DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 24-00641
	)	
	)	
Applicant for Security Clearance		

Appearances

For Government: Tovah Minster Esq., Department Counsel
For Applicant: Maurice Arcadier, Esq.

09/19/2025

Decision

MURPHY, Braden M., Administrative Judge:

Applicant has two diagnoses of severe alcohol use disorder (AUD) more than three years apart, and only one year of abstinence from alcohol. Notwithstanding the absence of any recent alcohol-related incidents since October 2020, his abstinence is unsupported by ongoing participation in counseling or a formal support network. Applicant needs more of a track record to provide sufficient evidence to mitigate security concerns about his problematic history of alcohol consumption. Eligibility for access to classified information is denied.

Statement of the Case

Applicant submitted security clearance applications (SCAs) on March 2, 2016, and November 14, 2021. On July 25, 2024, the Defense Counterintelligence and Security Agency (DCSA) issued him a Statement of Reasons (SOR) detailing security concerns under Guideline G (alcohol consumption). The DSCA issued the SOR under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense (DOD) Directive 5220.6, *Defense*

Industrial Personnel Security Clearance Review Program (January 2, 1992), as amended (Directive); and the Security Executive Agent Directive (SEAD) 4, *National Security Adjudicative Guidelines* (AG), effective within DOD on June 8, 2017.

Applicant answered the SOR on August 20, 2024, and requested a hearing before an administrative judge from the Defense Office of Hearings and Appeals (DOHA). The case was assigned to me on April 2, 2025. On May 7, 2025, DOHA issued a notice scheduling the hearing for June 11, 2025, to occur by video teleconference.

The hearing convened as scheduled. Department Counsel offered Government's Exhibits (GE) 1 through 9, and two documents for purposes of administrative notice (AN I). GE 1-3 and GE 5-9 were admitted without objection. Applicant's objection to admission of GE 4 was overruled. (Tr. 14-15, 18-22)[1] Applicant Exhibits (AE) 1 through 5, were offered and admitted without objection, though AE 3, a DOHA Appeal Board case, is more properly considered as an administrative notice document. Applicant's motion for a directed verdict was denied. (Tr. 22-33) Applicant and two other witnesses testified. The record closed at the end of the hearing. DOHA received the hearing transcript (Tr.) on June 20, 2025.

Request for Administrative Notice

Department Counsel requested that I take administrative notice (AN) of certain facts about alcohol disorders, from the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) Excerpt on Alcohol Use Disorders (AN I) and from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) – Understanding Alcohol Use Disorder (AN II).[2]

Applicant also provided a copy of the DOHA Appeal Board case in ISCR Case No. 20-01838 (App. Bd. Dec. 29, 2022) (AE 3),[3] a case involving Dr. B, the same DOD evaluator that evaluated Applicant in this case. (GE 4)

[1] Applicant's counsel rightly noted (Tr. 20-21,182) that GE 3, in discussing the October 2020 incident which led to Applicant's hospitalization, diagnosis and treatment, erroneously contains a reference to another individual: "He [Applicant] reported that the police came to his home and found [Mr. H] cleaning his guns." (GE 4 at 3) (Emphasis added). I regard this as an isolated error that has no bearing on the overall facts, findings, or conclusions in Dr. B's report.

[2] According to the DSM-V, a diagnosis of 303.90: (F10.20) Severe Alcohol Use Disorder (AUD) requires a finding of six of the 11 symptoms of AUD. (AN I at 5-6; *see also* AN II at 2.)

[3] In AE 3 as in this decision, the DOD evaluator is only identified as "Dr. B," but Applicant's counsel here was also counsel in that case, so it was accepted that he would be in position to know that both Dr. Bs were the same evaluator. (AE 3 at 1, 7-8; Tr. 180-181)

Findings of Fact

In his SOR Response, Applicant admitted SOR ¶¶ 1.a through 1.d with explanations. His SOR admissions are incorporated into the findings of fact. After a thorough and careful review of the pleadings and exhibits submitted, I make the following additional findings of fact.

