United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)		
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Filing Date: January 27, 2026	)	Case No.:	PSH-26-0057
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Issued: July 2, 2026

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires a security clearance. In August 2025, the Individual disclosed to the DOE Local Security Office (LSO) that he had been voluntarily hospitalized after making a suicidal threat during an argument with his wife while intoxicated. Exhibit (Ex.) 6 at 2.[2] Consequently, the LSO requested that a DOE-consultant psychologist (DOE Psychologist) evaluate the Individual. Ex. 8 at 41. Based on the information gathered by the LSO, including an October 2025 report (Report) produced by the DOE Psychologist, the LSO informed the Individual by letter (Notification Letter) that it possessed reliable information that created substantial doubt regarding the Individual's eligibility to possess a security clearance. Ex. 1. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guidelines G and I of the Adjudicative Guidelines. *Id.* at 5.

[1] The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

[2] References to the LSO exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I convened an administrative review hearing on May 28, 2026. *See* Transcript of Hearing, OHA Case No. PSH-26-0057 (Tr.). At the hearing, the Individual provided his own testimony. *Id.* at 3. The LSO presented the testimony of the DOE Psychologist. *Id.* The Individual submitted two exhibits, marked Exhibits A and B. The LSO submitted twelve exhibits, marked Exhibits 1 through 12.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated, the LSO cited Guideline G (Alcohol Consumption) and Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the bases for concern regarding the Individual's eligibility for a security clearance. Ex. 1.

Guideline G provides that "[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include "alcohol-related incidents away from work, such as driving while under the influence . . . fighting, . . . or other incidents of concern"; "habitual or binge consumption of alcohol to the point of impaired judgment"; and "[d]iagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist . . .) of alcohol use disorder . . . ." *Id.* at ¶ 22(a), (c)–(d). The SSC cites the DOE Psychologist's conclusions in the Report that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders*, *Fifth Edition*, *Text Revision*, (DSM-5 TR) for a diagnosis of Alcohol Use Disorder (AUD),[3] Severe, and consumed alcohol at a problematic rate. Ex. 1 at 5. The SSC also cites the Individual's October 2005 arrest and charge for Driving Under the Influence (DUI). *Id.* The cited information justifies the LSO's invocation of Guideline G.

Guideline I provides that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. "A formal diagnosis of a disorder is not required for there to be a concern under this guideline." *Id.* Conditions that could raise a security concern include "an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness[.]" *Id.* at ¶ 28(b). The SSC cites the DOE Psychologist's conclusion in the Report that the Individual met sufficient criteria under the DSM-5 TR for a diagnosis of Major Depression, which is a condition that can impair judgment, reliability, stability, and trustworthiness. Ex. 1 at 5. The cited information justifies the LSO's invocation of Guideline I.

III. REGULATORY STANDARDS

[3] In the Report, the DOE Psychologist referred to the condition as Substance Use, Severe (alcohol). Ex. 8 at 46. The same language was used in the SSC. Ex. 1 at 5. During the hearing, however, the DOE Psychologist confirmed that the diagnosis is AUD, Severe, and also explained that he used the phrase Substance Use Disorder in the Report because the latter is the diagnostic umbrella within the DSM-5 TR under which specific substance use disorders fall. Tr. at 44, 56. Therefore, this Decision will refer to the Substance Use diagnosis as AUD.

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

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

IV. FINDINGS OF FACT

In 2005, the Individual was arrested for DUI after a night of celebrating and consuming "far, far too much [alcohol]" in the form of beer and "alcohol shots." Tr. at 9–10. He pled guilty to DUI and received two years of unsupervised probation, after which his conviction was expunged. Ex. 10 at 191. The Individual reported that in the past he had never been able to control his alcohol consumption once he began drinking. Tr. at 10; Ex. 7 at 27, 29. He also admitted that he would drive after consuming large amounts of alcohol. Tr. at 10.

