In the matter of:	)	
	)	
	)	ISCR Case No. 25-00223
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Andre M. Gregorian, Esq., Department Counsel
For Applicant: Sean Rogers, Esq.

08/26/2026

Decision

HARVEY, Mark, Administrative Judge:

Security concerns arising under Guideline G (alcohol consumption) are not mitigated. Eligibility for access to classified information is denied.

Statement of the Case

On May 16, 2022, Applicant completed and signed a security clearance application (SCA). (Government Exhibit (GE) 1) On March 20, 2025, the Defense Counterintelligence and Security Agency (DCSA) issued a statement of reasons (SOR) to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017. (Hearing Exhibit (HE) 1)

The SOR detailed reasons why the DCSA did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and referred the case to an administrative judge to determine whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guideline G. (HE 1) On July 11, 2025,

Applicant provided a response to the SOR and requested a hearing. (HE 2) On May 21, 2026, Department Counsel was ready to proceed.

On May 28, 2026, the case was assigned to me. On June 3, 2026, the Defense Office of Hearings and Appeals (DOHA) issued a notice scheduling the hearing for July 30, 2026. (HE 3) The hearing was held as scheduled.

Department Counsel offered nine exhibits into evidence and requested administrative notice of excerpts pertaining to alcohol use disorder from the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM 5*); Applicant offered 13 exhibits into evidence; there were no objections; and I admitted all proffered exhibits into evidence. (Transcript (Tr.) 9, 17-23; GE 1-GE 9; Applicant Exhibit (AE) A-AE M; HE 7) I also took administrative notice of the requested pages of *DSM 5*. (Tr. 19-21; HE 7) I *sua sponte* took administrative notice without objection of the meaning of a PETH test, which is that a PETH test shows the extent of "alcohol consumption, up to about 30 days, but it does not show complete abstinence." (Tr. 22-23) A negative test shows there is not significant alcohol consumption for up to about 30 days. (Tr. 22-23)

On August 12, 2026, DOHA received a transcript of the hearing. The record was not held open after the hearing. (Tr. 110)

Some details were excluded to protect Applicant's right to privacy. Specific information is available in the cited exhibits and transcript.

Findings of Fact

In Applicant's SOR response, he admitted the allegations in SOR ¶¶ 1.b and 1.d through 1.k; he admitted in part, and denied in part, the allegations in SOR ¶¶ 1.a and 1.c; and he denied the allegation in SOR ¶ 1.l. (HE 3) He also provided extenuating and mitigating information. Additional findings follow.

Applicant is a 46-year-old engineering technician, and the same government contractor has employed him since 2007. (Tr. 31, 85-86) In 1999, he graduated from high school. (AE G) He completed multiple technical courses. (AE G) In 2010, he married his spouse. (Tr. 85) His son is 11 years old, and his daughter is 14 years old. (Tr. 85) He has never served in the military. (Tr. 85) His resume provides additional details about his background, training, education, and qualifications. (AE G)

Alcohol Consumption

SOR ¶ 1.a alleges, and Applicant admitted, in approximately March 2004, he received treatment at a hospital for detoxification. At the time of his discharge from the hospital, he was diagnosed with Substance Induced Mood Disorder, Alcohol Dependency, and Marijuana Abuse. His treatment recommendations were to abstain from alcohol and to attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)

meetings at least twice per week. He failed to follow this treatment advice. In his SOR response, he admitted this concern; however, he denied any substance use disorder related to his prior marijuana use. (HE 2) For alcohol detoxification, a patient cannot safely stop alcohol consumption without being an inpatient. (Tr. 44-45)

SOR ¶ 1.b alleges, and Applicant admitted, from approximately April 2004 to July 2004, he attended a treatment program at a hospital for chemical dependency. At the time of his discharge from the program, treatment providers recommended that he maintain abstinence, obtain a sponsor, and attend abstinence-based support groups. He failed to follow this treatment advice. (HE 2) In 2004, he attended AA meetings; however, he did not remember the duration or frequency of his AA attendance. (Tr. 46)

SOR ¶ 1.c alleges in approximately October 2004, Applicant was charged with domestic assault after he was involved in an incident with his then girlfriend. He was under the influence of alcohol at the time of the incident. In April 2005, he was convicted of disorderly conduct, sentenced to one year of probation, and ordered to obtain a chemical dependency evaluation. During his period of probation, he was ordered to abstain from alcohol and drugs. He did not abstain from alcohol as required. In his SOR response, he admitted this concern; however, he denied any acts of domestic violence. (HE 2)

Applicant said the police wanted to enter his residence to assist his then girlfriend with obtaining her property, and he denied them entry without a search warrant. (Tr. 26) He believed he was arrested for asserting his rights. (Tr. 26) He was intoxicated by alcohol when he was arrested. (Tr. 46) On April 1, 2005, a judge ordered him to abstain from alcohol and required random screenings for drugs and alcohol. (Tr. 47; GE 4 at 4) After he successfully completed probation, the disorderly conduct charge was dismissed. (Tr. 27)

