

*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

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

In the Matter of: Personnel Security Hearing)	
)	
Filing Date: January 8, 2025)	Case No.: PSH-25-0057
)	
_____)	

Issued: May 22, 2025

Administrative Judge Decision

Erin C. Weinstock, 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 be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires him to hold an access authorization. Exhibit (Ex.) 1 at 7.² In June 2024, the Individual notified DOE that he had decided to seek alcohol-related treatment. Ex. 6 at 23. As a result of the Individual's disclosure, the Local Security Office (LSO) issued the Individual a Letter of Interrogatory (LOI), which the Individual completed on July 29, 2024. Ex. 7. After receipt of his responses, the LSO requested that the Individual undergo a psychological evaluation in September 2024, by a DOE-consultant Psychologist (DOE Psychologist), which resulted in a finding that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)* criteria for a diagnosis of Alcohol Use Disorder (AUD), severe, in early remission, without adequate evidence of rehabilitation or reformation. Ex. 8 at 39.

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 Local Security Office's (LSO) exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 6. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted ten exhibits (Ex. 1–10). The Individual submitted five exhibits (Ex. A–E). The Individual testified on his own behalf and offered the testimony of four additional witnesses. Hearing Transcript, OHA Case No. PSH-25-0057 (Tr.). The LSO called the DOE Psychologist to testify. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive 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.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include: “alcohol-related incidents away from work,” and “diagnosis . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). In citing Guideline G, the LSO relied upon the DOE Psychologist’s September 2024 diagnosis that the Individual suffered from AUD, severe. Ex. 1 at 5. The allegations justify 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 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 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.* at § 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

The Individual began consuming alcohol while he was in college and often drank to intoxication during the weekend. Ex. 8 at 35. This pattern continued for several years, and, eventually, the drinking over the weekend made him “feel bad on Monday.” *Id.* He would sometimes stop consuming alcohol for “a few months” in response his father expressing concern about his alcohol consumption. *Id.*

In December 2019, the Individual stopped consuming alcohol for a period of nearly three years. *Id.* at 36. In late 2022, the Individual had “two shots” while hanging out with some friends, and then he did not consume alcohol again for about six months. *Id.* He said after having those two shots he “thought [he] could control it” and “that’s where it went wrong.” *Id.* at 63.

In late May of 2024, the Individual went to a family member’s wedding. *Id.* at 60. Initially, his brother and sister-in-law had planned to attend the wedding with the Individual, but the Individual’s mother was having serious health issues, so the brother and sister-in-law decided that they should stay at home to help take care of the mother. *Id.* at 60–61. When the Individual went to the wedding, he had two shots the first day he consumed alcohol, but on subsequent days he consumed larger and larger quantities of alcohol. *Id.* at 61. When the Individual got home, his family, particularly his father, expressed concern about his alcohol consumption. *Id.* at 68. His family encouraged him to go to a detox center and he agreed because he “just wanted to stop.” *Id.* at 63. On the way to the detox center, the Individual called his supervisor to self-report that he was seeking alcohol-related treatment. *Id.* at 68. The Individual began an intensive outpatient program (IOP) on September 18, 2024. Ex. B (letter from IOP counselor explaining when the Individual began and completed his IOP and that he was now enrolled in aftercare and was “working diligently to understand how to best maintain his sobriety”).

As a result of his self-report, the Individual underwent a psychological evaluation on September 28, 2024. Ex. 8. After the Individual completed the evaluation, the DOE Psychologist issued a report in which she concluded that the Individual met sufficient criteria for AUD, severe, in early remission. *Id.* at 39. In order for the Individual to show rehabilitation, the DOE Psychologist stated that the Individual should: (1) complete the IOP that he had already begun; (2) complete the IOP’s aftercare program for a total of eight months of treatment between the IOP and aftercare; and (3) provide negative Phosphatidylethanol (PEth) tests for the period of treatment. *Id.* She stated that if the Individual chose not to complete his IOP or aftercare, she would recommend that he could show reformation by providing twelve months of negative PEth tests. *Id.*

The Individual testified that he had not consumed any alcohol since June 8, 2024. Tr. at 68; Ex. 7 at 27; Ex. 8 at 37. To support his testimony, the Individual provided negative PEth tests dated August 14, 2024, September 11, 2024, October 17, 2024, November 14, 2024, December 18, 2024, January 20, 2025, February 14, 2025, March 17, 2025, April 14, 2025, and May 6, 2025. Ex. C.

He also provided a letter from his employer stating that he had been compliant with its evaluation process³ for employees, including “consistently provid[ing] negative alcohol test results.” Ex. E.