By his own account, leading up to 2025 the Individual regularly consumed approximately six to eight beers one day a week on Fridays and sometimes more. *Id.* at 10, 12. He testified that he minimized his alcohol consumption over the years to his wife, his friends, and an investigator who interviewed him in 2018 during his security clearance investigation. *Id.* at 10–12. He admitted his wife and family had expressed concern regarding his alcohol consumption, noting his wife had given him ultimatums in the past, and that his children had been embarrassed by his drinking. Ex. 8 at 42–43; Tr. at 18, 33.

In August 2025, the Individual was hospitalized after a night of heavy drinking at a sporting event. Ex. 6 at 23. He recalled consuming over eight twenty-four-ounce light beers and driving back and forth to the store to obtain more beer during the event. Tr. at 14, 16. Driving home from the event while continuing to consume alcohol, he anticipated his wife would be upset with his intoxication. *Id.* at 14–15. Upon arriving home, the Individual struck his son's parked vehicle with his own, triggering an argument with his wife in the driveway. *Id.* at 15–16. During the argument, the Individual stated, "Maybe I'll just blow my brains out, and that will make everybody happy." *Id.*

at 17; *see also* Ex. 7 at 26 (reporting the statement was meant "as a jab" to his wife and was not reflective of actual suicidal intent).

Frightened, and aware the Individual possessed a firearm in his vehicle, his wife contacted the police and reported the threat. Tr. at 17; Ex. 6 at 24. When the police arrived and completed their investigation, they required the Individual to go to a hospital. Tr. at 17. When he reported the incident to his employer, he characterized his hospitalization as a "48 hour voluntary hold[.]" *Id.*; Ex. 7 at 26; *see also* Ex. 6 (specifically reporting voluntary hospitalization). However, at the hearing the Individual clarified that his stay was not voluntary; hospital staff had threatened to hold him involuntarily for a longer period if he did not agree to stay. Tr. at 19.

Following his release, the Individual consulted with his primary care physician and his wife and concluded that he had an alcohol problem that required professional counseling. *Id.* at 20–21. He began weekly sessions with a counselor on September 3, 2025. *Id.* at 22; *see also* Ex. A (letter from counselor dated April 9, 2026).[4] This treatment continued through the hearing date, with the frequency adjusting to biweekly in mid-December 2025, and subsequently to once every three to four weeks. Tr. at 22.

The DOE Psychologist evaluated the Individual on October 1, 2025. Ex. 8 at 40. At that time, the Individual reported eight weeks of abstinence. *Id.* at 43. He admitted that he could not control his alcohol consumption and stated that when he was still consuming alcohol he would consume up to ten, sixteen-ounce light beers once a week, and drink until he passed out. *Id.* at 43, 45. He also reported having been prescribed medication to treat depression in 2014, and that he had experienced breakthrough depressive symptoms on the night of his hospitalization. *Id.* at 43–44. A Phosphatidylethanol (PEth) test[5] was administered to the Individual as part of the evaluation. *Id.* at 45. The result was negative, which supported his asserted period of abstinence. *Id.* After the evaluation, the DOE Psychologist concluded that the Individual met the diagnostic criteria for AUD, Severe, and Major Depression. *Id.* at 46–47.

To address these concerns, the DOE Psychologist recommended that the Individual continue counseling "with a licensed provider who has experience in alcohol abuse treatment and dual diagnosis issues." *Id.* at 46. He also recommended that the Individual attend a support group such as Alcoholics Anonymous (AA) or Self Management and Recovery Training (SMART), the former of which the Individual told the DOE Psychologist that his counselor had "strongly recommended," for a year. *Id.* at 44, 46. And he recommended that the Individual remain abstinent and undergo PEth testing for a year. *Id.*

On the hearing date, the Individual testified that a psychiatric nurse practitioner had been managing his psychotropic medication since December 2025 and he had not experienced any breakthrough depression symptoms. Tr. at 29–30; *see also* Tr. at 20 (Individual testifying that his medication was increased while he was hospitalized to help with breakthrough depression), 38 (Individual

[4] The letter provides the counseling start date of August 2025; however, the Individual clarified that the sessions started the following month. Tr. at 21–22.