SOR ¶ 1.d alleges, and Applicant admitted, from approximately May 4, 2005, to June 6, 2005, he received treatment at a hospital for a condition diagnosed as Alcohol Dependence. During this period of treatment, his impulse control problems led to a relapse on June 2, 2005, during which time he was noted to be a danger to himself or others. (HE 2)

The June 2, 2005 relapse established that Applicant violated the judicial order that he not consume alcohol. He said he had relapses and received alcohol treatment; however, he could not remember the specifics of his relapses. (Tr. 47) A June 6, 2005 discharge note stated he completed 13 days in a chemical dependency program. (GE 5 at 6) His prognosis was "poor." (GE 5 at 7) The discharge note further stated:

> **1. Acute Intoxication/Withdrawal Potential**—No problem at admit patient did relapse on 06/02/05 on alcohol went on a binge.
> **2. Biomedical Conditions and Complications**—Complications from the relapse included behavioral problems such as danger to self and others.

3. Emotional/Behavioral/Cognitive Conditions and Complications—Risk level 3 impulse control problems which led up to a relapse on 06/02/05.
4. Treatment Acceptance/Resistance—Patient appears to accept that he is alcoholic but continues to relapse and fails to follow through on the recommendations of AA and a sponsor.
5. Relapse/Continued Use/Continued Problem Potential—Patient seems to understand the relapse concept, but his implementation of the relapse prevention is poor.
6. Recovery Environment—Patient lives alone at this time but has been referred to the behavior unit at [a hospital] due to danger to self or others. We are exploring the need for a more structured environment at this time.
Strengths—When patient is not In relapse he is very personable and kind to others [and] concerned about others. [W]hen he is using [alcohol,] he becomes very different and hard to be around. Like to isolate and not associate with others when he is in relapse. (GE 5 at 6-7)

SOR ¶ 1.e alleges, and Applicant admitted, on approximately December 6, 2005, he was admitted to a detoxification facility after police responded to a call of a possible suicidal male, and he became physically aggressive. He was intoxicated during this incident. (HE 2)

Applicant agreed with the accuracy of the following statement:

> Records reflect that on December 6, 2005, [Applicant's] mother contacted police because she believed you may be suicidal. When police arrived, you were passed out, but when you woke up, you became physically aggressive. As a result, you were handcuffed and administered a breath test, which gave a reading of .221. You were then taken to [a county detoxification facility]. (GE 3 at 15, .pdf 68)

Applicant said he was intoxicated, and he did not remember being physically aggressive with the police in December of 2005. (Tr. 48-49)

SOR ¶ 1.f alleges, and Applicant admitted, from approximately December 17 to December 20, 2005, he underwent detoxification at a hospital. (HE 2) SOR ¶ 1.g alleges, and he admitted, between approximately 2006-2007, he was under the influence of alcohol while at work on more than one occasion. (HE 2) At his hearing, he said he was under the influence of alcohol at work on one or two occasions. (Tr. 39) He was not impaired at work by previous alcohol consumption after 2007. (Tr. 40)

SOR ¶ 1.h alleges, and Applicant admitted, in approximately December of 2006, his sister contacted police to report that he was intoxicated and out of control. (Tr. 50; HE 2) SOR ¶ 1.i alleges, and he admitted, in approximately January of 2007, he was admitted to a detoxification facility after police responded to a disturbance between him and his father. He said that he was intoxicated during this incident. (Tr. 50; HE 2)

Marijuana Involvement

The SOR does not allege a security concern related to Applicant's involvement with marijuana. His involvement with marijuana will not be considered for disqualification purposes; however, it is relevant to his credibility assessment because of inconsistent statements about marijuana use. In his May 16, 2022 SCA, Applicant denied that he used any illegal drug in the previous seven years. (GE 1 at 25, .pdf 28)

A December 12, 2018 medical note states:

> [Applicant] is a 38 y.o. male with [past medical history] for alcoholism, asthma and [Wolff-Parkinson-White syndrome] who presents to the [Emergency Department] today intoxicated hoping to get into detox. [Patient (Pt)] is currently intoxicated and was brought in by family [who] provide the history. Per family the pt had been sober for 10 years before he relapsed in May, but started drinking regularly in June (6 months ago). He drinks a daily "crown royal sized bottle" of liquor **and does smoke marijuana "once in a while" per family.** Pt denied recent falls, however per family at bedside the pt had a witnessed fall from the chair about 1.5 hours [prior to admission]. He fell as he was getting up hitting the back of his head. They are unsure of [location] as the pt was already drunk. Pt denies drinking as a suicide attempt. No other medical complaints. (GE 4 at 28, .pdf 103 (emphasis added))

Dr. S, Psy.D., provided a report, dated October 29, 2024, which states, "Regarding other substance use, [Applicant] endorsed **infrequent marijuana use** historically, but did not endorse any current use within the past year." (GE 8 at 2, .pdf 150 (emphasis added))

