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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: November 19, 2024	)	Case No.: PSH-25-0027
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Issued: June 5, 2025

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**Administrative Judge Decision**

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Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (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."<sup>1</sup> 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 her to hold an access authorization. Exhibit (Ex.) 1 at 5.<sup>2</sup> In March 2023, the Individual began to attend alcohol-related counseling due to concerns related to her alcohol consumption. Ex. 6 at 22. The Individual disclosed this counseling in her January 2024 Questionnaire for National Security Positions (QNSP). Ex. 9 at 113. As a result of the Individual's disclosure, the Local Security Office (LSO) issued her a Letter of Interrogatory (LOI), which the Individual completed in May 2024. Ex. 6. After receipt of her responses, the LSO requested that the Individual undergo a psychological evaluation in June 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, without adequate evidence of rehabilitation or reformation. Ex. 8 at 45.

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<sup>1</sup> 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.

<sup>2</sup> 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 her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. Ex. 1 at 5. 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.*

The Individual exercised her 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 eleven exhibits (Ex. A–K). The Individual testified on her own behalf. Hearing Transcript, OHA Case No. PSH-25-0027 (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. In citing Guideline G, the LSO relied upon the DOE Psychologist’s June 2024 diagnosis that the Individual suffered from AUD, severe. Ex. 1 at 5. The information cited by the LSO justifies its invocation of Guideline G.<sup>3</sup> See Adjudicative Guidelines at ¶ 22(d) (“diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder”).

## 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

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<sup>3</sup> The LSO also cited the Individual’s June 2024 positive phosphatidyl ethanol (PEth) test result and the fact that the Individual continued to drink alcohol after a March 2023 AUD diagnosis. Ex. 1 at 5. As a positive PEth test alone is not sufficient to constitute a security concern, I find that that this allegation was not properly raised by the LSO as a discrete security concern, and I will not analyze it here, except insofar as it informed the DOE Psychologist’s diagnosis. I also find that the allegation regarding the Individual’s continued consumption of alcohol was not properly raised because there is no indication in the record that the Individual’s consumption went against the treatment recommendations of her medical providers.

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

During the COVID-19 pandemic, the Individual's alcohol consumption increased from social alcohol consumption to consuming alcohol regularly and more often at home. Ex. 6 at 25. In March 2023, her husband mentioned to the Individual that she was consuming alcohol "more frequently and more drinks at a time." *Id.* at 22, 27. Because of this concern, the Individual decided that she wanted to "address the situation before it caused personal, professional or legal consequences." *Id.* at 22. The Individual began to see a therapist every other week for alcohol-related treatment and a nurse practitioner every one to three months to prescribe and help her to manage medication related to alcohol usage and other health conditions. *Id.* The nurse practitioner prescribed the Individual Naltrexone<sup>4</sup> on an as-needed basis to decrease her desire to consume alcohol. *Id.* at 23. Neither the therapist nor the nurse practitioner recommended that the Individual entirely abstain from alcohol consumption, although it is a goal that she and her therapist were "working towards." *Id.*

In her LOI, the Individual said that she currently consumes approximately three drinks two to three times a week. *Id.* at 24. She also stated that she defines intoxication as drinking four to six drinks over a three-hour period and said that she drinks to intoxication approximately once every other week. *Id.* at 26.

The Individual underwent a psychological evaluation in June 2024. Ex. 7. During that evaluation, she told the DOE Psychologist that she was "probably an alcoholic." *Id.* at 42. As part of her evaluation, the Individual underwent a Phosphatidylethanol (PEth) test<sup>5</sup> in June 2024. *Id.* at 58. The PEth test came back positive for alcohol use at a value of 585 ng/mL, which according to the DOE-contract psychiatrist who interpreted the test, indicates heavy alcohol consumption. *Id.* at 58–59.

After the Individual completed the evaluation, the DOE Psychologist concluded that the Individual met sufficient *DSM-5* criteria for a diagnosis of AUD, severe. *Id.* at 45. In order for the Individual to show evidence of rehabilitation, the DOE Psychologist stated that the Individual should: (1) enroll in and complete an intensive outpatient program (IOP); (2) remain abstinent from alcohol for twelve months; and (3) at least three times a week, participate in Alcoholics Anonymous (AA) or a comparable in-person program. *Id.* The DOE Psychologist also stated that the Individual should undergo PEth tests every two months over a twelve-month period to document abstinence from alcohol consumption. *Id.*

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<sup>4</sup> "Naltrexone is used along with counseling and social support to help people who have stopped drinking alcohol . . . continue to avoid drinking." Naltrexone, <https://medlineplus.gov/druginfo/meds/a685041.html> (last visited June 4, 2025).

<sup>5</sup> "The PEth level reflects the average amount of alcohol consumed over the previous 28-30 days as red blood cells degrade and enzymatic action removes PEth. A MedTox PEth exceeding 20 ng/mL is evidence of moderate to heavy ethanol consumption." Ex. 7 at 58.

