 155.

138–40, 153; Ex. D (letter from counselor stating that the Individual “has been an active and engaged group member who attends regularly”). He discontinued his attendance because the meetings became difficult to fit into his schedule, and also because he felt that his attendance at individual therapy sessions and the two weekly classes provided him with “enough other aspects of recovery at the moment.” *Id.* at 140.

The Individual admitted that, initially, he did not intend to remain abstinent longer than the 12 months that the DOE Psychiatrist recommended. *Id.* at 146. But he has since determined, upon receiving the advice of a psychologist who evaluated him in late March 2024, that he must remain abstinent as long as he continues to recover from his childhood trauma and work on his mental health. *Id.* at 146, 161–62. He plans to continue in therapy “indefinitely.” *Id.* at 128. He has experienced great benefits from abstinence, including improved ability to recognize his own emotions, to be emotionally available to others, and to think clearly at work. *Id.* at 146–47. He spends his free time pursuing various hobbies and interests, including “space related things,” carpentry, working on cars, and playing video games. *Id.* at 133. He acknowledged that on occasion he still thinks about “how it would be nice if I didn’t have to abstain,” for example when he attends concerts where drinking is “a part of the culture,” but he denied feeling cravings during those times. *Id.* at 149–50. He feels confident that he will never return to the substance abuse that plagued him in the past. *Id.* at 150–51. As he explained it,

I know I’m learning more about my trauma, and part of the reason I think why I used substances so frequently before was I disassociate and I just choose to not feel emotions and to ignore that kind of stuff. . . . And ever since I broke that habit, [stressors that used to trigger my substance use, like financial stressors], I deal with them with a clear head, at least now, and so they don’t trigger me anymore.

In the future, if he ever decided to consume alcohol again, he would have to do so in consultation with professionals “and see if they deemed me in the proper space,” he explained. *Id.* at 149.

The EAP counselor testified that, initially, his counseling was focused on the Individual’s childhood trauma. *Id.* at 171. Over time, they started to talk about the Individual’s use of substances. *Id.* He praised the Individual for his “steadfast commitment” to therapy. *Id.* at 173. “[H]e shows up interested, open, and committed to work on his issues.” *Id.* The counselor’s therapy has focused on helping the Individual learn how to deal with triggers, how to communicate his feelings, and how to be honest with himself and others. *Id.* at 174–76. The EAP counselor has full confidence in the Individual’s ability to remain abstinent from alcohol. *Id.* at 176. When asked to explain why, he expressed that the Individual has demonstrated a striking level of commitment to bettering his mental health, at a level that was “rare” among the people he has counseled in his 30-year career. *Id.* at 177. He noted that the Individual had already made an “intense commitment to abstinence from other substance[s] prior to even coming to see me,” and abuse of other substances “was even more [] of a longer arc in his history. . . .” *Id.* at 176. When asked about his understanding of the Individual’s past drinking habits, he stated, “[M]y cursory understanding is that he drank casually here and there, . . . three beers, could be four beers, could be maybe more than that . . . here and there in a more binge-like quality.” *Id.* at 181–82.

The Individual's psychologist testified that the Individual contacted her after receiving the DOE Psychiatrist's Report, because he wanted a "second opinion." *Id.* at 187. She met with the Individual on March 27, 2024. *Id.* In a report that she authored after evaluating the Individual, she concluded that the Individual had made "progress in treatment so far" and had a "good" prognosis if he chose to remain in treatment. Ex. I. At the hearing, after listening to all of the testimony, she opined that the Individual has made "tremendous progress," and "[i]t's actually remarkable the extent to which he has engaged in treatment." Tr. at 187. She believes that abstinence is "critical" to the Individual's success in life, and that the Individual is "absolutely sincere and committed to that path forward." *Id.* at 190. According to the psychologist, it would be "harsh" and "extreme" to find the Individual has not substantially met the DOE Psychiatrist's recommendations, simply because he has not been abstinent for the full 12 months that were recommended. *Id.* at 191.

The DOE Psychiatrist testified that the Individual has "certainly demonstrated great commitment to remaining sober" and is "showing improvements in all courses." *Id.* at 202–03. He credited the Individual for his stated commitment to abstinence and counseling and to understanding the consequences of his childhood trauma. *Id.* at 204–05. He was also encouraged by the Individual's transparency with friends and family about his AUD, and he acknowledged the Individual's five negative PEth tests. *Id.* at 206, 211. The DOE Psychiatrist indicated that the Individual's prognosis is "good," because he understands the importance of continuing with treatment, which makes his risk for relapse "low." *Id.* at 206, 221. The only two possible risks, the DOE Psychiatrist indicated, would be if the Individual "becomes complacent about drinking," or if he fell down a slippery slope by trying to engage in "controlled drinking." *Id.* at 207–08.

The DOE Psychiatrist testified that, as of the hearing, the Individual had demonstrated rehabilitation, with the exception of falling short of the recommended 12 months of abstinence, and had demonstrated reformation.¹¹ *Id.* at 204, 210, 220. When pressed as to why the Individual would still need to demonstrate a full 12 months of abstinence, even though he already has a "good" prognosis, the DOE Psychiatrist explained that the Individual's six months of abstinence since March 15, 2024, is simply not close enough to 12 months to instill confidence in his ability to stay on course with relapse prevention. *Id.* at 221–22. If the Individual were to restart attendance in SMART Recovery, however, then "I would remove the [12-month] time frame," he testified. *Id.* at 222. "If he does not restart SMART Recovery, he's still only been sober for six months, and that's not very long, relative to when – starting to drinking [sic] at 16 years old and the trauma elements, which he's still working on." *Id.*

V. ANALYSIS

Conditions that may 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 maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and

¹¹ According to the DOE Psychiatrist, "reformation" is when "a person recognized that they had a substance abuse disorder and then had stopped consuming." Tr. at 210. "Rehabilitation" is "successful treatment." *Id.*

- established pattern of modified alcohol 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.

In the two years since his stay at the rehabilitation center, the Individual has undoubtedly made great strides in improving his mental health. He began meeting with the EAP counselor in 2023, who helped him to begin the process of healing from his childhood trauma, and has since gone further down the path to betterment through individual and group counseling, in part related to his alcohol use. He testified sincerely about the benefits he has received from therapy and abstinence, which was corroborated by the testimony of his spouse, his friend, and some of his relatives. And he has substantially reduced his pattern of alcohol consumption, first cutting back to every other week, and finally abstaining completely as of six months before the hearing. Both his EAP counselor and the psychologist who testified on the Individual's behalf spoke highly of his progress in counseling and expressed confidence in his ability to remain sober. And the DOE Psychiatrist, who noted the Individual fell short of the 12 months needed to demonstrate rehabilitation, praised the Individual's commitment and opined that his risk of relapse was low.

At the same time, the Individual has long history of alcohol misuse dating back until at least January 2018, when he was first diagnosed with AUD. According to the Individual's own account of his drinking habits at the time he checked into the rehabilitation center, hardly a day went by where he did not consume substantial amounts of alcohol, much of it hidden from his spouse and other family members. During the hearing, I was troubled to hear the Individual downplay the extent of his prior alcohol use, after he had given a more serious account not only at the rehabilitation center, but also to the DOE Psychiatrist during his December 2023 evaluation. The Individual has sought treatment for his AUD on two occasions since 2018 and even achieved abstinence for a few months after his August 2022 stay at the rehabilitation center. But it was only in March 2024, prompted by the realization that alcohol consumption could impact his eligibility for a security clearance, that his current period of abstinence began. At the hearing, both he and his spouse expressed the possibility that he may resume alcohol consumption in the future.

In light of these circumstances, I am unable to find that the Individual has satisfied the mitigating factors described in paragraphs (b), (c), or (d). With regard to factor (b), although the Individual acknowledges his maladaptive alcohol use and has taken significant steps to overcome it through counseling, he has not yet established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations. As the DOE Psychiatrist testified, six months of abstinence is far less than the 12 months needed to show rehabilitation from the Individual's AUD, Moderate. With regard to factor (c), the Individual is participating in a counseling program and by all accounts has made satisfactory progress. Nonetheless, he has a history of treatment and relapse,

resuming alcohol consumption after both his 2018 treatment and his 2022 treatment, which he left early against medical advice.¹² Regarding factor (d), again, the Individual has not demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

I am also unable to find that the Individual has satisfied the mitigating factor described at paragraph (a). Only six months have passed since the Individual stopped drinking, which as the DOE Psychiatrist emphasized, is not so much time relative to Individual's several years of problematic alcohol consumption. Moreover, the Individual has not demonstrated that his alcohol use occurred under any unusual circumstances such that it is unlikely to recur or does not cast doubt on his current reliability, trustworthiness, or judgment.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Matthew Rotman
Administrative Judge
Office of Hearings and Appeals

¹² Regarding the decision to leave the rehabilitation center early, I do find that that the explanation provided by the Individual and his spouse in their testimony – that they had serious concerns with the behavior of the Individual's treatment provider – establishes the presence of unusual circumstances which resolve the security concerns associated with his failure to complete treatment in August 2022. Adjudicative Guidelines at ¶ 23(a).