In his response to DOHA interrogatories, Applicant said that he used marijuana when he was a teenager and more than seven years previously. (GE 3 at 9-10, .pdf 62-63)

In 2018, Applicant resumed alcohol consumption because of stresses in his family from his spouse and daughter. (Tr. 52-53) He does not blame his family for his alcohol consumption. (Tr. 53-54) Dr. S's report states in December of 2018, he drank an "entire bottle of Crown Royale, blacked out, fell, and split [his] head open and had to be taken to the emergency room." (Tr. 52) He disagreed with the part about drinking Crown Royale, and he did not remember injuring his head. (Tr. 52-53)

SOR ¶ 1.j alleges, and Applicant admitted, in approximately spring of 2019, he received inpatient and outpatient treatment at various facilities for a condition diagnosed as Alcohol Use Disorder. Approximately one month into the outpatient treatment, he relapsed by consuming alcohol. (Tr. 56-57; HE 2)

A February 13, 2019, medical note states, "[Applicant's] last drink was 24 hours ago. He has been drinking anywhere from 6 tallboys per day or a quart of '100 proof.' Recently he was 'passed out for a few hours' per his sister." (GE 7 at 28, .pdf 145) At his hearing, he said he did not recall specifics of his level of alcohol consumption at that time. (Tr. 54) He said that he had been off work for one and a half weeks because of an alcohol dependence problem. (Tr. 54; GE 7 at 25) He took a leave of absence from work, and he did not inform his employer about the reasons for his leave of absence because "it was personal to some degree. It hasn't affected my job, so I didn't feel the need to tell them." (Tr. 56)

SOR ¶ 1.k alleges, and Applicant admitted, after his relapse, referenced in SOR ¶ 1.j., above, he received more inpatient and outpatient treatment at various facilities for a condition diagnosed as Alcohol Use Disorder. He completed the program in about October to November of 2019, at which time he was advised to continue to abstain from alcohol. (Tr. 56-57; HE 2)

A February 21, 2019 medical note indicates:

> [Applicant] is a 38 year old male with history of anxiety state, history of alcoholism, asthma, alcohol dependence presenting today as he needs a note for his work so that he can get back to work. Patient has been off work for 1 [and a] 1/2 weeks because of alcohol dependence problem. Had alcohol intoxication episodes and was seen in the clinic the next day and was advised inpatient CD treatment. Patient was recommended [to attend] the team challenge program where his insurance denied coverage because it was very expensive the counselor did recommend inpatient program but as it was very expensive it was decided to do the next best program which is a life developmental resources which is an outpatient program where he undergoes 4 days a week of vigorous outpatient treatment and today's is day 3. Reviewed all patient's medications he is feeling fine now denies any worsening anxiety symptoms currently. Patient has history of alcoholism and was sober for 10 years but then from last year June 2018 he got into habit of drinking until it worsened 9 days back [when] he had episodes of alcohol intoxication. Patient is here today in the clinic with his sister and is very serious about [him] getting back to work. (GE 7 at 25, .pdf 142)

SOR ¶ 1.l alleges since at least approximately the summer of 2020, Applicant continued to consume alcohol, including to the point of intoxication, despite treatment recommendations. In his SOR response, he stated:

> [Applicant] denies this concern. [He] consumed alcohol again beginning in 2020, but denies overconsumption or otherwise misusing alcohol. He has been demonstrably sober since May 2025. He is currently prescribed Naltrexone, which has successfully reduced his cravings and any desire to overconsume. While [he] acknowledges the role that his alcohol

> consumption has negatively impacted his life in the past, his alcohol use has never impacted his job performance. Accordingly, these listed concerns are not appropriately used as the basis for the revocation of [his] security clearance. (HE 2)

Applicant said in the period 2019 to 2022, he was drinking three to four beers most days and, at the time, he believed this alcohol consumption was not a problem for him because he was "not drinking in excess, but I kind of felt -- back then, I kind of wanted to hang on to it, to be honest. But I don't anymore, and that was back in 2019, 2020 -- or 2022." (Tr. 58)

Applicant's August 8, 2022 Office of Personnel Management (OPM) summary of interview stated:

> DEVELOPED 2004/2005 TREATMENT: Subject started drinking alcohol when he was young, about 15-16 years of age, when he was with his high school friends. He would drink mostly beer and some mixed drinks on the weekends, but he does not recall the amount he would drink. The amount, though, started to increase when he turned 21 and until about 2004/2005 when he voluntarily admitted himself into an inpatient alcohol treatment program. **By that time, he was drinking nightly with two beers plus two mixed drinks on average. And on weekends he was drinking three to four mixed drinks plus three to four bottles or cans of beer.** This amount of alcohol just did not make him feel good, so he decided to pursue treatment. He attended the [alcohol] in-patient program for two months. . . . Subject does not know when he started drinking again after that because it was an on and off thing. It is hard for him to recall, but he thinks he would drink once per month or once every two months and would **have six drinks, either mixed alcoholic drinks or beer or a combination of both.** He would feel guilty, so he would not do it again for a while and then he would drink again in a month or so. The periods between drinking gradually got to be longer. He would have something once every six months, then once every eight months, and then eventually he stopped drinking altogether for approximately ten years. He did not know he was supposed to list his old alcohol treatment [on his SCA]. (GE 3 at 3-4, .pdf 56-57 (emphasis added))

All of Applicant's alcohol treatment was voluntary. (Tr. 28) None of his alcohol treatment was court ordered. (Tr. 28) He found group therapy to be helpful. (Tr. 30) In January of 2007, he reached a turning point in his alcohol consumption. (Tr. 31) He said he was sober for 10 years. (Tr. 31) In 2018, his spouse and daughter were having severe medical issues. (Tr. 32) He recognized that his alcohol consumption in 2018 and 2019 was problematic, and he sought help. (Tr. 34) He received Naltrexone treatment and learned cognitive-based therapy (CBT) skills. (Tr. 34; AE K) Naltrexone reduced his desire to consume alcohol, and it blocked the euphoria of alcohol. (Tr. 34) After completing the outpatient program for alcohol treatment in 2019, he continued to

consume alcohol; however, he denied that he excessively consumed alcohol. (Tr. 35) He said he drank less, and he limited his alcohol consumption to about two beers. (Tr. 36) He stopped consuming alcohol in May of 2025, and he plans to abstain from alcohol consumption in the future. (Tr. 36-37, 79) He has not had any alcohol-related incidents since 2019. (Tr. 37) At the hearing, Department Counsel and Applicant engaged in the following exchange:

> Department Counsel: So, in your response to the SOR, you assert that alcohol use has never impacted your job performance. But you acknowledged, you know, during your questioning with Counsel, that you were under the influence of alcohol while at work on multiple occasions, you said, you know, at least one that you remember. Is that right?
> Applicant: Well, yes, I admitted to that earlier on. And what I meant, I was told to go back ten years in this. So, when I was dating that, I was going off of the last ten years. I didn't miss work, I didn't have any issues I haven't had any alcohol related issues at all for the last 19 years really. (Tr. 49-50)

Applicant intends to start meeting with a therapist weekly or biweekly after his hearing. (Tr. 38) He received good performance evaluations from his current employer; he received pay raises; and he was recently promoted. (Tr. 40) In almost 19 years working for his current employer, he has not received negative counseling or been reprimanded for a security violation. (Tr. 41) He assists his wife and daughter with their medications. (Tr. 41) He enjoys hobbies and receives support from his sister, parents, and friends. (Tr. 42-43)

On October 29, 2024, Dr. S issued a report about Applicant's mental health at the behest of the DCSA. (GE 8, pdf 149-154) Dr. S's report stated:

> There is evidence to suggest a pattern of responding that raises questions regarding validity of the results. [Applicant's] results show significant under-reporting as to suggest he may have answered questions in such a way as to present himself in a very positive light by denying common faults and shortcomings. No indications of somatic, cognitive, emotional, thought or behavioral dysfunction were reported. Given the under-reporting validity concerns, the absence of elevations may be an underestimation of [his] functioning. The profile should be interpreted with caution given the levels of under-reporting. (GE 7 at 3, .pdf 151)

Dr. S concluded:

> [I]t is the undersigned clinician's opinion that [Applicant's] judgment, reliability, and trustworthiness are not appropriately intact, as evidenced by the clinical interview, self-report measures, current reported functioning, and record review. Based on a review of National Security Adjudicative Guidelines and DoD Personnel Security Policy, there is evidence to suggest

> [he] is currently experiencing psychological symptoms that would impair his judgment, reliability, or ability to properly safeguard classified national security information, specifically his ongoing alcohol use. [He] has continued his alcohol use despite multiple recommendations from various providers to terminate his use. Additionally, his lack of mental health care despite ongoing psychosocial stressors and poor coping skills is concerning. While it is likely having a positive impact on [him] to be taking his current medications, the lack of coping skills and therapeutic interventions for managing his symptoms and ongoing alcohol use, raises significant concerns regarding his functioning. It is recommended [Applicant] engage in evidence-based treatments for alcohol use recovery, terminate all alcohol use, and engage in CBT or [Dialectical Behavior Therapy] treatment to learn skills for managing stressors. Re-evaluation for security clearance is recommended once [he] has completed these interventions.
>
> *DSM 5* DIAGNOSIS:
> 303.90 (F10.20) Alcohol Use Disorder, Moderate (GE 8 at 4, .pdf 152)

As for being currently involved in treatment, Dr. S's report stated, "[Applicant] noted he is not currently in treatment and has not seen a therapist since approximately 2019. He reported being 'somewhat' interested in services but is not actively pursuing treatment at this time." (GE 8 at 2, .pdf 150) At his hearing, Applicant denied that he was deceptive in his statements to Dr. S. (Tr. 59) He did not receive therapy after Dr. S's evaluation until shortly before his hearing. (Tr. 64) He was focused on caring for his family and not on therapy for himself. (Tr. 64-65) He was not ready to end his alcohol consumption until May of 2025. (Tr. 65)