The Individual testified that she received the DOE Psychologist's report on September 12, 2024. Tr. at 10. Reading the report helped her to realize that she "was in denial about how much [she] was actually drinking." *Id.* She was particularly surprised by her PEth result. *Id.* As a result of the report, the Individual decided to stop consuming alcohol, and her last alcoholic drink was consumed on September 11, 2024. *Id.* at 10. In order to support her claim of abstinence, the Individual submitted into the record several PEth tests. She submitted a PEth test from October 11, 2024, that was positive at 43 ng/mL. Ex. K; *see also* Ex. 7 at 58 ("The PEth level reflects the average amount of alcohol consumed over the previous 28–30 days as red blood cells degrade and enzymatic action removes PEth.").<sup>6</sup> The Individual also submitted negative PEth tests from December 2024, February 2025, and April 2025. Ex. D; Ex. E; Ex. F.

The Individual testified that she was prescribed Naltrexone to slow down her alcohol consumption in March of 2023 by a psychiatric nurse practitioner that she sees. Tr. at 12. She explained that Naltrexone did work when she took it, but the prescription was to be taken as-needed before drinking and she did not consistently follow those instructions. *Id.* at 13. At the time of the hearing, the Individual was taking Naltrexone daily. *Id.* at 13–14. She explained that the nurse practitioner determined that she should continue to take Naltrexone daily for one year starting from when she began to take it consistently. *Id.* at 14, 35. The Individual said that that it is helping her to abstain from alcohol and reminding her of the problems alcohol caused her in the past. *Id.* at 15. She also stated that she sees the nurse practitioner every three months or so for medication management, and they talk about her alcohol consumption at these appointments. *Id.* at 34.

The Individual has seen a therapist every other week since June of 2023. *Id.* at 16–17. The Individual started seeing the therapist to address her alcohol consumption, but was "in denial about how much [she] was drinking" until she got the DOE Psychologist's report. *Id.* at 17. In her therapy, she learned that she used alcohol as "a way to disconnect, to not have to feel emotions." *Id.* at 18. In order prevent herself from consuming alcohol in the future, the Individual and the therapist are currently working on her underlying issues and being "comfortable with being uncomfortable." *Id.* at 18–19. The Individual talks to the therapist about the reasons she consumed alcohol and "the reasons [she] wants to be numb," and they work to address those issues so that the Individual does not need to use alcohol as a coping mechanism. *Id.* at 19. The therapist has helped the Individual to develop tools that she has used to stop herself from consuming alcohol when she has had cravings, mostly right after she stopped consuming alcohol. *Id.* at 20.

The Individual submitted a certificate showing that she completed "substance abuse treatment" on March 14, 2025. Ex. G. At the hearing, the Individual explained that she knew she would not be able to get into an IOP immediately after receiving the DOE Psychologist's report, so she took some time to do research to find a program that was not religious and would be a good fit for her. *Id.* at 37. The IOP that the Individual selected was an eight-week substance abuse IOP that met three nights a week for three hours each night. *Id.* at 16. For eight hours each week, the Individual attended IOP group sessions, and, in the remaining hour, she met with an individual therapist. *Id.* at 20. The program was a hybrid model, and the Individual completed six weeks in person and two

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<sup>6</sup> The DOE Psychologist explained that in her view, the October PEth test indicates a "significant reduction in alcohol use" as compared to the test completed at the psychological evaluation and that she "would have expected [the October test] to be positive if she stopped drinking September 11th." Tr. at 65.

weeks online because of a surgery she had in February 2025. *Id.* at 21. At the IOP she learned about tools to deal with substance abuse like meditation and breath work. *Id.* She explained that the skills she learned were meant to help “[i]n dealing with cravings in how to sort or reregulate your nervous system and walk yourself through some difficult feelings and emotions.” *Id.* at 22. These skills help the Individual to lower her anxiety levels and remember that she does not want to consume alcohol anymore. *Id.* The Individual also learned about triggers while she was in the IOP. *Id.* at 23. She learned that she needed to pay attention to what people, places, and things triggered her and find alternatives like going to new restaurants or making new friends who also do not consume alcohol. *Id.* The Individual also completed weekly therapy with an IOP therapist who practiced a similar style of therapy to the Individual’s therapist. *Id.* at 24. The Individual viewed IOP therapy as an extension of her regular therapy and said that she “talked about the reasons [she] drank, and worked on some behavioral changes, some pattern recognition, and beliefs about [her]self.” *Id.* at 24–25. When the Individual completed the IOP, she asked the IOP if there were any other programs she should do, and the IOP told her that there were not any and that she was being discharged. *Id.* at 25.

The Individual also testified that she attended SMART Recovery<sup>7</sup> online meetings “about twice a week.” *Id.* at 16. She provided logs showing that she had attended nineteen SMART Recovery meetings between February 2025 and the hearing in April 2025. Ex. H. The Individual had started attending meetings in December 2024, but she did not know how to get the records to show she had attended until February 2025. Tr. at 42. At the SMART Recovery meetings, the Individual said she learned about “taking charge of [her] recovery.” *Id.* at 26. She said that she is not sure how long she intends to continue attending SMART Recovery meetings saying that she may attend for a full year or possibly longer if she continues to find it beneficial. *Id.* at 27. After the Individual got the DOE Psychologist’s report, she tried attending some AA meetings. *Id.* at 32. She went to three meetings, but AA was not a good fit because she did not feel comfortable saying she was powerless over alcohol. *Id.*

In the past when the Individual would stop drinking, her period of sobriety would have an end goal and end date, usually in preparation for a medical procedure. *Id.* at 30. She testified that her current period of sobriety is different because it is a life change rather than a period of time with a predetermined end date. *Id.* Before this period of sobriety, the Individual has never looked at abstinence from alcohol as a lifestyle change. *Id.* at 31. She acknowledged that she cannot consume alcohol in moderation, and her goal each day is to make sure that she does not consume alcohol on that day. *Id.* The Individual acknowledged that she had a problem with alcohol and knows that she cannot be a controlled consumer of alcohol. *Id.* at 31, 43. Her husband is very supportive of her sobriety, as are her coworkers. *Id.* at 36, 39–40. The Individual has also been working on making new friends who do not consume alcohol to broaden her support network, though her old friends who consume alcohol are supportive of her decision. *Id.* at 36, 39.

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<sup>7</sup> “SMART Recovery is an evidenced-informed recovery method grounded in Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT), that supports people with substance dependencies or problem behaviors to: (1) Build and maintain motivation, (2) Cope with urges and cravings, (3) Manage thoughts, feelings and behaviors, (4) Live a balanced life.” Self Management and Recovery Training (SMART), <https://smartrecovery.org/what-is-smart-recovery> (last visited June 4, 2024).

The Individual submitted two personal character references from friends. Ex. I; Ex. J. One of her friends noted that she had seen the Individual “use the tools that have been provided to her[,] like individual and group therapy[,] to learn, grow and thrive over the last year to overcome her obstacles.” Ex. I. Finally, she submitted three character references from her colleagues who attested to her integrity and work ethic. Ex. A; Ex. B; Ex. C.

The DOE Psychologist testified that she felt the Individual had demonstrated rehabilitation. Tr. at 50–51, 67–68. She explained that she thought the Individual “demonstrated the decision and the ability to take [her] recommendations seriously by just stopping her alcohol use immediately after reviewing the report,” even though the Individual was not able to immediately start treatment. *Id.* at 47. The DOE Psychologist said that that decision was “a demonstration of good judgment” and showed “the ability to control her alcohol use.” *Id.* Further, the DOE Psychologist noted that the Individual completed her IOP in a timely fashion and found a peer support program that worked well for her and that she benefited from. *Id.* at 48. The DOE Psychologist also stated that the Individual completed PEth testing as recommended, which provided some corroboration of abstinence from alcohol. *Id.*

The DOE Psychologist said the Individual demonstrated rehabilitation, in part, when she talked about how abstinence from alcohol consumption improved her life, health, and relationships. *Id.* at 49–50. She was also impressed with the lifestyle changes that the Individual made after receiving the report. *Id.* at 50. When asked if she was concerned about the Individual’s choice to go to meetings with an online peer support group rather than an in-person one as recommended, the DOE Psychologist said that in her view, the online group was acceptable in this scenario because the Individual’s surgery would have made it difficult for her to attend in-person meetings for a period of time and also because there are fewer in-person SMART Recovery meetings than AA meetings. *Id.* at 51–52. The DOE Psychologist also testified that in both her psychological evaluation and at the hearing, she found the Individual to be forthcoming and trustworthy and that she believes the Individual has a good plan and sufficient support network to maintain her sobriety. *Id.* at 54. When asked about the Individual’s previous periods of abstinence, the DOE Psychologist explained that she viewed the current period of abstinence differently because the Individual has now gone to the IOP and acknowledged that her alcohol consumption was problematic. *Id.* at 55. The DOE Psychologist also noted that she was not concerned about the Individual’s use of Naltrexone to support her sobriety because the Individual has “other tools in her toolbox” for when she stops taking the medication, and she is in regular contact with her psychiatric nurse practitioner if she is not doing as well off of the medication. *Id.* at 58. The DOE Psychologist stated that the Individual had a good prognosis. *Id.* at 66.

## V. ANALYSIS

An individual may be able to mitigate security concerns under Guideline G though 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 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 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 acknowledged that she has a problem with alcohol and cannot consume it in moderation. When she understood the extent of her alcohol consumption problems, she immediately stopped consuming alcohol and began looking into treatment options. She tried AA, and when she realized that it was not a good fit for her, she found SMART Recovery, a different peer support group that she found more beneficial. She was similarly deliberate when finding an IOP, taking the time to choose a program that worked for her lifestyle and personality and completing it in a timely fashion. She continued to see her therapist on a regular basis and began taking Naltrexone on a daily basis rather than as needed to support her sobriety. In addition to taking those treatment-related steps, the Individual took herself out of social situations where she would have consumed alcohol in the past and has taken steps to form more social ties with people who are also abstinent from alcohol. The Individual also provided several months of negative PEth tests to corroborate her testimony that she has stopped consuming alcohol. Therefore, I find that the Individual has mitigated the security concerns pursuant to mitigating factor (b).

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