Applicant is 37 years old. His only marriage (2017-2021) ended in divorce. He has no children, though he is close to his ex-wife's son. He has a high school diploma and some community college credits. He is a certified heating, ventilation, and air conditioning (HVAC) technician. He worked for a private company from 2008 to September 2015. From then until October 2018, he worked as an HVAC mechanic for a defense contractor. He was assigned to work on a military base. He moved to a new employer in November 2018 when the contract ended. He submitted a prior clearance application in March 2016, and his most recent SCA in November 2021. His prior SCA was granted and he has held a clearance ever since. (GE 1, GE 2; Tr. 37-40, 138-139, 160-161)

The SOR concerns a 2012 arrest for driving under the influence of alcohol (DUI) (SOR ¶ 1.d), an October 2020 alcohol-related hospitalization and follow-up inpatient treatment for a severe alcohol use disorder (AUD) (SOR ¶¶ 1.b, 1.c), and a January 2024 DOD psychological evaluation and diagnosis of severe AUD (SOR ¶ 1.a).

Applicant began drinking in his teens and early 20s. He was charged with DUI in about April 2012, when he was 23 years old. He had consumed alcohol before driving to a liquor store on his motorcycle. He was pulled over for speeding and arrested for DUI after a field sobriety test. The DUI charge was later reduced to reckless driving. He was sentenced to probation and ordered to perform community service, attend Alcoholics Anonymous (AA) meetings, and complete alcohol education course. His probation ended successfully in about September 2013. (GE 1, GE 2, GE 4, GE 9; Tr. 38, 58-63) (SOR ¶ 1.d) This is Applicant's only alcohol-related arrest, though he has a 2011 citation for marijuana possession in 2011 (not alleged). (GE 1; Tr. 37-38, 63)

In his earlier days, Applicant would drink six beers in the evening with friends, chiefly on weekends. He cut back when he became involved in a serious relationship and became more career focused. (GE 4 at 3; Tr. 63-65)

Applicant had no further personal or professional alcohol-related incidents until fall of 2020. By this time, he had developed depression and was having difficulty sleeping while on the night shift at work for about a two-week period. He was under stress following his divorce, the death of his grandfather, and the death of a friend, or several friends, due to a drug overdose. He began taking caffeine pills (four times a day) and drinking as many as 12 cups of coffee a day so he could stay awake for work. (GE 4 at 2; Tr. 40-42) He

told the DOD evaluator that he had attempted to find a therapist but was unsuccessful, in part because of COVID pandemic restrictions.

On about October 3, 2020, Applicant's supervisor called him when he did not appear for work. Applicant does not recall the specifics of either their conversation or the related event but acknowledged to the DOD evaluator that he "must have been nonsensical," which led the supervisor to call authorities. Police came to Applicant's home and found him with guns. Applicant denied loading or unloading his weapons and denied trying to shoot himself. He denied any history of suicidal or homicidal ideation. (GE 4 at 2-3; Tr. 40-42, 68-70)

Applicant was taken to Hospital R and involuntarily admitted for suicidal ideation and depression. He was diagnosed with adjustment disorder with unspecified modifier, depression, and insomnia. Upon admission, he had a serum alcohol level of .125 (blood alcohol content (BAC) of .125). (GE 4, GE 6; AE 1; Tr. 70-71) (SOR ¶ 1.b)

Applicant acknowledged that he had consumed alcohol over the three days prior to his admission but testified that he did not believe his drinking at the time was problematic. Hospital records reflect that fellow union members believed he had a problem with alcohol, though Applicant denied anyone telling him this. (Tr. 41, 77-79)

Applicant remained at Hospital R for about two days. Upon his release, his brother picked him up and took him directly to Recovery Center O, where he was admitted voluntarily for 45 days of inpatient treatment, from October 5 to November 13, 2020. He was diagnosed with severe AUD, alcohol withdrawal without perceptual disturbances, and caffeine-induced anxiety disorder. (GE 4, GE 7; Tr. 42-43, 70-72, 82-84, 87) (SOR ¶ 1.c)