In his February 27, 2025 response to DOHA interrogatories, Applicant said his level of alcohol consumption was two to three beers daily and four to five drinks on weekends. (Tr. 65) He drank to intoxication after drinking six to eight beers while watching the Super Bowl on February 9, 2025. (Tr. 65, 84) In February of 2025, he was taking Naltrexone to enable him to drink less and to control his level of alcohol consumption. (Tr. 66) Currently, his use of Naltrexone is helpful for him to maintain sobriety. (Tr. 66-67)

In February of 2025, Applicant said he intended to continue drinking; in March of 2025, he received the SOR; in June of 2025, he submitted to alcohol screening; and in July of 2025, he promised to abstain from alcohol consumption. (Tr. 69) On July 9, 2025, he stated:

> I, [Applicant's name,] wish to proudly and confidently state that I pledge to continue to remain free from all alcohol abuse. Furthermore, I fully acknowledge, understand, and embrace that any future involvement with alcohol or alcohol use misconduct of the same will be grounds for revocation of my security clearance and any national security eligibility. I further agree

to submit to random urinalysis inspections to prove my compliance and adherence to the above. (AE C)

This carefully worded pledge does not indicate he will not consume alcohol. In May of 2025, Applicant said he stopped drinking because he received the SOR, and he was concerned about his career and his family. (Tr. 69-70) He provided PETH tests from June of 2025 and July of 2026, which showed he did not consume significant amounts of alcohol in the previous 30 days. (Tr. 71-72; AE D; AE L) He would have provided additional PETH tests; however, they are expensive. (Tr. 72) He has an AA sponsor. (AE J)

On July 28, 2026, Department Counsel moved to amend the SOR to add the following allegation under SOR ¶ 1.m:

> You were evaluated by a licensed clinical psychologist in October 2024. You were diagnosed with moderate Alcohol Use Disorder. Based on the clinical interview, self-report measures, current reported functioning, and record review, it was determined that your judgment, reliability, and trustworthiness are not appropriately intact. There is evidence to suggest you are currently experiencing psychological symptoms that would impair your judgment, reliability, or ability to properly safeguard classified national security information, specifically your ongoing alcohol use. You have continued your alcohol use despite multiple recommendations from various providers to terminate your use. Additionally, your lack of mental health care despite ongoing psychosocial stressors and poor coping skills is concerning. While it is likely having a positive impact on you to be taking your current medications, the lack of coping skills and therapeutic interventions for managing your symptoms and ongoing alcohol use, raises significant concerns regarding your functioning. It was recommended that you engage in evidence-based treatments for alcohol use recovery, terminate all alcohol use, and engage in CBT or DBT treatment to learn skills for managing stressors.

Applicant through counsel admitted in part and denied in part the content of SOR ¶ 1.m. He admitted that Dr. S evaluated him; however, he denied two portions of SOR ¶ 1.m: (1) he denied that he continued his alcohol use because he ended his alcohol use in May of 2025; and (2) he denied that he lacks mental health care because he has a documented history of extensive mental health care, including recent therapy. (Tr. 16) I overruled Applicant's objection to the amendment of the SOR and accepted his updated information about abstinence from alcohol consumption and treatment. (Tr. 16-17) His clarifying information is more recent than Dr. S's evaluation, goes to the weight of SOR ¶ 1.m, and is discussed in detail, *supra*.

On July 28, 2026, Ms. P, a Licensed Alcohol and Drug Counselor (LADCC) and pre-licensed mental health therapist, provided an evaluation of Applicant. (AE M) She stated:

> [Applicant] completed a diagnostic assessment on July 16, 2026, and has subsequently engaged in outpatient behavioral health services. Based on information available at the time of assessment and ongoing clinical contact the following diagnoses were identified:
>
> • Adjustment Disorder with Mixed Anxiety and Depressed Mood
> • Alcohol Use Disorder, in Sustained Remission
> • Additional mood-related and trauma-related disorders remain under consideration and have not been ruled in or out at this time
>
> [Applicant] is scheduled to participate in individual therapy on a weekly to bi-weekly basis to support his mental health, coping skills, and ongoing recovery-related goals. The purpose of this letter is solely to document completion of the diagnostic assessment and participation in outpatient behavioral health services. No recommendations regarding employment, legal proceedings, or other administrative decisions are being made. [AE M]

Applicant did not provide any documentation to Ms. P before her July 28, 2026 mental-health assessment. (Tr. 73-74) He has not driven while intoxicated since 2018. (Tr. 80-81) He does not have any alcohol in his residence. (Tr. 81) He denied that in the previous 20 years anyone directed him to cease drinking alcohol entirely or ordered him to stop drinking alcohol. (Tr. 83) He clarified that abstinence was recommended but not ordered. (Tr. 84)

***DSM 5* and Alcohol Abuse Disorder**

The *DSM 5* criteria for diagnosis of alcohol-use disorder for mild (presence of 2-3 symptoms), moderate (presence of 4-5 symptoms), and severe (presence of 6 or more symptoms) are as follows:

> A. A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:
>
> 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
> 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
> 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance.
11. Withdrawal.