The Individual also testified that he completed his IOP in December 2024 and was scheduled to complete the aftercare program in June 2025. Tr. at 69; Ex. A (certificate showing the completion of his IOP); Ex. B (letter from his IOP counselor confirming his participation and completion of the IOP and explaining he is scheduled to complete aftercare in June 2025). The Individual acknowledged that he has a problem with alcohol and said that in his IOP he realized that he was not the only person struggling with alcohol. *Id.* at 71–72. At first he did not want to go to his IOP classes, but over time he began to enjoy them and realized that there were other people like him there who wanted to help themselves get better. *Id.* at 73. The classes helped him to identify his triggers and gave him an opportunity to think about and talk about how he was feeling. *Id.* at 73–74. Since the Individual stopped consuming alcohol, he has been training to run a 5k and feeling generally much healthier. *Id.* at 74–75.

The Individual said that everything that has happened since May 2024 has made him realize that he does not want to consume alcohol anymore. *Id.* at 77. His family is very supportive of this decision. *Id.* The Individual testified that the IOP and aftercare are the first substance-related treatment or counseling he has ever received. *Id.* at 81.

The Individual’s brother lived with the Individual from around 2020 to 2023 and now sees him in person on a weekly basis and talks to him most days of the week. *Id.* at 33. The brother explained that in late May of 2024, the Individual went to a wedding and began to consume an excessive amount of alcohol every day for a week. *Id.* at 35. The brother, his father, and his aunt went to check on the Individual, and they decided he needed to go to the hospital. *Id.* at 35–36. After that, the Individual’s father and aunt convinced the Individual that he needed to go to a detox facility. *Id.* at 36. The brother testified that the Individual agreed to go to the detox facility right away and acknowledged that his alcohol consumption was problematic. *Id.* The brother said that he thinks sobriety has been good for the Individual and allowed him to do more activities like playing basketball and spending time with family. *Id.* The brother also shared that the Individual had recently gone to the brother’s bachelor party where many other people were consuming alcohol, and the Individual did not consume any alcohol and acted as a designated driver for all of the attendees. *Id.* at 42–43. He stated that June 2024 was the last time that he saw the Individual consume an alcoholic beverage. *Id.* at 42.

The Individual’s father sees the Individual two or three times a week in person and talks to him every day. *Id.* at 49. The father testified that in June 2024, he had been very concerned about the Individual’s alcohol consumption and helped the Individual find a facility to help him stop consuming alcohol. *Id.* at 50. The father said that prior to June 2024, he had expressed concern about the Individual’s alcohol consumption before and the Individual would stop consuming alcohol for a period of time. *Id.* at 50–51. The father thinks that the Individual’s sobriety is different this time because the Individual now knows that there could be very serious consequences for

³ When the Individual reported his alcohol-related treatment to his employer, the employer enrolled him in a monitoring program. Ex. 8 at 36. The Individual successfully completed all of the required consultations, follow ups, and alcohol tests as requested by this program. Ex. E.

consuming alcohol again. *Id.* at 51–52. He also stated that the Individual has been exercising more and has a more positive outlook than he has ever seen before. *Id.* at 52.

The Individual’s supervisor testified that he has worked with the Individual in some capacity since 2018 and in 2020 the supervisor hired the Individual to work in the group he manages. *Id.* at 10, 12. In 2022, the supervisor hired the Individual into a management position that directly reports to the supervisor. *Id.* at 12. The supervisor explained that in “June or July” of 2024, the Individual contacted him to let him know that he was referring himself for treatment for an alcohol-related issue. *Id.* at 15. He said that he was surprised when he got the phone call, because the Individual is typically reliable, responsible, and shows good judgment. *Id.* at 16; *see also* Ex. D (letter from the supervisor expressing his support for the Individual and his treatment and explaining that he is a valuable and reliable employee).

The Individual’s coworker met the Individual about fifteen years ago through mutual friends. Tr. at 23. They communicate most days while at work and sometimes participate in social activities together outside of work. *Id.* The coworker testified that he has found the Individual to be a responsible and reliable person. *Id.* at 28.

At the hearing, the DOE Psychologist explained that after having watched the hearing, she believed that the Individual had complied with all of her recommendations and had adequately showed he was rehabilitated and reformed. *Id.* at 87–88.

V. ANALYSIS

An individual may be able to mitigate security concerns under Guideline G through the following conditions:

- 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 maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol 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.

Here, the Individual has clearly mitigated the security concerns. He acknowledged that he has a problem with alcohol and voluntarily sought substance abuse treatment for the first time to help himself to resolve his problem with alcohol. The Individual successfully completed his IOP, and shortly after the hearing he will complete his aftercare program. His IOP counselor's letter shared that the Individual was making good progress in his treatment. Because the Individual pursued this treatment and is no longer consuming alcohol, he is able to exercise more regularly, spend time with his family, and he feels healthier. The DOE Psychologist said that the Individual was rehabilitated and reformed and had successfully followed her recommendations. The Individual also provided ten months' worth of negative PEth tests to support his assertion that he had not consumed any alcohol since June 2024. His brother's testimony also supported the Individual's claim. Therefore, the Individual has mitigated the security concerns pursuant to mitigating conditions (b) and (c).

Accordingly, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all 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 Summary of Security Concerns. 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.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals