United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: March 20, 2026	)	Case No.: PSH-26-0077
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	)	

Issued: June 9, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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 was granted access authorization in connection with his employment by a DOE contractor. *See* Exhibit (Ex.) A at 3 (resume reflecting the Individual's professional experience).[2] On November 19, 2024, the local security office (LSO) received a report that the Individual had been arrested and charged with Domestic Assault. Ex. 12 at 10. In January 2025, the LSO issued the Individual a letter of interrogatory (First LOI) seeking information regarding the circumstances of his arrest. Ex. 13. In his response to the First LOI, the Individual indicated that he and his wife (Wife) had "scuffle[d]" during an argument and that he had consumed alcohol prior to the altercation. *Id.* at 1. He also disclosed that he had been arrested and charged with Public Intoxication in 2022. *Id.* at 2. Another LOI (Second LOI) was issued to the Individual in February

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

[2] The Individual's exhibits were submitted in a single PDF. This Decision will cite to the Individual's exhibits in the order in which they appear in the PDF.

2025. Ex. 14. In his response to the Second LOI, the Individual admitted that he was intoxicated during the altercation that led to his arrest. *Id.* at 4.

In March 2025, the Individual underwent a psychological evaluation with a DOE-contracted psychologist (DOE Psychologist). Ex. 11 at 3. The DOE Psychologist subsequently issued a report of the evaluation (Report) in which she opined that the Individual met sufficient criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate, in early remission, under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition – Text Revision* (*DSM-5-TR*). *Id.* at 9. Due to an administrative change in the processing of the Individual's access authorization, the LSO responsible for adjudication of the Individual's eligibility for access authorization was not in a contractual relationship with the DOE Psychologist. *See* Ex. 10 at 1. Accordingly, the LSO requested that a second DOE-contracted psychologist (Reviewing Psychologist) conduct a "file review" of the Report. *See id.* Upon completion of that review, the Reviewing Psychologist issued a written opinion (Opinion) endorsing the DOE Psychologist's diagnosis of the Individual with AUD, Moderate, and opining that "without completion of treatment and sustained abstinence from alcohol use [by the Individual], it may be premature to rule out that there is not a co-occurring mental condition." *Id.* at 5.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 2 at 1–2. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines E, G, and J of the Adjudicative Guidelines. *Id.* at 4–11.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 5. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge, and I conducted an administrative hearing in May 2026. The LSO submitted seventeen exhibits (Ex. 1–17) and the Individual submitted sixteen exhibits (Ex. A–P). The Individual testified on his own behalf. Tr. at 4, 15. The LSO offered the testimony of the Reviewing Psychologist. *Id.* at 4, 88.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline E (Personal Conduct) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2 at 4–6. "Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information." Adjudicative Guidelines at ¶ 15. The SSC cited the Individual having been prescribed antidepressant medication in the past, the Individual's history of alcohol misuse and alcohol-related incidents, and the Reviewing Psychologist's statement in the Opinion that the Individual may have a mental condition. Ex. 2 at 4–6. For the reasons described *infra* section V.A of this Decision, I find that the LSO's allegations do not present a security concern under Guideline E.

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the second basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2

at 6–11. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. The SSC cited the Individual having been arrested and charged with Public Intoxication and Domestic Assault, for an altercation that occurred while he was intoxicated, and the DOE Psychologist's opinion, endorsed by the Reviewing Psychologist, that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. Ex. 2 at 6–11. The LSO's allegations that the Individual engaged in alcohol-related incidents away from work and was diagnosed with AUD by a duly qualified medical or mental health professional justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a), (d).

The LSO cited Guideline J (Criminal Conduct) of the Adjudicative Guidelines as the final basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2 at 11. "Criminal activity creates doubt about a person's judgment, reliability, and trustworthiness. By its very nature, it calls into question a person's ability or willingness to comply with laws, rules, and regulations." Adjudicative Guidelines at ¶ 30. The SSC cited the Individual having been arrested and charged with Public Intoxication and Domestic Assault. Ex. 2 at 11. The LSO's allegation that the Individual engaged in criminal conduct justifies its invocation of Guideline J. Adjudicative Guidelines at ¶ 31(b).