Remission

In early remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met).

In sustained remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met). (*DSM 5* at 490-491; HE 7)

In the "Development and Course" section, *DSM 5* states:

Alcohol use disorder has a variable course that is characterized by periods of remission and relapse. A decision to stop drinking, often in response to a crisis, is likely to be followed by a period of weeks or more of abstinence, which is often followed by limited periods of controlled or nonproblematic drinking. However, once alcohol intake resumes, it is highly likely that consumption will rapidly escalate and that severe problems will once again develop. Alcohol use disorder is often erroneously perceived as an intractable condition, perhaps based on the fact that individuals who present for treatment typically have a history of many years of severe alcohol-related problems. However, these most severe cases represent only a small proportion of individuals with this disorder, and the typical individual with the disorder has a much more promising prognosis. (*DSM 5* at 493; HE 7)

Character Evidence

In 2002, Applicant received a diploma in commercial heating, ventilating, and air conditioning refrigeration. (AE E) On March 28, 2008, he received a $1,500 cash award

for excellence from his employer. (AE E) In August of 2011, his employer awarded him a star award, which stated, "[Applicant] is receiving this award for the extra effort it took to learn a new field of work in [name omitted]. [His] work has been superior, his willingness to flex to new areas has been instrumental in the success of the organization to date." (AE E)

In July of 2013, Applicant's employer awarded a spot award to him, which stated:

> [Applicant's name], this award is given to you for the remarkable efforts you displayed during [a] contract effort. Performing with determination and focus your efforts proved vital to the completion of the contract in a timely manner. You performed with the superior quality required to maintain the [contract] while completing the mission under an expedited schedule. Thank you for your dedication to mission accomplishment. (AE E)

On April 27, 2023, Applicant's employer awarded him a pay raise from about $78,000 to about $80,000 because of his performance. (AE F) On April 6, 2024, His employer awarded him a pay raise from about $80,000 to about $83,000 because of his performance. (AE F) On April 5, 2024, his employer awarded him a pay raise from about $83,000 to about $90,000 because of his "outstanding performance and contributions." (AE F)

On June 12, 2024, his employer awarded to him a certificate of excellence, which stated it was for "exceptional performance and commitment to Operational & People Excellence. [His] contribution to uphold our ethos, mission and vision at [his employer] is appreciated and recognized. Thank you for your continued service and dedication." (AE E) The general sense of Applicant's character statements, which included family and friends, is that he is loyal, trustworthy, diligent, honest, caring, and responsible. (AE H)

Policies

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, "no one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to "control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy" to have access to such information. *Id*. at 527. The President has authorized the Secretary of Defense or his designee to grant applicants eligibility for access to classified information "only upon a finding that it is clearly consistent with the national interest to do so." Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended.

Eligibility for a security clearance is predicated upon the applicant meeting the criteria contained in the adjudicative guidelines. These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are

applied in conjunction with an evaluation of the whole person. An administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. An administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable.

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. 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 about potential, rather than actual, risk of compromise of classified information. Clearance decisions must be "in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned." *See* Exec. Or. 10865 § 7. Thus, an adverse decision should not be construed to suggest that it is based on any express or implied determination about applicant's allegiance, loyalty, or patriotism. It is merely an indication the applicant has not met the strict guidelines the President, Secretary of Defense, and Director of National Intelligence have established for issuing a clearance.

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of establishing controverted facts alleged in the SOR. *See Egan*, 484 U.S. at 531. "Substantial evidence" is "more than a scintilla but less than a preponderance." *See v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant's security suitability. *See* ISCR Case No. 95-0611 at 2 (App. Bd. May 2, 1996).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant "has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his [or her] security clearance." ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. *See* ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). "[S]ecurity clearance determinations should err, if they must, on the side of denials." *Egan*, 484 U.S. at 531; *see* AG ¶ 2(b).

Analysis

Alcohol Consumption

AG ¶ 21 articulates the security concern for alcohol consumption: "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."

AG ¶ 22 provides alcohol consumption conditions that could raise a security concern and may be disqualifying 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 alcohol use disorder;
>
> (b) alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
>
> (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
>
> (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
>
> (e) the failure to follow treatment advice once diagnosed; and
>
> (f) alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

The record establishes AG ¶¶ 22(a) through 22(f); however, there have been significant variations in Applicant's alcohol consumption levels over the years. The precise dates of his binge-alcohol consumption are not detailed in the record. Further details will be discussed in the mitigation analysis, *infra*.

AG ¶ 23 lists alcohol consumption mitigating conditions which 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.

In ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013), the DOHA Appeal Board concisely explained Applicant's responsibility for proving the applicability of mitigating conditions as follows:

> Once a concern arises regarding an applicant's security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. *See Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. *See* Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in *Egan*, *supra*. "Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security." Directive, Enclosure 2, [App. A] ¶ 2(b).

Disqualifying Conditions. The SOR alleges, and the record establishes Applicant was diagnosed and treated for alcohol use disorder or alcohol dependency in 2004, 2005, and 2019. He was impaired or intoxicated at work on one or two occasions. He engaged in disorderly conduct while intoxicated, and he was arrested. On December 6, 2005, his mother contacted police because she believed he may be suicidal. When police arrived, he was passed out, but when he woke up, he became physically aggressive. His blood-alcohol or breathalyzer test (BAT) result was .221 percent. Medical records indicate on occasion he drank about a quart of vodka at a sitting, and he drank sufficient alcohol for blackouts. His BAT result of .221 percent and consumption of about a quart of liquor at a sitting establishes binge alcohol consumption.

Applicant's Credibility

In ISCR Case No. 24-01962 at 8 (App. Bd. Mar. 9, 2026), the Appeal Board addressed an applicant's credibility issues in the context of an alcohol consumption security concern and commented:

> It is well-established that when a record contains a basis to question an applicant's credibility, the judge "should address that aspect of the record explicitly," explaining why an applicant's version of an event is worthy of belief when it is contradicted by other evidence or common sense. ISCR Case No. 07-10158, 2008 WL 4635412 at *4 (App. Bd. Aug. 28, 2008). Failure to do so suggests that a judge "has merely substituted a favorable impression of an applicant's demeanor for record evidence." *Id*.

Instances of Credibility Issues

> Dr. S's November 13, 2024 report stated:
>
> There is evidence to suggest a pattern of responding that raises questions regarding validity of the results. [Applicant's] results show significant under-reporting as to suggest he may have answered questions in such a way as to present himself in a very positive light by denying common faults and shortcomings. No indications of somatic, cognitive, emotional, thought or behavioral dysfunction were reported. Given the under-reporting validity concerns, the absence of elevations may be an underestimation of [his] functioning. The profile should be interpreted with caution given the levels of under-reporting. (GE 8 at 3, .pdf 151)

On December 6, 2005, a police-administered BAT result was .221 percent. A February 13, 2019, medical note states, "His last drink was 24 hours ago. He has been drinking anywhere from 6 tallboys per day or a quart of '100 proof.' Recently he was 'passed out for a few hours' per his sister." (GE 7 at 28, .pdf 145) A December 12, 2018 medical note states, Applicant "is currently intoxicated and was brought in by family [who] provide the history. Per family the pt had been sober for 10 years before he relapsed in May, but started drinking regularly in June (6 months ago). He drinks a daily 'crown royal sized bottle' of liquor."

Applicant's OPM summary of interview states in the 2004 to 2005 time period, "he was drinking nightly with two beers plus two mixed drinks on average. And on weekends he was drinking three to four mixed drinks plus three to four bottles or cans of beer." (GE 3 at 3-4, .pdf 56-57) Applicant minimized his levels of alcohol consumption during his OPM interview. The OPM summary does not indicate in 2018 he was consuming "a daily 'crown royal sized bottle' of liquor."

Applicant failed to accurately disclose his marijuana use in the previous seven years in his response to DOHA interrogatories and on his May 16, 2022 SCA.

A February 13, 2019, medical note states, "His last drink was 24 hours ago. He has been drinking anywhere from 6 tallboys per day or a quart of '100 proof.' Recently he was 'passed out for a few hours' per his sister." (GE 7 at 28, .pdf 145) At his hearing, he said he did not recall specifics of his level of alcohol consumption at that time. (Tr. 54) He

said that he had been off work for one and a half weeks because of an alcohol dependence problem. (Tr. 54; GE 7 at 25) He took a leave of absence from work, and he did not inform his employer about the reasons for his leave of absence because "it was personal to some degree. It hasn't affected my job, so I didn't feel the need to tell them." (Tr. 56)

At his hearing, Applicant said, "I didn't miss work, I didn't have any issues I haven't had any alcohol related issues at all for the last 19 years really." (Tr. 49-50) Applicant missed work because of his alcohol consumption in 2019 for about 10 days, and his statement to the contrary is misleading and minimized the circumstances of his approved leave.

Discussion of Disqualifying and Mitigating Conditions.

AG ¶ 23(c) does not apply because Applicant has a previous history of treatment and relapse. AG ¶ 23(d) does not apply because he has not demonstrated a sufficient clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. His modified consumption and abstinence are not of sufficient duration to fully mitigate security concerns.

AG ¶¶ 23(a) and 23(b) partially apply. Applicant's alcohol use disorder is in sustained remission. "Sustained remission" is defined in *DSM 5*, as "After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, 'Craving, or a strong desire or urge to use alcohol,' may be met)." (*DSM 5* at 490-491) However, a determination of sustained remission under the criteria in *DSM 5* does not necessarily establish mitigation under Guideline G.

Applicant's statement at his hearing was that he has not consumed alcohol since May of 2025, and he most recently drank to intoxication in February of 2025. There is no evidence that he drove a vehicle after drinking after 2018. There is no evidence of alcohol-related driving arrests. Drinking to intoxication without more does not meet any of the criteria in *DSM 5* for alcohol use disorder. Under AG ¶ 22(c), binge alcohol consumption is a disqualifying condition and raises a security concern because judgment is impaired.

No Bright-Line Time Test. In ISCR Case No. 21-02005 (App. Bd. Feb. 17, 2023) the administrative judge denied applicant's security clearance; applicant appealed; and the Appeal Board denied the appeal. In that case, the administrative judge observed that applicant repeatedly said that he abstained from alcohol consumption from December of 2019 through the date of his hearing on December 15, 2022. *Id*. at 1-2. The administrative judge "determined that there was 'insufficient information in the record to demonstrate [a]pplicant's claim that he has successfully abstained from using alcohol since his most recent DUI arrest in December 2019.'" *Id*. at 2. The Appeal Board stated:

> The Board has repeatedly declined to furnish "bright-line" guidance regarding the concept of recency. The extent to which security concerns have become mitigated through the passage of time is a question that must be resolved based on the evidence as a whole. . . . In light of the record before her, the [administrative judge's] determination that insufficient time has passed to conclude that [applicant] is unlikely to engage in further misconduct was not arbitrary or capricious. *Id*. at 3 (internal citation omitted).

In regard to credibility of the applicant in that case, the Appeal Board said that "An administrative judge is not required to accept an [applicant's] representation merely because it is unrebutted. The [administrative judge] was well within her authority to determine that [applicant's] assertions of abstinence lacked corroboration and to decide the weight to be given to those assertions." *Id*. at 2-3 (internal citation omitted).

Applicant has a long history of excessive alcohol consumption. He had previous periods of sobriety of up to 10 years, and then he repeatedly relapsed. However, he has been in remission since May of 2025. He has not been arrested for an alcohol-related offense except for his disorderly conduct.

AG ¶¶ 23(a) and 23(b) do not fully apply. *DSM 5* at 493 stated:

> Alcohol use disorder has a variable course that is characterized by periods of remission and relapse. A decision to stop drinking, often in response to a crisis, is likely to be followed by a period of weeks or more of abstinence, which is often followed by limited periods of controlled or nonproblematic drinking. However, once alcohol intake resumes, it is highly likely that consumption will rapidly escalate and that severe problems will once again develop.

Applicant stopped his alcohol consumption in May of 2025 at least in part due to receipt of the SOR. He has a history of relapses. He attended his first therapy session in several years, the month of his hearing. Under all the circumstances, he did not establish that future incidents of alcohol intoxication are unlikely to recur, and the possibility of such incidents continue to cast doubt on his current reliability, trustworthiness, and judgment. He has not established a sufficient "clear and established pattern of modified consumption" or abstinence. Security concerns under Guideline G are not mitigated at this time.

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 the circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

> (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), "[t]he ultimate determination" of whether to grant a security clearance "must be an overall commonsense judgment based upon careful consideration of the guidelines" and the whole-person concept. My comments under Guideline G are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under that guideline but some warrant additional comment.

Applicant is a 46-year-old engineering technician, and the same government contractor has employed him since 2007. In 1999, he graduated from high school. He completed technical courses. His resume provides additional details about his background, training, education, and qualifications. He has an excellent employment record. He received multiple pay raises and awards. The general sense of Applicant's character statements, which included family and friends, is that he is loyal, trustworthy, diligent, honest, caring, and responsible. Their statements support approval or reinstatement of his security clearance.

The disqualifying and mitigating information is discussed in the analysis section, *supra*. The reasons for denying Applicant access to classified information are more persuasive than the reasons for granting access to classified information.

It is well settled that once a concern arises regarding an applicant's security clearance eligibility, there is a strong presumption against granting a security clearance. *See Dorfmont*, 913 F. 2d at 1401. "[A] favorable clearance decision means that the record discloses no basis for doubt about an applicant's eligibility for access to classified information." ISCR Case No. 18-02085 at 7 (App. Bd. Jan. 3, 2020) (citing ISCR Case No. 12-00270 at 3 (App. Bd. Jan. 17, 2014)).

I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, the AGs, and the Appeal Board's jurisprudence to the facts and circumstances in the context of the whole person. Applicant failed to mitigate alcohol consumption security concerns.

This decision should not be construed as a determination that Applicant cannot or will not attain the state of reform necessary for award of a security clearance in the future. With a track record of continued compliance with treatment recommendations and a more favorable recommendation from his mental-health treatment provider, and the absence

of additional episodes of poor judgment, he may well be able to demonstrate persuasive evidence of his security clearance worthiness.

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 through 1.m:	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 access to classified information. Eligibility for access to classified information is denied.

Mark Harvey
Administrative Judge