[5] A PEth test can detect the consumption of alcohol within the last thirty days by measuring the level of PEth in the system, which is a biomarker found in human blood following ethyl alcohol consumption. Ex. 8 at 45, 63.

testifying that he had "taken [his medication] faithfully since [2014]"). The nurse practitioner provided a letter that described the Individual as being in compliance with his appointments and medication regimen, responding favorably to his medications, and having "a very good prognosis." Ex. B. The Individual testified that he would contact his counselor if he felt breakthrough symptoms and that he intends to remain compliant with his treatment and medication indefinitely to avoid negative outcomes. Tr. at 31, 37.

Regarding his alcohol use, the Individual testified that he had remained abstinent since August 5, 2025, which had improved his family relationships and motivated his continued sobriety. *Id.* at 23. However, he did not follow the recommendation of his counselor to pursue AA because he did not agree with the religious aspect of AA. *Id*. He also did not follow the DOE Psychologist's recommendation that he attend SMART as an alternative without the religious underpinnings. *Id.* at 23–24 (Individual testifying that he did not know what SMART recovery referred to and that he did not look into AA groups that would be more aligned with his religious viewpoint), 48. Additionally, the Individual did not undergo PEth testing, testifying simply that he "wouldn't know how to do that." *Id.* at 32.

Regarding his counseling, he described the sessions as focused on his relationship with his father, the impact of paternal alcohol use, and the underpinnings of his depression. *Id.* at 22–23. However, his counseling does not address alcohol relapse prevention. *Id.* at 23. Instead, the Individual relies on his involvement with several church-based men's groups and friends to hold him accountable, although none of the men's groups focus on substance recovery or alcohol use. *Id.* at 23–24. He believed that the members hold him accountable by being aware of his recovery, checking on him, and giving positive encouragement. *Id.* at 25. The Individual testified that his counselor is "satisfied" with his use of religious groups for accountability and has not recommended that he attend AA or a similar program after the Individual expressed his dissatisfaction with AA's religious framework. *Id.* at 40. He testified that he now spends his Fridays engaging in physical activities and spending time with his children, who have expressed pride in his progress. *Id.* at 27, 34. He and his wife no longer argue about alcohol, his life is "so much better," and he intends to remain abstinent indefinitely. *Id.* at 34–35.

The DOE Psychologist testified that the Individual's Major Depression was under control and gave the Individual a good prognosis based on the Individual's treatment and compliance with his medication regimen. *Id.* at 44, 59. However, the DOE Psychologist cautioned that it is unclear whether the Individual had been receiving targeted, clinical treatment for alcohol addiction and relapse prevention. *Id.* at 45–46. The DOE Psychologist opined that the Individual's counseling appeared to instead focus on "early trauma work" related to the Individual's depression. *Id.*

The DOE Psychologist emphasized that peer support groups like AA and SMART are important to recovery because they prevent overconfidence and teach individuals to recognize early "red flags" by hearing the recovery experiences of others. *Id.* at 47. According to the DOE Psychologist, a full year of sobriety demonstrates that an individual can navigate holidays and other major life events, both celebratory and negative, without a relapse. *Id.* at 49. Furthermore, the DOE Psychologist testified that PEth testing would have provided objective clinical evidence of abstinence, demonstrating the Individual's accountability and willingness to implement safeguards to maintain sobriety. *Id.* at 50.

The DOE Psychologist opined that the Individual did not demonstrate an understanding of the various risk factors associated with the different stages of addiction, such as using alcohol as a coping mechanism in the event of a relapse or experiencing subsequent feelings of disappointment. *Id.* at 50–51. He noted that the Individual's alcohol consumption had likely exacerbated his depressive symptoms even while being utilized as a coping mechanism. *Id.* at 58. The DOE Psychologist therefore concluded that the Individual had not yet demonstrated reformation or rehabilitation from his AUD. *Id.* at 51.

V. ANALYSIS

A. Guideline G Considerations

Conditions that can mitigate security concerns based on alcohol consumption include the following:

(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.

Adjudicative Guidelines at ¶ 23.

I conclude that none of the mitigating conditions apply to resolve the Guideline G security concerns. First, I find that ¶ 23(a) does not apply because I do not conclude that the passage of time, frequency of the conduct, or surrounding circumstances demonstrate the concerning conduct is unlikely to recur. The Individual has a history of problematic alcohol consumption dating back to at least his 2005 DUI arrest. Over the decades, his maladaptive pattern persisted, culminating in his August 2025 hospitalization. I am persuaded by the DOE Psychologist's opinion that the Individual has not rehabilitated or reformed from his AUD, described in greater detail below. Since the AUD is unresolved, I do not conclude that his behavior is unlikely to recur and he has not resolved the resultant concern regarding his reliability, trustworthiness, and judgment.

Second, I find that ¶ 23(b) does not apply. The Individual acknowledged his pattern of maladaptive alcohol by testifying that he does have a problem with alcohol and he cannot control his consumption once he begins drinking alcohol. The Individual also provided evidence to

demonstrate that he had taken steps to address the problem. He testified that he started abstaining from alcohol approximately nine months prior to the hearing, he has been attending counseling, and he relies upon and benefits from membership in various church groups to provide accountability for his sobriety. However, he has failed to seek targeted counseling that addresses alcohol relapse prevention, with his current counseling focusing instead on family-related trauma and depressive symptoms. Furthermore, the Individual did not comply with the recommended participation in structured peer support groups (AA or SMART) and failed to undergo objective regular PEth testing to prove his continuous sobriety. His reliance on church-based accountability groups, while positive, does not provide the specialized substance-recovery framework recommended by the DOE Psychologist. Therefore, the Individual has not established a pattern of abstinence "in accordance with treatment recommendations."

Third, paragraph 23(c) does not apply. Although the Individual is participating in professional counseling, his treatment is not focused on his AUD, and the DOE Psychologist expressed concern that his current counselor lacks the specialized substance abuse and dual-diagnosis training required to treat his alcohol disorder.

Lastly, ¶ 23(d) does not apply because he has not successfully completed a treatment program or required aftercare.

In light of the foregoing, I find that the Individual has not resolved the security concerns raised under Guideline G.

B. Guideline I Considerations

Under Guideline I, the following relevant conditions can mitigate security concerns associated with a psychological condition:

(a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;

(e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

I find that ¶ 29(b) applies to resolve the concerns related to the Individual's diagnosis of Major Depression. The condition is amendable to treatment, and the Individual has been engaged in counseling for approximately nine months to address the issues that underpin his depression. The Individual has also been compliant in taking his medication as prescribed by the psychiatric nurse practitioner, and the treatment has successfully prevented the Individual from experiencing breakthrough symptoms. The DOE Psychologist opined that the Individual was not presently at risk of impaired judgment, reliability, or trustworthiness as a result of his Major Depression, and gave the Individual's diagnosis of Major Depression a good prognosis. The Individual also received a favorable prognosis from the psychiatric nurse practitioner. I therefore conclude that the Individual put forward sufficient evidence to demonstrate he voluntarily entered counseling for Major Depression, he is currently receiving treatment for that condition, and he received a favorable prognosis by a duly qualified mental health professional. The Individual has resolved the Guideline I security concerns on this basis. In reaching my conclusion, I have considered that if the Individual were to relapse in his alcohol use, that behavior would likely increase his risk of again experiencing breakthrough depressive symptoms; however, that result would be due to the risk presented by his unresolved AUD, not his diagnosis of Major Depression.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline G and Guideline I of the Adjudicative Guidelines. After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the Guideline I security concerns but not the Guideline G concerns. Accordingly, I have determined that the Individual's access authorization should not be restored.

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

James P. Thompson III
Administrative Judge
Office of Hearings and Appeals