III. REGULATORY STANDARDS

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

An 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). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. FINDINGS OF FACT

A. Individual's History of Alcohol Misuse

The Individual began consuming alcohol in 2012, shortly before his twenty-first birthday, and regularly consumed alcohol thereafter, sometimes in binge episodes. Ex. 11 at 3; Ex. M at 55. The Individual began residing with his then girlfriend, now Wife, and her father (Father-in-Law) in 2013. Ex. 11 at 3. The Father-in-Law was a "heavy drinker" who encouraged the Individual to consume alcohol with him, and the frequency Individual's alcohol consumption increased to nearly daily, sometimes as many as twelve beers per sitting. *Id.* at 4; *see also* Ex. M at 55 (indicating that "it wasn't uncommon for him [the Individual]" to drink to intoxication).

Beginning in 2021, a number of events prompted the Individual to attempt to modify his alcohol consumption. In 2021, the Individual's Wife became pregnant and urged the Individual to reduce his alcohol consumption in anticipation of their future child. Ex. 11 at 4. Another source of encouragement for the Individual to reduce his alcohol consumption was his primary care provider (PCP). In 2022, the Individual went to the PCP due to blood pressure issues, increased heart rate, and feelings of nervousness and anxiety. *Id.* at 7. The PCP prescribed the Individual Sertraline, an antidepressant, to address the Individual's mental health symptoms. *Id.* The PCP also advised the Individual that alcohol could exacerbate his symptoms and recommended that he reduce his alcohol consumption. *Id.* at 4, 7.

From 2021 to 2024, under pressure from his Wife, the Individual made a number of abortive efforts to reduce his alcohol consumption. *Id.* at 4, 6–7. The Individual repeatedly abstained from alcohol for a period of time, once as long as six months, only to return to consuming alcohol. *Id.*; Tr. at 35. The Individual repeatedly tried to engage in controlled drinking, only to engage in binge drinking episodes. Ex. 11 at 4, 6–7; Ex. M at 55–56. These episodes became more extreme, until the Individual was drinking eleven to twelve drinks per day on weekends and blacking out. Ex. M at 56; Tr. at 27 (testifying that he would often drink three beers and "half a bottle of whiskey"). The Individual's excessive alcohol consumption and inability to control his drinking caused problems in his marriage; the Individual's Wife attempted to impose limits on the Individual's drinking, and the couple would heatedly argue when the Individual consumed alcohol against her wishes. Ex. 11 at 6–7; Ex. M at 55–56. The Individual was prescribed Naltrexone, a medication used to treat AUD, in September 2024 to help him manage his cravings for alcohol, but he continued to consume alcohol even while using the medication. Ex. M at 54; Tr. at 71.

Throughout this period, the Individual's work for the DOE contractor was unaffected. *See* Ex. D at 15–16 (indicating that the Individual received raises and a performance award in 2024); Ex. G at 27 (Individual's supervisor indicating that the Individual was "a reliable employee" who performed his work effectively throughout this period). The Individual's positive workplace performance has continued to the present date. *See* Ex. D at 17–18 (indicating that the Individual received raises in 2025 and 2026); Ex. G at 27 (indicating that the Individual received a merit-based promotion in 2025).

B. Alcohol-Related Arrests

In October 2022, the Individual was arrested and charged with Public Intoxication. Ex. 13 at 2; Ex. E. On that occasion, the Individual's vehicle broke down, and he pulled into a gas station. Ex. 13 at 2; Ex. M at 55. The Individual became frustrated because he was unable to repair the vehicle and decided to consume liquor he had in the vehicle. Ex. M at 55; Tr. at 24. The Individual eventually fell asleep or passed out in the vehicle, law enforcement was summoned, and the Individual was arrested after failing a field sobriety test. Ex. M at 55; Ex. E at 22. According to the Individual, his arrest was "humiliating" and "the jail experience was the worst thing in the world," but "it wasn't enough of a wake-up call" to lead him to stop consuming alcohol. Ex. M at 55. The charges against the Individual were eventually dismissed, the circumstances of which are not present in the record. *See* Tr. at 25, 70–71 (Individual testifying that the charges were dismissed for reasons of which he was unaware).

