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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing)	
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Filing Date: October 15, 2024)	Case No.: PSH-25-0010
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_____)	

Issued: February 25, 2025

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material 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 be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires possession of a security clearance. In March 2024, the Individual informed his supervisor that he had an "alcohol problem." As a result, the Individual was interviewed by a DOE site Human Reliability Program (HRP) psychologist. The DOE Local Security Office (LSO) received the above information and requested that the Individual be evaluated by a DOE-consultant psychologist (DOE Psychologist) regarding alcohol use. Subsequently, the LSO informed the Individual by letter (Notification Letter) that it possessed reliable information that created substantial doubt regarding his eligibility to possess a security clearance. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines.

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. I subsequently conducted an administrative review hearing.

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.

At the hearing, the Individual testified on his own behalf and presented the testimony of three witnesses. The LSO presented the testimony of the DOE Psychologist. The Individual submitted twenty-nine exhibits, marked Exhibits A through CC. The LSO submitted eight exhibits, marked Exhibits 1 through 8.²

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for concern regarding the Individual's eligibility to possess a security clearance. Exhibit (Ex.) 1 at 5. 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 . . . or other incidents of concern, regardless of the frequency of the individual's alcohol use . . ."; "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder . . ."; 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 first cited the DOE Psychologist's conclusion in her June 2024 psychological evaluation report (Report) that the Individual met the criteria under the *Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition, Text Revision*, for a diagnosis of Alcohol Use Disorder (AUD), Severe, without adequate evidence of rehabilitation or reformation.³ Ex. 1 at 5. The SSC also listed the following information: the Individual admitted to having an alcohol problem that had caused years of declining work performance, absenteeism, and tardiness; the Individual disclosed that he had consumed "a half gallon of vodka" each week for the last ten years; and the Individual admitted that his alcohol use had impacted his family relationships and reported that his spouse recently excluded him from their home in March 2024 after she learned that he had continued to consume alcohol despite his promise to abstain. *Id.* The cited information justifies the LSO's invocation of Guideline G.

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 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

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.

³ While the SSC states that the DOE Psychologist relied upon the *DSM, Fifth Edition*, the Report instead indicates that the opinion is based on the *DSM, Fifth Edition, Text Revision*, "which is the current diagnostic standard in the United States." Ex. 6 at 26.

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 their 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 March 2024, the Individual told his supervisor that he had an “alcohol problem.” Ex. 5 at 22. That incident resulted in the creation of an Incident Report, which noted that the Individual was already on probation due to “longstanding attendance and tardiness problems” which were “being addressed through Labor Relations.” *Id.* at 22. According to the Incident Report, the Individual also told his supervisor that he was “facing marital problems” and his “attendance concerns are directly related to alcohol use.” *Id.* After reporting his problematic alcohol consumption, the Individual underwent an evaluation by an HRP psychologist. *Id.* According to the HRP evaluation report, the Individual stated that he had hit “rock bottom” and his wife asked him to leave their home as a result of his alcohol use. *Id.* The Individual also reported that he had been consuming “a fifth of vodka every weekend.” *Id.*

The DOE Psychologist’s June 2024 Report includes the following information. After an evaluation, the HRP psychologist diagnosed the Individual with AUD, Severe, and referred him to inpatient treatment. Ex. 6 at 25. The Individual enrolled in inpatient treatment in March 2024. *Id.* at 28. The medical records from inpatient treatment indicate that the Individual admitted consuming a half gallon of vodka over four days a week instead of the “fifth” of vodka he previously reported during the HRP evaluation. *Id.* at 28–29 (noting that the former “is the equivalent of . . . 40 standard servings of vodka”). The Individual also reported that his wife had expressed concern regarding his alcohol consumption. *Id.* at 27. Although he promised her he would abstain, he continued to secretly consume alcohol in the weeks leading up to March 2024. *Id.* at 27.

The DOE Psychologist reported that the Individual completed the inpatient program in April 2024 and then enrolled in an “intensive outpatient program” (IOP), which he completed the following month. *Id.* at 28. The Individual reported to the DOE Psychologist that he had been abstaining from alcohol since March 15, 2024. *Id.* At the time of the evaluation, the Individual underwent a Phosphatidylethanol (PEth) test to examine his recent alcohol use.⁴ *Id.* at 29. The PEth test results

⁴ The PEth laboratory report states that PEth levels in excess of the screening threshold of 20 ng/mL “are considered evidence of moderate to heavy ethanol consumption.” Ex. 6 at 49.

were negative, which, according to the DOE Psychologist, demonstrated that for the month preceding the evaluation the Individual had “been able to maintain abstinence.” *Id.* However, the DOE Psychologist expressed concern that the Individual was still in early recovery at the time of the evaluation and that the Individual “appear[ed] to be relying on himself to maintain his sobriety.” *Id.* at 32. The DOE Psychologist also noted concern that the Individual was not “leaning on his friends or family for support, nor [was] he meaningfully engaged in a peer support group.” *Id.* at 31–32 (noting that, for example, the Individual had not discussed his treatment with his wife or any of his friends). The DOE Psychologist determined that the Individual was “not addressing the emotions and stressors that trigger his alcohol use, and he [had] not developed coping mechanisms to replace consuming alcohol to excess.” *Id.* Consequently, the DOE Psychologist diagnosed the Individual with AUD, Severe. *Id.* at 32. The DOE Psychologist opined that to demonstrate rehabilitation or reformation from AUD the Individual should remain abstinent for twelve months, complete at least two PETH tests, and participate in weekly AA or a similar program during that period. *Id.*

At the hearing, the Individual’s AA sponsor testified regarding the Individual’s progress in AA. The sponsor explained that the Individual asked him to be his sponsor on an unrecalled date in 2024, the sponsor agreed, and they continue to meet with one another approximately once a week. Transcript of Hearing, OHA Case No. PSH-25-0010 (Tr.) at 13–14. The sponsor explained that his role has been to guide the Individual through the AA program steps, which includes reading materials and discussing “intimate emotions” related to work and relationships. *Id.* at 15–16. The sponsor testified that the Individual appears to have taken his recovery “to heart.” *Id.* at 18.

The Individual’s friend, who is also a former supervisor, testified that he had not observed the Individual consume alcohol since the Individual entered treatment. *Id.* at 35, 39–40 (recalling, for example, no indication that the Individual consumed alcohol during the several days their families spent together in October 2024).

The Individual’s wife testified and confirmed that the Individual had been sober since entering treatment in March 2024. *Id.* at 55–56. She observed a complete turnaround in the Individual’s behavior, and they have removed alcohol from their social outings. *Id.* at 56–57. She also testified that the Individual’s relationship with their children has improved as a result of his changed behavior, and the family has embraced his sobriety. *Id.* at 58. She described their family as a “good support system,” which she believes is part of the reason the Individual has “been so successful.”⁵ *Id.* She described how they have organized their schedules to successfully integrate and support the Individual’s participation in AA. *Id.* at 78. She observed the Individual’s “walls break down” as a result of going through treatment, and she testified that he has become more open, vulnerable, and honest. *Id.* at 72. The Individual told her that alcohol can no longer be a part of his life. *Id.* at 85–86.

The Individual testified that he does not intend to consume alcohol again, and, through AA, he learned that success requires daily focus on maintaining abstinence. *Id.* at 95–96. He described integrating three AA meetings into his weekly routine while continuing to meet his work and parenting obligations. *Id.* at 97–98. He stated that he enjoys the routine of attending AA meetings,

⁵ The wife also testified that their extended family, including siblings and their spouses, have “all been super supportive.” Tr. at 60.

he looks forward to them, and he has developed friendships with other AA participants. *Id.* at 107. He testified that he appreciates learning from AA participants who have significantly longer periods of sobriety than his own. *Id.* at 101. He also testified that he had established a “home group” in AA, where he can be more open and vulnerable than in the other AA groups he attends. *Id.* at 99–100.

The Individual acknowledged that, prior to March 2024, he had been addressing his “repressed emotions and feelings” by “dumping vodka on top of it and . . . pushing it down.” *Id.* at 105. He realized that he hit “rock bottom” when he met with the HRP psychologist. *Id.* at 108. He recognized that he was “tired of fighting” and needed “help.” *Id.* at 109. He testified that during inpatient treatment and the IOP he learned “the ability to be vulnerable and express” himself and the value of a support group composed of people who understand the struggle of addiction. *Id.* at 113. He testified that he now communicates his feelings to his wife and in AA, and he also began seeing a therapist. *Id.* at 105. He testified that therapy provided “an unbiased outlet” and “safer place” to share personal information and “find different paths of problem solving.” *Id.* at 136. According to an Assessment and Treatment Summary from the Individual’s therapist, the Individual began therapy in July 2024 to support his sobriety. Ex. W. The Individual confirmed that his family immediately provided positive support once he sought treatment. Tr. at 109. He also explained that therapy provides the opportunity to share his emotions and think through how to resolve them without turning to alcohol. *Id.* at 121. Lastly, the Individual testified that he has been sober since March 15, 2024. *Id.* at 110.

The record includes the following exhibits. The Individual submitted a letter from the inpatient treatment provider indicating that the Individual enrolled in March 2024 and successfully completed the program in April 2024. Ex. A. The Individual also submitted a letter from the IOP provider that indicates the Individual successfully completed the IOP at the end of April 2024. Ex. B. In addition to the letters, the Individual provided four negative PEth test results spanning July 2024 to December 2024. Ex. E (September 13, 2024); Ex. G (September 26, 2024); Ex. I (December 13, 2024); Ex. BB (July 10, 2024). The Individual testified that he independently underwent these PEth tests “to fill in the gaps from . . . the [random] ones at work . . .” Tr. at 130. The records he submitted, however, indicate that the employer’s random testing did not include PEth testing. *See* Ex. N (results from employer-administered random Breath Alcohol Tests and drug tests indicating negative results between June 2024 to January 2025). Lastly, the Individual submitted sign-in sheets that demonstrate he attended AA from August 2024 through January 2025. Ex. L (August through December); Ex. S (January).

The DOE Psychologist testified that, after evaluating the evidence of the Individual’s progress since the evaluation, she concluded the Individual met the criteria for AUD, Severe, in early remission. *Id.* at 149. She explained that the Individual’s AUD is considered early remission instead of sustained remission because “he hasn’t reached that 12 month[] mark [of sobriety] yet.” *Id.* at 149. However, she opined that the Individual would meet the criteria for AUD, in sustained remission, in approximately six weeks. *Id.* at 151. Furthermore, she opined that the Individual had “a favorable prognosis” and demonstrated “adequate evidence of rehabilitation and reformation” based on the following reasons. *Id.* The Individual completed inpatient treatment and the IOP. *Id.* The Individual is “just shy” of the recommended period of abstinence. *Id.* at 152. The Individual provided objective data of his abstinence through the recommended PEth testing. *Id.* He regularly attended AA and provided signed records to document his attendance. *Id.* He established an AA

“home group” and secured an AA sponsor. *Id.* And he established a support system. *Id.* at 153. The DOE Psychologist expressed being “really encouraged” by the Individual “embrac[ing] and involving his family” in his recovery, which strengthened the prognosis. *Id.* at 153.

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 find that ¶ 23(b) applies to resolve the Guideline G concerns. The record establishes that the Individual acknowledged his maladaptive alcohol use by acknowledging that his history of alcohol use was problematic. He self-reported the problem to his supervisor and his testimony demonstrates that he has been candid in discussing his challenges with his wife, family, sponsor, and treatment providers. He also expressed an understanding that he had been using alcohol to bury his emotions. Additionally, there is significant evidence in the record that demonstrates the Individual took substantial action to overcome his problem in accordance with treatment recommendations. He followed the HRP psychologist’s recommendations by enrolling in and completing inpatient treatment and an IOP. He demonstrated that he made significant lifestyle changes to support his recovery, including continuing therapy, attending AA, working with an AA sponsor, and engaging his family to support his efforts. Furthermore, the DOE Psychologist explicitly stated that the Individual followed all of the DOE Psychologist’s recommendations by regularly participating in AA for the preceding six months, remaining abstinent for just under a year, and providing PEth test results to objectively document his abstinence. Further still, the Individual obtained treatment from a therapist to support his sobriety, which demonstrates effort beyond the DOE Psychologist’s recommendations. In light of the above evidence, I find persuasive the Individual’s testimony that he intends to remain abstinent. I also find persuasive the opinion

of the DOE Psychologist that the Individual has a favorable prognosis and has rehabilitated and reformed from his AUD. I therefore conclude that the Individual demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. Accordingly, I find that the Individual has resolved the Guideline G concerns.

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 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 security concerns set forth in the SSC. Accordingly, I have determined that the Individual's access authorization should 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