While there, Applicant participated in group therapy and AA meetings, which included discussion of alcohol use and addiction. Upon discharge, he agreed with the recommendation to pursue self-help support groups like AA and counseling. (GE 7 at 254; Tr. 89, 92) He acknowledged seeing some literature about abstaining from alcohol during recovery, and being told to abstain by one of his therapists at Hospital R. He testified that "the overarching theme of the entire program that they consistently preached there was abstinence constantly." (Tr. 85-88; GE 7 at 112, 114)

Applicant returned to work a few days later. He provided an email to his supervisor explaining his absence. (GE 8; Tr. 51) After his discharge from Recovery Center O, Applicant saw a therapist, Dr. V, from November 2020 to April 2021 for weekly, then monthly outpatient treatment. Dr. V diagnosed him with adjustment disorder with anxiety and noted "disappearance and death of family member." (AE 5; Tr. 43-49, 92-93) Therapy ended in April 2021 when Applicant showed significant improvement, with advice to return as needed. (GE 4 at 3; AE 1 at 9, AE 4, AE 5) He said this treatment focused on grief and

loss. Main topics included Applicant's divorce, his grandfather's death, and the deaths by suicide or overdose of four close friends, with a "minor" focus on alcohol. He did not recall discussing resuming drinking with Dr. V. (Tr. 93-101, 166) To his knowledge Dr. V did not have access to Applicant's prior medical records from fall 2020 and Applicant did not provide them to him. (Tr. 101)

Dr. V also provided a current reference letter based on their therapist-patient relationship at the time. Dr. V attested to Applicant's character and integrity, based on Applicant's strong relationship with his stepson. He has widely varied interests and hobbies. He participated actively in therapy with a desire for positive changes in his life and relationships. This included "actively managing his alcohol consumption." (AE 4)

Applicant said he attended AA "off and on irregularly" over the next several years, into 2023. (Tr. 90-92) Applicant testified that he abstained from alcohol for about three to six months in 2021 after he left recovery. He resumed drinking by spring or summer 2021 and said his drinking was minimal. (Tr. 98)

Applicant was evaluated in January 2024 by Dr. B, a Ph.D. licensed clinical psychologist and board-certified neuropsychologist, at DOD's request. (GE 4, GE 5) Dr. B reviewed Applicant's SCAs, his 2016 background interview, the 2023 report of investigation, the medical records from Hospital R and Recovery Center O relating to Applicant's treatment, and GE 8, his December 2020 "Self-report statement." (GE 4)

Applicant's developmental, educational, occupational, medical, mental health, substance abuse, legal, social, family medical/psychiatric histories were detailed. He reported consuming alcohol twice a week but reported no history of alcohol use or misuse. Applicant questioned the diagnosis of alcohol use disorder as reflected in his medical records. He reported drinking two beers on Thursdays and eight to ten beers on the weekend, which he does not feel is excessive, and does not feel it impacts his functioning. (GE 4 at 3-4) At his hearing, Applicant confirmed this accurately reflected his alcohol consumption and frequency at that time, though he noted it was "spread out throughout the weekend." (Tr. 161-162)

This report was noted to be contrary to medical records from October 2020 noting that Applicant described himself as a "binge drinker" who would consume as much as "a whole 12-pack." (GE 4; Tr. 79-80) He testified that he would drink on Thursdays and weekends with his amateur sport teammates. He said his weekend drinking varied — some weekends not at all, some weekends "six-plus beers, maybe 12 beers, over the weekend," but, in his view, "rarely" to intoxication — maybe once or twice a month, "if that." Applicant confirmed in his testimony that in 2020 he would drink a 12-pack of beer on his days off, every two weeks. (Tr. 65-66, 159, 165)

Dr. B. diagnosed Applicant with severe alcohol use disorder. This was based on a review of available records, analysis of current psychological test results, and her interview of Applicant. (GE 4) (SOR ¶ 1.a) She also found that he has a documented history of severe alcohol use disorder:

> It is quite apparent from the records that the applicant's reported alcohol use was significant, and his current consumption is excessive even for someone with no history of alcohol abuse, per CDC guidelines. He continues to meet the criteria for alcohol use disorder, severe. I have concerns regarding [Applicant's] judgment, trustworthiness, and reliability. (GE 4 at 6)

Dr. B also found that Applicant "lacks awareness or insight into the concerning level of alcohol use from his history and acknowledges drinking as many beers in a sitting now that he described as 'binge drinking' during his alcohol treatment. I have grave concerns for relapse." While he attributed "the events surrounding his psychiatric hospitalization to a lack of sleep, his alcohol'/substance misuse is clearly more longstanding." Applicant also stated he feels no need for mental health treatment or involvement in an alcohol abuse support group. This contributes to a poor prognosis, as also indicated in his psychological testing. She found his prognosis guarded. (GE 4 at 6-7) (SOR ¶ 1.a)

Applicant said that he filled out on an evaluation on a computer and had a short in-person interview with Dr. B. He said she did not review Dr. V's records of Applicant's treatment with him in 2020-2021. (Tr. 49-50)

In preparation for his hearing, Applicant met with Dr. R, a clinical psychologist, at the request of his counsel. Dr. R spent several years as a psychologist in the Navy, both on active duty and in the Navy Reserve before entering private practice. (AE 1, AE 2; Tr. 105-106) Among his primary responsibilities in the Navy was providing "fitness for duty" evaluations, of which he did close to 1,000. He continues to perform government contracting work in the mental health field and has testified in numerous criminal court proceedings and clearance cases. (Tr. 105-107, 115)

Dr. R based his diagnosis and conclusion on interviews with Applicant and his supervisor, Mr. S, review of numerous appropriate hospital and medical records, the results of psychometric testing, Dr. B's evaluation, and notes from Dr. V, Applicant's therapist. (AE 1; Tr. 54-55, 107-110)

In describing the October 2020 incident, Dr. R's report provides additional notable details, specifically that when law enforcement came to Applicant's home, they found him naked in his garage disassembling his firearms. He told police he was "removing the

bullets to protect the springs," but he could remember few details of the incident. He attributed the incident to severe insomnia, excessive caffeine intake, and increased alcohol use brought about by divorce, bereavement, and occupational stress. He denied suicidal intent or pointing his gun at anyone. (AE 1 at 6)

Dr. R's report also noted that records from Hospital R reflect that on October 3, 2020, Applicant had reportedly taken a firearm to work and threatened to shoot himself.[4] Police took him to the emergency room, where he was committed involuntarily as a potential threat to himself or others. The records also document that Applicant "endorsed active suicidal ideation" and that he had loaded the weapon, cocked the hammer, and pointed it at his head. (GE 6 at 10; AE 1 at 6-7; Tr. 116-117)

Dr. R concluded that the events of October 2020 were "best conceptualized as an acute adjustment reaction rather than evidence of severe mental illness." (AE 4 at 12) He noted, however, that Applicant "met criteria for severe alcohol disorder during the [October] 2020 admission and completed an intensive inpatient program." (AE 4 at 13) When Applicant was taken to Hospital R, he had a blood- alcohol level of 125 milligrams. On cross-examination, Dr. R noted that this was well over the legal driving limit of 80 ml. (BAC of .08) and that a BAC of .125 would show intoxication. (Tr. 124-125)

Dr. R concluded that Applicant maintained total abstinence from alcohol since July 2024, "which seems to be corroborated by the absence of disciplinary issues," and by a highly positive character reference from his direct supervisor. (AE 4 at 13; Tr. 112) He noted that this period (11 months or so at the time of the hearing) was "a very long time for someone who might be dealing with a chronic issue." It is more consistent with his conclusion that Applicant had an acute alcohol issue in 2020 instead. (Tr. 113)

Dr. R explained that chronic substance abuse suggests a dependency issue, with the individual using the substance as a coping mechanism to deal with ongoing mental health issues or stress. He described acute abuse as manifested by an intense stress, such as a divorce, rather than a preexisting issue, and "it will be resolved most likely when that stressor goes away" as well as through treatment and by learning coping mechanisms. (Tr. 110-111) Dr. R concluded that Applicant's alcohol issues in October 2020 were acute, and that he has a very good prognosis due to his participation in therapy. (Tr. 111, 114-115, 119-120)

Dr. R noted that Dr. B performed the Personality Assessment Inventory (PAI) test, which is the "shortened version" of the Minnesota Multiphasic Personality Inventory (MMPI) test he performed during his evaluation. He believes the MMPI test is more

[4] Despite this reference in the ER intake notes, it appears that Applicant was at home at the time, and not at work. It is reasonable to infer that, had he brought a firearm to work, criminal charges of some sort would have resulted, and there is no such evidence here.

accurate, and "the gold standard." He said the results of Applicant's MMPI test showed no evidence of mental health issues. (Tr. 112-113; AE 1 at 12)

Dr. R closed his report by noting that "there is no evidence of underlying or persistent psychopathology or significant indications of risk that would compromise his safety (or others) or his performance." He gave a favorable prognosis and recommended full restoration of Applicant's clearance. He does not believe Applicant currently has an alcohol abuse disorder and poses no risk to national security (AE 1 at 14; Tr. 110, 115-116, 130-132) Dr. R also said severe alcohol use disorder was "acute" and alcohol dependence (or alcoholism) would be considered "chronic." (Tr. 130-132)

In his testimony, Dr. R also credited Applicant's six months of treatment with Dr. V. and agreed with Dr. V's diagnosis of adjustment disorder with anxiety. He noted that Applicant "may have been" using alcohol as a coping mechanism at the time and said Applicant is committed to not doing so in the future. He specifically challenged Dr. B's conclusion that Applicant suffered from "any level of several alcohol abuse disorder just because he continued having some beers." He saw Applicant's drinking (two beers on Thursdays and eight to ten beers over the weekend) as "pretty normal behavior," "not necessarily dysfunction," and not evidence of "severe benders" and there was no evidence of further DUIs or work issues. He acknowledged that consuming eight to ten, 12, 16, or 24 beers at one sitting would be different, and evidence of substance abuse. He regarded Applicant's level of drinking as "normal drinking for an average American male." (Tr. 120-123) Dr. R also understood Applicant to be doing well at work, in relationships, and, having made use of therapy in the past, to have concluded that he did not need it presently. (Tr. 123)

For individuals diagnosed with an alcohol use disorder, Dr. R endorsed inpatient treatment and ongoing treatment, while leaving "things like AA up to individuals." He did not see Applicant as needing AA. (Tr. 125-126) It was noted that there was no indication in Dr. V's records of any post-treatment recommendation to abstain from alcohol. Dr. R noted that this was unusual for an individual coming out of inpatient alcohol treatment. But he noted that by the end of Applicant's inpatient treatment, "he had really been treated more for the anxiety and stress issues," as well as grief over the end of his marriage. He noted that Dr. V agreed and diagnosed Applicant with an adjustment disorder, not an alcohol disorder. (Tr. 128-129, 132-133)

Applicant did not recall ever being unable to report to work due to alcohol (the October 2020 event notwithstanding), though he said in the records and during the hearing that he had little memory of that event. (Tr. 81)

After completing rehab at Recovery Center O and after his treatment with Dr. V, Applicant resumed drinking alcohol in the spring of 2021 about three or four beers over a

weekend. He acknowledged that by the time of Dr. B's evaluation (February 2024), his drinking had increased to two beers on Thursdays and eight to ten beers on weekends, as the report (GE 4) indicates. By May 2024, when he submitted his interrogatory response (GE 3), he reported drinking one to five beers over a weekend. He also reported drinking to intoxication once or twice a month, either over New Years 2024, late April 2024 (GE 3), or July 2024. He denied any driving after consuming alcohol to excess after 2021. (Tr. 147-151, 161-163, 172-173)

Applicant said his alcohol consumption after his time in rehab was "greatly reduced," which he later said meant "maybe two beers on a Thursday night with the guys and them a handful over the weekend." He has not had any episodes of binge drinking. He said no provider told him to abstain from alcohol consumption. However, he said he has abstained from alcohol since July 2024, when he received the SOR. He said he has no cravings for alcohol. (Tr. 52-53, 56, 165, 171-172)

Applicant said that, before receiving the SOR, it had not previously been "expressly stated" to him that his drinking was a security concern for his clearance, but the SOR led him to "make a choice" to abstain. He confirmed that he quit drinking "cold turkey" without seeking counseling, or a support group like AA, and has not done so since deciding to abstain. He believes he will abstain going forwards and has no desire to drink. He said he deals with stress better after his therapy with Dr. V. He learned about "playing the tape out," as he put it, i.e., thinking things through in terms of "what happens next and then what" as a thought process. Applicant said if he found himself craving alcohol again, he would reach out to several close friends who have also decided to "go sober." (Tr. 153-156, 168-170)

Applicant has been in a stable romantic relationship for six months and he is close to his 17-year-old stepson and his family members, who live nearby. He reads self-help books and is active in several amateur team sports leagues. He said he has had no employment issues since his 2020 incident, no hospitalizations, and no subsequent episodes relating to drugs, alcohol, or involvement with law enforcement. He has had no issues with sleep apnea or amnesia since the October 2020 event. (Tr. 52, 56-57, 156-158, 166-167)

Applicant's supervisor, Mr. S, who had interviewed with Dr. R, also testified.[5] Mr. S has worked for his employer for seven years. He and Applicant began working for their employer in 2018. Mr. S became Applicant's direct supervisor in 2022. They have frequent, more than daily interaction. Mr. S believes Applicant is a good worker and has good character and integrity. He is a reliable, valued team member who works long hours. Mr. S. has never seen Applicant inebriated at work. He saw Applicant consume alcohol

[5] Throughout Mr. S's testimony in the hearing transcript, he is erroneously referred to as "Mr. [Redacted]," the last name of the Applicant. (Tr. 135-146) This clerical error is likely because the testimony of Mr. S was taken in the middle of Applicant's testimony due to his scheduling availability. The same is true for Dr. R.

at a work social event in 2023. They have no other personal interaction outside of work. Mr. S recommends Applicant for classified access. (Tr. 135-146)

Policies

It is well established that no one has a right to a security clearance. As the Supreme Court held in *Department of the Navy v. Egan*, "the clearly consistent standard indicates that security determinations should err, if they must, on the side of denials." 484 U.S. 518, 531 (1988)

The AGs are not inflexible rules of law. Instead, recognizing the complexities of human behavior, administrative judges apply the guidelines in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of several variables known as the "whole-person concept." The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security." Under ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by the applicant or proven by Department Counsel." The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

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 reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

Analysis

Guideline G, Alcohol Consumption

The security concern for alcohol consumption is set forth in AG ¶ 21:

> 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.

The guideline notes several conditions that could raise security concerns under AG ¶ 22. The following disqualifying conditions are applicable in this case:

> (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 an 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; and
>
> (f) alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

Applicant began drinking heavily in his teens and early 20s. In 2012, he was arrested for DUI, a charge later reduced to reckless driving. He completed probation, AA participation and alcohol education. AG ¶ 22(a) applies to the DUI.

In October 2020, police were called to Applicant's home after a conversation during which the supervisor feared for Applicant's safety. Police found Applicant naked in his garage, handing firearms, perhaps cleaning or disassembling them or perhaps considering using them on himself. He was involuntarily hospitalized for suicidal ideation and depression under the Baker Act. Upon intake, he had a BAC level of .125, which his evaluator, Dr. R, acknowledged was sufficient to suggest intoxication. AG ¶ 22(a) therefore applies to this incident. Hospital records reflect that Applicant acknowledged binge drinking during this timeframe, and Applicant remembers little about the incident. This suggests he was likely intoxicated, or at least that his judgment was significantly impaired at the time. AG ¶ 22(c) also applies as a result.

To his credit, Applicant went right to inpatient treatment upon his release. He was diagnosed at Recovery Center O with severe alcohol use disorder, alcohol withdrawal, and caffeine-induced anxiety disorder. AG ¶ 22(d) applies to the 2020 diagnosis.

While there, Applicant participated in group therapy and AA meetings, including discussion of alcohol use and addiction, and an "overarching theme" stressing abstinence from alcohol. Upon discharge, he agreed with the recommendation to pursue self-help support groups like AA and counseling.

Applicant saw Dr. V for mental health treatment from about November 2020 to April 2021. Treatment ended successfully at Dr. V's recommendation. Applicant participated in AA sporadically after his rehab ended, from late 2020 up to about 2023. He acknowledged that his priority was addressing his grief and loss and his work stress issues. He resumed drinking after completing treatment with Dr. V, though to a lesser degree than before.

Applicant does not dispute, however, that by the time of Dr. B's DOD evaluation, his drinking level and frequency had again increased and was about the same as it had been in October 2020 – two beers on Thursdays with his teammates, and then eight, ten, or 12 beers on weekends when he was off work. This drinking seems to have been over the course of a weekend rather than at one sitting.

Even so, Dr. B considered Applicant's alcohol history, including the 2012 DUI, his 2020 drinking level, the 2020 incident, hospitalization, treatment, diagnosis, recommendations, and resumption of drinking as evidence of severe alcohol disorder in her February 2024 evaluation. This diagnosis was proper given the evidence before her, notwithstanding counsel's arguments undercutting the weight to be given the evaluation and its conclusions. AG ¶ 22(d) applies to Dr. B's diagnosis.

In fall 2020, Applicant received "overarching" counseling and recommendations at Recovery Center O to abstain from alcohol. He did so for a period of time but resumed drinking in 2021 after his therapy with Dr. V, and his drinking had increased by February 2024, as noted. Given this evidence, AG ¶¶ 22(e) and 22(f) also apply, even though Applicant has abstained from alcohol consumption since receiving the SOR in July 2024.

Conditions that could mitigate alcohol consumption security concerns are provided under AG ¶ 23. The following are potentially applicable:

> (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

(b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

(d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Applicant's record with respect to mitigation is mixed, as there are facts and circumstances to consider on both sides of the equation. On the positive side, he has had only one DUI, many years ago, in 2012; he has no record of employment issues, either before or after October 2020, related to alcohol or otherwise. In one sense, as Applicant argues and as Dr. R has found, the October 2020 incident can be seen as an acute isolated response to outside stresses and factors, including work stresses, a divorce, and the deaths of several people close to him. Applicant's excessive drinking was obviously a component of this.

Following his Baker Act hospitalization, Applicant voluntarily went right to inpatient treatment, which he completed successfully and which he followed up with at least some AA participation, several months of successful counseling with Dr. V, and several months of abstinence. While he resumed drinking in 2021, his drinking was initially moderated, or at least less than it had been. However, by February 2024, when he met with Dr. B, Applicant's drinking had increased to about what it was in October 2020. He has also remained abstinent from alcohol since receiving the SOR in July 2024, and he has had no police involvement, work issues, or alcohol issues since. All of these factors afford Applicant some credit in mitigation under AG ¶¶ 23(a), 23(b), and 23(d).

On the other side of the equation, one must start with the fact that Applicant has two diagnoses of severe alcohol use disorder, over three years apart — one in October 2020, and one in February 2024. Despite his successful completion of inpatient alcohol (and other) treatment in 2020 and successful completion of mental health counseling with Dr. V in 2021, Applicant nonetheless relapsed into alcohol use, beginning in 2021 and escalating from there. Why he did so is not clear. His post-treatment participation in AA was sporadic and irregular and it ended some time in 2023. He is credited with successfully focusing on addressing his grief and work stresses with Dr. V, but in the absence of continuing therapy or assistance from a formal support group (alcohol-related

or otherwise), Applicant had resumed drinking as before by February 2024, as Dr. B noted. Applicant is not in any current of treatment program and he has a history of treatment and relapse. AG ¶ 23(c) does not apply.

Applicant also does not believe he has a problem with alcohol, despite two diagnoses of severe alcohol use disorder, several years apart. Dr. R found otherwise and has little issue with Applicant's drinking level and consumption pattern as of 2024, finding it little different from those of other adult individuals. Others, however, do not have diagnoses of severe alcohol use disorder in their background. Applicant does, and while he is credited with about a year of abstinence from alcohol at the time of the hearing, the lack of a formal support group or counseling to help him address the risk of relapse is troubling. (See AN II, endorsing counseling and support groups as examples of beneficial aids for individuals with AUD who are at risk of relapse). Dr. B gave Applicant a guarded prognosis but also expressed a grave concern for the risk of relapse. Dr. R's more recent prognosis was favorable. Both may well be accurate. But Dr. R also found not that Applicant's alcohol use disorder is in remission, but rather that he does not have an alcohol use disorder at all. (*Compare* AE 1 at 13-14; Tr. 120-123 *with* AN I (DSM-V) at 2 (defining "sustained remission." When balanced against Applicant's two prior diagnoses of severe AUD, this is difficult to reconcile. Lastly, Applicant has about a year of sobriety and abstinence from alcohol. This is his longest period yet, and again, is without a formal support network. But his two diagnoses of severe alcohol abuse disorder (October 2020 and February 2024) are over three years apart.

This weighs against a finding that Applicant has a long enough track record to minimize or eliminate the risk of relapse. Given his track record, Applicant simply has not "demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations," as required for full credit under AG ¶¶ 23(b) or 23(d). When balanced against his conduct, and his history of treatments and relapses, that is simply not enough. He did not establish that his excessive drinking and related conduct occurred under unusual circumstances, that his problematic drinking is unlikely to recur, or that it no longer casts doubt on his current reliability, trustworthiness, or judgment. AG ¶¶ 23(a) also does not fully apply.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(c):

> (1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable

participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept.

I considered the potentially disqualifying and mitigating conditions under all the facts and circumstances surrounding this case. I have incorporated my comments under Guideline G in my whole-person analysis. I considered his work record and his positive involvement with his family and friends. I considered the testimony of his character witnesses and the credibility of Applicant's own testimony. I believe he is sincere in his desire to change his ways.

But notwithstanding this, given his established diagnoses of severe alcohol use disorder over three years apart, and his history of relapse following treatment, and in the absence of a formal support network, Applicant needs to establish a longer track record of relapse-free abstinence from alcohol. He did not provide sufficient evidence to mitigate the alcohol consumption security concerns. This is not to say he cannot become an appropriate candidate for access to classified information at some point in the future, with a more established track record. It only means he has not met his burden to overcome established security concerns about his history of alcohol consumption at this point in time, on this record. He needs to establish a significant, sustained track record of abstinence before he can again be considered a suitable candidate for access to classified information. Overall, the record evidence leaves me with questions and doubts as to Applicant's eligibility and suitability for a security clearance. Applicant did not mitigate alcohol involvement security concerns. Eligibility for access to classified information is denied.

Formal Findings

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline G:	AGAINST APPLICANT
Subparagraphs 1.a-1.d:	Against Applicant

Conclusion

Considering all of the circumstances presented by the record in this case, it is not clearly consistent with the interests of national security to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is denied.

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Braden M. Murphy
Administrative Judge