On November 17, 2024, the Individual consumed alcohol at a family gathering against his Wife's wishes. *Id.* at 28. On November 18, 2024, after an appointment with the PCP, the Individual consumed beer in a restaurant to pass time and avoid returning home because he and his Wife had argued about his alcohol consumption the previous day. Ex. M at 56; Ex. 11 at 5. When the Individual returned home, his Wife confronted him, they argued regarding the Individual's alcohol consumption, and she refused to allow him to enter the house. Ex. 11 at 5; Tr. at 30. The Individual then entered the basement of the home without his Wife's knowledge where he consumed whiskey – approximately eight shots in total – until he had emptied the bottle. Ex. 11 at 5; Tr. at 30. Eventually, the Individual's Wife realized that the Individual was in the basement and attempted to force him to leave against his will. Ex. 11 at 5; Ex. M at 56; Tr. at 31. During the ensuing struggle, as the Individual attempted to remain in the home and his Wife attempted to force him to leave, the Individual struck her face.[3] Ex. 11 at 5; Ex. M at 56; Ex. O at 76 (indicating that the law enforcement officers who responded to the scene observed "a small scratch[] and red[ness]" under the Wife's right eye); Tr. at 31 (testifying that he experienced a "knee-jerk reaction where [he] flung [sic] his hand toward her face[and] smacked her"). The Individual's Wife summoned law enforcement, the Individual fled, a warrant was issued for his arrest, and the Individual was arrested and charged with Domestic Assault. Tr. at 32; Ex. O at 76. The charges were dismissed later that month, *nolle prosequi*, after the Individual's Wife declined to cooperate with the prosecution. Ex. O at 78–79.

C. DOE Psychologist's Evaluation

The Individual met with the DOE Psychologist for the psychological evaluation on March 25, 2025. Ex. 11 at 3. During the clinical interview, the Individual reported that he had abstained from alcohol since the November 18, 2024, incident and expressed the intention to abstain from alcohol indefinitely. *Id.* at 6. Immediately following the evaluation, the Individual provided a sample for a phosphatidylethanol (PEth)[4] test. *Id.* at 15. The test was negative for traces of alcohol

[3] The Individual claimed to the law enforcement officers who arrested him that his Wife hit him in the face. Ex. O at 76. Considering that the arresting officers observed no marks on the Individual's face, I do not credit this claim. *See id.* (indicating that the officers "could find no marks where he was allegedly hit").

[4] PEth is a biomarker for alcohol consumption that can be detected in blood for approximately one month following moderate or greater episodes of alcohol consumption. *See* Ex. 11 at 6, 15–16 (citing William Ulwelling & Kim Smith,

consumption, which the DOE Psychologist noted corroborated the Individual's claim to have abstained from alcohol. *Id.* at 6.

During the clinical interview, the Individual told the DOE Psychologist that at some point in 2024 he had stopped taking Sertraline because he "felt normal." *Id.* at 7. The Individual's Wife subsequently suggested that he resume using an antidepressant because she perceived that he was consuming alcohol excessively "because he was anxious, depressed, and/or irritable." *Id.* at 8. On November 18, 2024, the same day as the altercation that led to his arrest for Domestic Assault, the Individual was prescribed Lexapro, an antidepressant, by the PCP. *Id.* The Individual told the DOE Psychologist that he had taken the medication as prescribed. *Id.*

On April 8, 2025, the DOE Psychologist issued the Report. *Id.* at 10. Therein, she opined that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. *Id.* at 7, 9. She indicated that the Individual's AUD was in early remission based on her crediting him with abstinence from alcohol for four months. *Id.* She recommended that the Individual demonstrate rehabilitation by demonstrating twelve months of abstinence from alcohol though PEth testing and participate in Alcoholics Anonymous (AA) or another alcohol abstinence support program for twelve months, attending at least three weekly meetings in person and working the steps of the program under the guidance of a sponsor. *Id.* at 9.

The DOE Psychologist determined that the Individual did not meet sufficient criteria for any other condition under the *DSM-5-TR*. *Id.* at 8, 10. However, she noted that the Individual had "some tendencies to be obsessive" and opined that this trait "likely contributed to some irritable mood and anxiety at times, but not to a level warranting a diagnosis." *Id.*

D. Reviewing Psychologist's Opinion

On July 4, 2025, the Reviewing Psychologist issued the Opinion. Ex. 10 at 1. Therein, he concurred with the DOE Psychologist's diagnosis of the Individual with AUD, Moderate. *Id.* at 5. However, he opined that, rather than the Individual proceeding straight to AA as recommended by the DOE Psychologist, "it might be best [for the Individual] to begin rehabilitation by participation in an [i]ntensive [o]utpatient [] [t]reatment program (IOP) . . . ." *Id.* The Reviewing Psychologist further opined that, considering the Individual's previous treatment for mood symptoms, and the fact "that the prevalence of a comorbid mental condition is higher in people with AUD than the general population," "ruling out the potential presence of an underlying mental condition may not be possible until [the Individual] achieves AUD treatment success . . . ." *Id.* at 4.

E. Individual's Efforts to Address His AUD

The PEth Blood Test in the Security Environment: What it is; Why it is Important; and Interpretative Guidelines, J. OF FORENSIC SCI., July 2018 (providing guidance for interpretation of the PEth test)).

On the morning of November 18, 2024, the date of the altercation with his Wife that led to his arrest, the Individual had an appointment with the PCP. Tr. at 29. During the appointment, the Individual communicated that the Sertraline he had been prescribed was not effective. *Id.* The PCP prescribed the Individual Lexapro. *Id.* The Individual used Lexapro at varying frequencies and dosages until June 2025 when he discontinued it due to his mood being stable and not feeling that it was contributing to his wellbeing. Ex. M at 53; Tr. at 37–38. The Individual testified at the hearing that he had discontinued the Lexapro without incident and felt "fine now" without psychiatric medication. Tr. at 37–38; *see also id.* at 73 (testifying that his physical and psychological health improved "pretty quickly" after discontinuing alcohol use).

In November 2024, the Individual completed three twelve-hour educational classes concerning domestic violence prevention, drug and alcohol awareness, and anger management. Ex. P at 81–83. According to the Individual, he enrolled in the courses at the advice of his attorney in anticipation of legal action related to his arrest but ultimately found the classes informative and useful. Tr. at 38–39. In the drug and alcohol awareness class, the Individual learned about the physical and mental effects of alcohol consumption and recognized the connection between his alcohol consumption and his anxiety. *Id.* at 39; *see also id.* at 29 (indicating that he recognized anxiety he felt after drinking as a symptom of withdrawal). In the other courses, the Individual learned to handle disputes with his Wife more respectfully and learned breathing techniques to manage his emotions. *Id.* at 40.

Following his evaluation with the DOE Psychologist, several months went by without the Individual receiving any communications from the LSO related to his alcohol consumption and he formed the opinion that the matter had been resolved. Tr. at 43–44; *see also id.* at 62 (testifying that he "thought [he] was in the clear"). The Individual was surprised when his access authorization was suspended and set out to obtain alcohol testing to address the LSO's concerns. *Id.* at 44–45.

The Individual testified that he had not consumed alcohol since November 18, 2024, and intends to abstain from alcohol indefinitely. *Id.* at 40, 48. The Individual provided samples for four alcohol tests to corroborate his abstinence from alcohol; PEth tests on February 27, 2026, March 27, 2026, and April 21, 2026, and a hair ethyl glucuronide (EtG) test on March 1, 2026. Ex. H; Ex. I; Ex. J; Ex. K. Each test was negative for traces of alcohol consumption. Ex. H at 34; Ex. I at 37; Ex. J at 40; Ex. K at 44. Considering the record evidence that PEth testing can detect at least moderate levels of alcohol consumption in the month prior to collection of a sample, I conclude that the Individual's PEth testing shows that he abstained from alcohol from late January 2026 to late March 2026. *See supra* note 4 (describing the sensitivity and measurement period of a PEth test). Based on the information provided by the laboratory that conducted the hair EtG test, I accept that the hair EtG was capable of detecting some level of alcohol consumption from the nine months prior to the date of the test.[5] Ex. K at 43–46. However, there is no evidence in the record as to sensitivity of the hair EtG test; *i.e.*, how much alcohol one would need to consume to produce a

[5] A report provided by the testing laboratory indicated that each 1.5-inch segment of hair tested amounted to approximately three months of growth, and the test results show three segments measured. Ex. K at 43–46.

positive hair EtG test.[6] Accordingly, while the hair EtG test provides some corroboration of the Individual's claimed abstinence from alcohol, I cannot conclude that the hair EtG test is reliable evidence of the Individual's abstinence from alcohol during the period measured.

The Individual identifies as an alcoholic. Tr. at 39, 41. He is motivated to abstain from alcohol by fear that he will lose his family if he continues to consume alcohol against his Wife's wishes. *Id.* at 49–50. Although AA was "mentioned" in his alcohol education class and recommended by both the DOE Psychologist and Reviewing Psychologist, the Individual decided not to attend AA.[7] *Id.* at 53; *see also id.* at 68 (implying that not being "particularly religious" was a consideration in his decision not to attend AA), *id.* at 78 (testifying that he believed that attending AA after receiving the SSC would have been perceived as insincere). The Individual also did not participate in an IOP, as recommended by the Reviewing Psychologist, because he perceived that a less intensive intervention was "more fitting for [his] current situation."[8] *Id.* at 76–77. Instead, the Individual testified, he relied on his intrinsic motivation and inspirational materials, such as online videos, to support his abstinence. *Id.* at 54. The Individual testified that he and his Wife no longer keep alcohol in their home, that his Father-in-Law no longer consumes alcohol in his presence, and that he is thus "not around [alcohol] a whole lot." *Id.* at 63. He testified that he would use breathing techniques to manage stress if he felt the urge to drink, and would call his Wife, brother, or a childhood friend if he experienced an unmanageable craving. *Id.* at 82–83; *see also* Ex. G at 30–31 (letter from the friend attesting to the Individual's good character but not providing any information related to the Individual's alcohol abstinence or the friend's support thereof).

The Individual began meeting with a therapist (Therapist), paid for by his employer's EAP, in April 2026 for "preventative maintenance." Ex. L; Tr. at 46, 65. The Individual's sessions with the Therapist have focused on managing stress and anxiety, such as through breathing techniques. Tr. at 65. As of the hearing date, the Individual had completed four virtual sessions with the Therapist. Ex. L; Tr. at 66. The Individual has met with the Therapist on an approximately weekly basis, but indicated that he intended to reduce the frequency of the sessions to approximately monthly due to his EAP only covering five sessions and needing to pay for any additional sessions himself. Tr. at 47, 66–67.

[6] The laboratory tests produced by the Individual indicated that the detection level of the hair EtG test was five picograms (pg) per milligram (mg). Ex. K at 44–46. However, there is no evidence as to how much alcohol is necessary to produce a 5 pg/mg or greater result, the effect of consuming alcohol at an earlier or later date within the measurement period on the potential detection of the alcohol consumption, or other relevant details necessary to understand the ability of the test to detect alcohol consumption.

[7] The Individual testified that he attempted to attend one AA meeting, went to the wrong location, and never sought to attend AA again. Tr. at 59–60.

[8] The Individual testified that he contacted an inpatient treatment program and that a representative of that program told him that he seemed to be progressing well in his recovery and to "come speak with us" if he "relapse[d]." Tr. at 77. Considering that inpatient treatment would be significantly more intensive than the IOP the Reviewing Psychologist recommended, I do not consider the Individual's contact with an inpatient treatment program to have been action to comply with the Reviewing Psychologist's recommendations.

F. Individual's Psychologist's Evaluation

On April 7, 2026, the Individual met with a psychologist (Individual's Psychologist) for a psychological evaluation in connection with this proceeding. Ex. M at 50. The Individual reported abstinence from alcohol since November 2024 and provided a history of his alcohol use largely consistent with that set forth above. *See id.* at 53–58. The Individual endorsed prior episodes of mild depression, characterized by irritability and anhedonia, when under stress but denied experiencing any negative psychological symptoms as of the date of the evaluation with the Individual's Psychologist. *Id.* at 57.

The Individual's Psychologist administered two psychological tests to the Individual: the Personality Assessment Inventory (PAI) and Alcohol Use Disorders Identification Test (AUDIT). *Id.* at 58. According to the Individual's Psychologist, the results of the PAI suggested that the Individual was "free of interfering psychopathology and personality problems . . . ." *Id.* The AUDIT, which screens for problematic alcohol use in the preceding twelve months, produced a score of zero, consistent with the Individual's claimed abstinence from alcohol. *Id.*

On April 27, 2026, the Individual's Psychologist issued a report of his evaluation. Ex. M at 50. Therein, he endorsed the DOE Psychologist's diagnosis of the Individual with AUD, Moderate. *Id.* at 59. Based on the Individual's self-described abstinence from alcohol for seventeen months and cessation of cravings and other symptoms of AUD, the Individual's Psychologist opined that the Individual's AUD was in full remission. *Id.* He opined that the Individual's risk of relapse was low but recommended that the Individual meet with a therapist "for relapse prevention planning and to develop coping strategies for high-stress situations." *Id.* at 54, 60.

Regarding mental health conditions, the Individual's Psychologist indicated that his evaluation did not produce evidence that the Individual met criteria for any condition. *Id.* at 60. He further noted that the Individual's self-reported absence of symptoms of anxiety or depression since discontinuing antidepressant use in June 2025 supported the conclusion that the Individual's prior mental health symptoms were attributable to a combination of "active alcohol misuse, situational stress, and related health consequences." *Id.*

G. Updated Opinion of the Reviewing Psychologist

The Reviewing Psychologist testified that whether the Individual's AUD was in sustained remission was contingent on the truthfulness of his account of approximately eighteen months of abstinence from alcohol as of the date of the hearing. *Id.* at 94–95; *see also id.* at 110 (testifying that he believed the Individual's account). He further opined that, while the Individual's risk of relapse was not "high," his risk of relapse would be lower if he had followed the Reviewing Psychologist's recommendations for treatment. *Id.* at 113–14. He noted that the Individual had unsuccessfully sought to abstain from alcohol himself, with the support and cajoling of his wife, without formal treatment in the past. *Id.* at 94, 99. Considering that history of ineffectively seeking to maintain abstinence from alcohol, the Reviewing Psychologist indicated that the Individual's resistance to treatment "was not in his best interest," and increased his vulnerability to a relapse triggered by anxiety and stress. *Id.* at 93–94. He opined that the Individual's sessions with the Therapist had not established the relapse prevention plan recommended by the Individual's

Psychologist or "equip[ped] him fully" with skills to maintain his abstinence from alcohol and that he would not recommend the Individual "abruptly" reducing his sessions with the Therapist from weekly to monthly. *Id.* at 98, 115–18.

Regarding the Individual's potential for a psychological condition, the Reviewing Psychologist testified that the Individual had "situational, sub-clinical triggers for stress and mood symptoms" that he should "pay attention to." *Id.* at 107. However, based on the information in the Individual's exhibits and testimony, he opined that he "would not likely diagnose [the Individual] with a mental condition." *Id.*

V. ANALYSIS

A. Guideline E

The LSO's allegations under Guideline E effectively assert that the Individual's concerning conduct related to alcohol may have been influenced by a latent psychological condition in addition to AUD. This allegation is premised on the Reviewing Psychologist's opinion that "it may be premature to rule out that there is not a co-occurring mental condition" in addition to the Individual's AUD. Ex. 10 at 5. To the extent that the Individual's conduct was alcohol-related and alleged under Guideline G, it may not also be alleged as a security concern under Guideline E. Adjudicative Guidelines at ¶ 16(c) (indicating that "credible adverse information in several adjudicative issue areas that is *not sufficient for an adverse determination under any other single guideline*" may be raised as a security concern under this paragraph); *id.* at ¶ 16(d) (indicating that allegations may be raised under this paragraph only if based on "credible adverse information that is *not explicitly covered under any other guideline*") (emphasis added).[9] Thus, for the Individual's conduct to raise a concern under Guideline E, I would have to accept that it was sufficiently probable that the Individual had an unidentified psychological condition and that the unidentified psychological condition was causing the Individual's disruptive conduct independently of his diagnosed AUD to raise security concerns independent of those alleged under Guideline G. The logical leaps required to adopt this conclusion, which the Reviewing Psychologist merely characterized as "possible" and was not adopted by either the DOE Psychologist or the Individual's Psychologist, are simply too great to present a security concern under Guideline E. Accordingly, I find that the LSO's allegations do not present a security concern under Guideline E.

B. Guideline G

Conditions that could mitigate security concerns under Guideline G include:

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

[9] The remaining concerning conditions under Guideline E, concerning concealing or falsifying information, conduct that places a person at risk of blackmail or manipulation, violations of written commitments to an employer, and association with persons engaged in criminal conduct, are obviously inapplicable to the facts of this case. Adjudicative Guidelines at ¶ 16(a)–(b), (e)–(g).

(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; or,

(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.

Id. at ¶ 23.

About eighteen months passed from the Individual's arrest for Domestic Assault to the date of the hearing. While this is a considerable period of time, over two years passed between the Individual's arrest for Public Intoxication and his arrest for Domestic Assault. Considering that a longer period of time passed between those two arrests than has passed since the Individual's arrest for Domestic Assault, the passage of time alone is plainly no guarantee that the Individual will not be arrested for alcohol-related offenses in the future. The Individual has been arrested multiple times for alcohol-related incidents in the past four years and thus it was not an infrequent event for him. Finally, the Individual's arrests occurred under relatively ordinary circumstances for him at the times that the arrests occurred. As to the Individual's AUD, the condition is a chronic, ongoing one that, even if it is in remission, is not in the past and does not occur only under certain circumstances. Thus, the first mitigating condition is inapplicable. *Id.* at ¶ 23(a).

The Individual has acknowledged his maladaptive alcohol use. However, the Individual has not demonstrated a full year of abstinence as recommended by the DOE Psychologist and Reviewing Psychologist. The fact that the Individual tested negative for traces of alcohol consumption during the March 2025 PEth test following the evaluation by the DOE Psychologist is positive and suggestive that the Individual may have been abstinent since November 2024 as he claims. However, the Individual himself testified that he believed himself to have been "in the clear" after not hearing anything from the LSO following the evaluation for many months. This period, during which the Individual believed that he had resolved DOE's concerns and was not subject to further scrutiny, would have been a time at which he was at heightened risk of relapse. As noted above, I have insufficient information to conclude that the hair EtG test was as sensitive to alcohol as the PEth testing recommended by the DOE experts. This raises the concern that the hair EtG test, if it can only identify heavy levels of drinking, might have failed to detect a relapse on the part of the Individual that would show that his recovery is more precarious than he claims. Therefore, I do not accept the hair EtG test as sufficient to establish the Individual's abstinence from alcohol during the period measured by the test. This leaves a nearly one-year gap in testing coverage between the Individual's March 2025 PEth test and February 2026 PEth test. I have no witness testimony from persons familiar with the Individual's alcohol consumption patterns or other evidence to support the Individual's self-described abstinence during this period. Considering that the burden of proof is on the Individual, I cannot credit him for this lengthy period of abstinence

based on his word alone. Thus, I find that the Individual's demonstrated period of abstinence was at most three months – the period from January 2026 to March 2026 covered by the Individual's PEth testing; well short of the one-year period recommended by the DOE Psychologist and the Reviewing Psychologist.

Even if the Individual had demonstrated abstinence as recommended, he has not brought forth sufficient evidence of action to overcome his maladaptive alcohol use. It is not apparent that the Individual has taken any significant actions to support his recovery from his AUD. In reaching this conclusion, I am influenced by the facts that the Individual previously abstained from alcohol for about six months only to relapse into problematic alcohol consumption and that prior treatment with Naltrexone was ineffective. Considering that the Individual relapsed after a comparable period of abstinence to that he demonstrated in this case and was unable to overcome cravings even with medication, I find that there is significant potential for relapse if the Individual attempts to maintain his abstinence simply through his will power alone. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "the circumstances surrounding the conduct" and "the likelihood of continuation or recurrence"). While the Individual has attended a few sessions with the Therapist, it is not apparent that the sessions were significantly related to the Individual's alcohol misuse or that the Therapist has any training or experience related specifically to treating AUD. Nor has the Individual brought forward evidence from witnesses as to behavioral changes in his day-to-day life to support his abstinence. The Individual's testimony to his intrinsic motivation and limited therapy is simply not enough for me to conclude that he has "provided evidence of actions taken to overcome this problem" considering his history. The second mitigating condition is thus inapplicable. Adjudicative Guidelines at ¶ 23(b).

The third mitigating condition is inapplicable because the Individual is not pursuing the treatment recommended by either the Reviewing Psychologist or the DOE Psychologist and did not receive an unqualified positive prognosis from the Reviewing Psychologist. Even if I was to accept that meeting with the Therapist was an appropriate alternative treatment to that recommended by the Reviewing Psychologist, which I do not considering the lack of evidence as to the Therapist's qualifications and the nature of the treatment, I would still question the Individual's progress therein considering his intention to significantly reduce the frequency of his meetings with the Therapist and the fact that he has not yet developed significant relapse prevention tools. For these reasons, the third mitigating condition is inapplicable. *Id.* at ¶ 23(c).

The fourth mitigating condition is not applicable because the Individual does not claim to have completed a treatment program. *Id.* at ¶ 23(d).

For the aforementioned reasons, I find that none of the mitigating conditions under Guideline G are applicable to the facts of this case. Accordingly, the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

C. Guideline J

Conditions that could mitigate security concerns under Guideline J include:

(a) so much time has elapsed since the criminal behavior happened, or it happened under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(b) the individual was pressured or coerced into committing the act and those pressures are no longer present in the person's life;

(c) no reliable evidence to support that the individual committed the offense; and

(d) there is evidence of successful rehabilitation; including, but not limited to, the passage of time without recurrence of criminal activity, restitution, compliance with the terms of parole or probation, job training or higher education, good employment record, or constructive community involvement.

Id. at ¶ 32.

The first mitigating condition under Guideline J is inapplicable for the same reasons the first mitigating condition under Guideline G is inapplicable – the passage of time between the Individual's Public Intoxication and Domestic Assault arrests was too great to infer that time alone is a guarantor against future criminal conduct and neither offense occurred under unusual circumstances. *Id.* at ¶ 32(a).

The second and third mitigating conditions are irrelevant because the Individual does not claim to have been pressured or coerced into committing criminal conduct and the accounts of the arresting officers and the Individual's own testimony are reliable evidence that he committed the alleged offenses. *Id.* at ¶ 32(b)–(c).

As to the fourth mitigating condition, the charges against the Individual were dismissed and therefore he had no opportunity to demonstrate restitution or compliance with the terms of parole or probation. As noted above, the passage of time in this case is not sufficiently lengthy to mitigate the security concerns in light of the Individual's history. The Individual has not brought forward any evidence of job training, higher education, or constructive community involvement. While the Individual does have a positive employment record, this fact alone is insufficient to establish rehabilitation in light of the ongoing concerns that the Individual will relapse and commit future alcohol-related criminal offenses. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "the likelihood of continuation or recurrence"). The fourth mitigating condition is therefore inapplicable. Adjudicative Guidelines at ¶ 32(d).

Having concluded that none of the mitigating conditions are applicable, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline J.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G and J, but not E, of the Adjudicative Guidelines. After considering all relevant information, favorable and unfavorable, in a

comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. 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.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals