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United States Department of Energy Office of Hearings and Appeals

	Issue	d: June 16, 2025		
Filing Date:	January 28, 2025))	Case No.:	PSH-25-0070
Eiling Data:	January 29, 2025)	Case No.:	DSH 25 0070
In the Matter of:	Personnel Security Hearing	ng)		

Phillip Harmonick, Administrative Judge:

I. BACKGROUND

The Individual has been employed by a DOE contractor since 2021. Exhibit (Ex.) 7 at 68–69.² In March 2024, the Individual submitted a Questionnaire for National Security Positions (QNSP) in connection with seeking access authorization. *Id.* at 106. In the QNSP, the Individual reported that he had been arrested or cited for unlawful conduct on seven occasions from 1997 to 2004, including two occasions on which he was arrested and charged with Driving Under the Influence (DUI).³ *Id.* at 91–98. The Individual also disclosed that he had been disciplined by the DOE

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 exhibits submitted by DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

³ The Individual disclosed on the QNSP that he was arrested for the final instance of unlawful conduct he disclosed, a DUI, in 2007. Ex. 7 at 97. However, criminal records obtained as part of the background investigation into the Individual's eligibility for access authorization clearly establish that the Individual was arrested for this offense in 2004. Ex. 8 at 216–17.

contractor for testing positive for alcohol on a random workplace screening and had been required by the DOE contractor to receive alcohol-related counseling. *Id.* at 69, 100.

During an interview with an investigator as part of an investigation into his eligibility for access authorization, the Individual provided information indicating that each instance of unlawful conduct he disclosed on the QNSP occurred after he consumed alcohol. *Id.* Ex. 8 at 179–82. The investigator also obtained records from the Individual's alcohol-related counseling indicating that the Individual had been diagnosed with Alcohol Use Disorder (AUD), Mild. *Id.* at 197.

In October 2024, the Individual met with a DOE-contracted psychologist (DOE Psychologist) for a psychological evaluation. Ex. 5 at 31. Following the evaluation, the DOE Psychologist issued a report of the evaluation (Report) in which he concluded that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition (DSM-5)* for a diagnosis of AUD, Mild. *Id.* at 37.

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. 1 at 8–10. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines G and J of the Adjudicative Guidelines. *Id.* at 5–7.

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 eight exhibits (Ex. 1–8). The Individual submitted ten exhibits (Ex. A–K).⁴ The Individual testified on his own behalf. Hearing Transcript, OHA Case No. PSH-25-0070 (Tr.) at 3, 10. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 67.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5–6. "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's seven alcohol-related arrests and citations, his positive workplace alcohol test, and the Individual's diagnosis with AUD. Ex. 1 at 5–6. The LSO's allegations that the Individual experienced alcohol-related incidents both away from and at work and was diagnosed with AUD by a duly qualified mental

⁴ The Individual submitted an additional exhibit – the results of an alcohol test – on June 13, 2025; the day after I received the transcript of the hearing. The record in this proceeding closed upon my receipt of the transcript on June 12, 2025. Tr. at 87 (indicating on the record that I would close the record on June 13, 2025, or upon receipt of the transcript, whichever occurred first). Moreover, the DOE Counsel objected to the exhibit being received into the record. *Id.* at 86 (objecting to the admission of test results based on a test conducted after the hearing). Even had I accepted the laboratory test into the record it would not have changed my determination in this case because, among other factors discussed below, the Individual would not have demonstrated the period of abstinence from alcohol recommended by the DOE Psychologist even considering the additional evidence from the exhibit. *Infra* pp. 8–9.

health professional justify its invocation of Guideline G. Adjudicative Guidelines at \P 22(a)–(b), (d).

The LSO cited Guideline J (Criminal Conduct) of the Adjudicative Guidelines as another basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 6–7. "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 seven instances of unlawful conduct disclosed by the Individual on the QNSP. Ex. 1 at 6–7. The LSO's allegations that the Individual engaged in a pattern of minor offenses as well as committed criminal conduct justify its invocation of Guideline J. Adjudicative Guidelines at ¶ 31(a)–(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

From 1997 to 2004, at which time he was in his late teens and early twenties, the Individual was arrested or cited for the following alcohol-related offenses:

- (1) Disorderly Conduct (1997) (consumed alcohol while trespassing on rooftop);
- (2) DUI (1999);
- (3) Disorderly Conduct (1999) (conduct unrecalled by Individual due to blacking out);

- (4) Littering & Open Container (2001) (threw beer can out of window while riding as a passenger);
- (5) Disorderly Conduct (2001) (consumed alcohol at party at motel);
- (6) Assault & Battery (2002) (fought in parking lot of bar);
- (7) DUI (2004).

Ex. 7 at 91–98; Ex. 8 at 179–82; see also Ex. 5 at 33 (reflecting the Individual's statement to the DOE Psychologist that he was "inebriated almost every weekend" during this period); Ex. 7 at 63 (identifying the Individual's birthdate). Following the 2004 DUI, a court ordered the Individual to attend outpatient alcohol treatment for one year. Ex. 8 at 183. The Individual successfully completed the treatment in 2005. *Id*.

In the years following the Individual's completion of counseling in 2005, he married, had children, and obtained more remunerative employment. Tr. at 19–21. In his hearing testimony, the Individual explained that the combination of spending several days in jail following his 2004 DUI arrest, not wanting to lose his employment, and his familial obligations led him to significantly change his lifestyle. *Id.* As a result of these lifestyle changes, the Individual was not arrested or cited for any offenses, other than minor traffic infractions, following his 2004 DUI. *Id.*; *see also* Ex. 8 at 215–20 (showing that criminal records obtained as part of the 2024 background investigation of the Individual did not indicate any arrests following the Individual's 2004 arrest for DUI).

In 2021, the Individual obtained employment with a DOE contractor. Ex. 7 at 68–69. Shortly after obtaining that position, the Individual tested positive on a random workplace alcohol test. Ex. 8 at 178 (indicating that the Individual's blood alcohol content was estimated at .03 g/210L); see also Ex. 5 at 31 (reflecting the DOE Psychologist's estimate, based on information that the Individual provided during the psychological evaluation, that the Individual's blood alcohol content reached .22 g/210L on the night before the positive workplace alcohol test). The DOE contractor referred the Individual to an alcohol rehabilitation facility for an alcohol evaluation which diagnosed the Individual with AUD, Mild. Ex. 8 at 182, 197–98. The Individual subsequently completed an alcohol education class and two hours of alcohol-related counseling through the alcohol rehabilitation facility. *Id.* at 198. The DOE contractor than required the Individual to participate in a two-year alcohol counseling program through the DOE contractor's employee assistance program (EAP). *Id.* at 182. As part of the EAP program, the Individual met with EAP counselors for counseling and was randomly tested for alcohol use. *Id.* The Individual successfully completed the EAP counseling in late 2023. *Id.*

In March 2024, the Individual submitted the QNSP as part of seeking access authorization. Ex. 7 at 106. Based on the information disclosed by the Individual in the QNSP and obtained through the background investigation of the Individual, the LSO referred the Individual to the DOE Psychologist for a psychological evaluation. Ex. 4 at 22 (summarizing the adjudication of the Individual's eligibility for access authorization in a case evaluation sheet).

The Individual met with the DOE Psychologist on October 16, 2024, for the psychological evaluation. Ex. 5 at 31. During the psychological evaluation, the Individual reported that he had consumed approximately three twelve-ounce beers every other weekend since 2021. *Id.* at 34. He represented that he last consumed alcohol four days prior to the psychological evaluation when he said that he drank three twelve-ounce beers and estimated that he had consumed six to nine beers in the thirty days prior to the psychological evaluation. *Id.* at 34–35.

At the request of the DOE Psychologist, the Individual provided a sample for Phosphatidylethanol (PEth)⁵ testing. *Id.* at 35. The PEth test results were positive at 140 ng/mL. *Id.* at 48. According to a medical doctor (MD) who reviewed the results of the test, studies have found PEth levels comparable to the Individual's consistent with consumption of significantly greater amounts of alcohol than the Individual reported consuming in the thirty days prior to the psychological evaluation. *Id.* at 49–50; *see also* William Ulwelling & Kim Smith, *The PEth Blood Test in the Security Environment: What it is; Why it is Important; and Interpretative Guidelines*, J. OF FORENSIC SCI., July 2018 at 4 (journal article cited by the MD listing estimated correlations between PEth levels and alcohol consumption based on research studies, including a recommendation that 20 ng/mL be used as the basis for a positive PEth test representing at least moderate alcohol consumption in the past month and estimating that a PEth level of 202 ng/mL correlated to an average of approximately four alcoholic drinks consumed per day).

Based on the opinion of the MD, the DOE Psychologist concluded that the Individual was significantly minimizing his alcohol consumption. Ex. 5 at 37; see also Tr. at 29–31 (Individual testifying at the hearing that he may have unintentionally underestimated the number of alcoholic beverages that he consumed in the month prior to the interview with the DOE Psychologist because he "wasn't counting" alcoholic beverages when he consumed them that month). The DOE Psychologist opined that the Individual met sufficient criteria for a diagnosis of AUD, Mild, under the DSM-5. Ex. 5 at 37. The DOE Psychologist recommended that the Individual demonstrate rehabilitation by abstaining from alcohol for six months, documenting his abstinence from alcohol through monthly PEth testing, attending an outpatient group treatment program for at least six weeks, and attending aftercare for six months following the outpatient treatment program. Id. at 38. Alternatively, he recommended that the Individual demonstrate reformation by producing twelve months of negative PEth tests. Id.

The Individual testified at the hearing that he last consumed alcohol on February 16, 2025, and began abstaining from alcohol thereafter. Tr. at 32. Although the Individual received the Report in late December 2024 or early January 2025, the Individual did not "read all the way through the [R]eport" or take action to address the DOE Psychologist's recommendations until after the hearing concerning this matter was scheduled in February 2025. *Id.* at 31, 35. The Individual provided samples for PEth testing on March 17, 2025, April 14, 2025, and May 12, 2025, each of which was negative for traces of alcohol consumption. Ex. B; Ex. C; Ex. E; *see also* Ex. H (showing that the Individual had scheduled a PEth test for June 9, 2025, after the date of the hearing).

⁵ PEth is a biomarker for alcohol consumption that can be detected in blood for at least three weeks following moderate or greater episodes of alcohol consumption. Ex. 5 at 48–50.

On February 28, 2025, the Individual entered into an outpatient treatment program for alcohol through the same provider that provided him with treatment following his 2004 DUI. Ex. D at 1; Tr. at 58. The outpatient treatment program developed a treatment plan for the Individual that provided for weekly group counseling and included as its elements abstaining from alcohol, identifying coping skills to help him abstain from alcohol, meeting with a counselor on an individual basis "as needed," learning about the impacts of his alcohol use and "stages of recovery," and attending Alcoholics Anonymous (AA) "1xweekly." Ex. D at 1–3. The Individual testified that he participated in weekly two-hour group counseling sessions. Tr. at 39–40; see also id. at 58 (testifying that he previously participated in weekly two-hour group counseling sessions through the treatment provider following his 2004 DUI). The Individual had attended ten weekly group counseling sessions as of the date of the hearing. Ex. K. The Individual testified at the hearing that two counseling sessions were cancelled by the counselor and that he missed one scheduled session due to a vacation. Tr. at 40; see also Ex. K (reflecting three weeks in which the Individual did not attend counseling).

Through counseling, the Individual identified events at which alcohol is consumed as one trigger for his alcohol consumption. *Id.* at 44–45. The Individual cited keeping busy with family, work-related activities, and household chores as a coping mechanism to help him avoid consuming alcohol. *Id.* at 45–46; *see also* Ex. I at 2 (indicating in an updated treatment plan that the Individual had identified self-awareness, exercise, refusal skills, and "work/life balance" as additional coping mechanisms to his counselor). The Individual identified maintaining physical and mental health and avoiding "pass[ing] [alcohol-related issues] down to [his] children" as goals to motivate him to sustain his recovery. Tr. at 47. According to the Individual, although he experienced cravings to consume alcohol, he had managed them by keeping busy. *Id.* at 54.

The Individual attended three AA meetings from March 4, 2025, to April 16, 2025. Ex. G; *see also* Tr. at 40 (testifying at the hearing that he attended a fourth meeting in May 2025); Ex. I (indicating in an updated treatment plan from the outpatient treatment program that the Individual had "made progress on attending AA meetings"). The Individual testified that he attended AA meetings when his group counseling sessions were cancelled, or he was unable to attend the sessions, to ensure that he attended "something every week." Tr. at 40. The Individual has not participated in individual counseling through the outpatient treatment program. *Id.* at 41; *see also* Ex. I (indicating that the Individual has "not needed to meet with [the counselor] individually").

On June 3, 2025, the Individual stayed after his regular group counseling session to discuss his treatment with his counselor. Tr. at 41–42. According to the Individual, the counselor recommended that the Individual continue attending treatment for at least three more weekly sessions to complete the program. *Id.* at 42. Subsequent to the Individual's meeting with the counselor, the counselor issued an updated treatment plan for the Individual.⁶ Ex. I. The updated treatment plan indicated that the Individual would continue to attend weekly counseling and AA meetings, with a targeted completion of September 3, 2025, with no mention of the Individual's

⁶ The "effective date" for the updated treatment plan is June 3, 2025. Ex. I at 1. However, the updated treatment plan indicates that the "plan begin date" is June 6, 2025, and the updated treatment plan was signed by the Individual's counselor on June 6, 2025. *Id.* at 1, 4. The hearing concerning this matter was held on June 4, 2025. Tr. at 1. As the updated treatment plan was executed after the hearing, it is possible that the updated treatment plan was adjusted based on information provided by the Individual after the hearing.

treatment ending after three additional weekly sessions as the Individual testified at the hearing. *Id.* at 3.

The Individual is unsure of his future intentions with respect to alcohol. Tr. at 56. He testified at the hearing that if he resumed alcohol consumption in the future that he would do so infrequently and at a lower volume than he had in the past. *Id.* at 56–57.

The DOE Psychologist opined at the hearing that the Individual's AUD was in early remission and that he had not yet demonstrated rehabilitation or reformation. *Id.* at 78–79. The DOE Psychologist testified that he perceived the Individual demonstrated "self-awareness" by recognizing his maladaptive alcohol use, and that his group counseling attendance and abstinence from alcohol supported by PEth test results were positive indicators. *Id.* at 70–71. Based on these positive indicators, and the Individual's commitment to his family, he opined that the Individual's prognosis was good. *Id.* at 78–79, 81–82.

However, the DOE Psychologist noted that relapse rates for persons diagnosed with AUD were "very high" in general, and that he believed that several factors weighed against finding that the Individual was rehabilitated. *Id.* at 69, 78. First, the DOE Psychologist opined that the Individual "overestimate[d]" his coping strategies, noting as an example of the Individual's overconfidence his decision not to utilize individual counseling through the outpatient treatment program, and that the Individual would need to develop more sophisticated coping strategies than keeping busy to distract himself from the desire to consume alcohol in order to sustain his recovery for the long-term. *Id.* at 71, 74–76. He also indicated that the Individual would benefit from a more concrete plan for maintaining his recovery after completing the outpatient treatment program, and indicated that committing to weekly AA attendance would give the DOE Psychologist more confidence in the durability of the Individual's recovery. *Id.* at 72. The DOE Psychologist also testified that relapse rates for persons with AUD elevate after six months of abstinence when "the high associated with the discipline" of abstinence dissipates, and that he believed that the Individual did not recognize the challenge that avoiding a relapse to alcohol misuse would present in the future. *Id.* at 71–72.

V. ANALYSIS

A. 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;
- (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.

Adjudicative Guidelines at ¶ 23.

Over twenty years have passed since the Individual's last alleged alcohol-related criminal conduct. However, the Individual displayed a similar lack of judgment when he tested positive on the random workplace alcohol screening as he did when he committed alcohol-related criminal conduct decades ago. As I explain below, the Individual has not resolved the security concerns presented by his AUD. Until such time as the Individual resolves his AUD, he will remain at risk of exercising poor judgment while under the influence of alcohol. As the passage of seventeen years from the Individual's 2004 DUI to his 2021 positive workplace alcohol test was not sufficient to prevent him from making poor choices while under the influence of alcohol, the passage of time alone is not sufficient for me to conclude that the Individual will not make such choices in the future. The Individual's alcohol-related incidents occurred on numerous occasions, and thus were not infrequent, and, although he has made lifestyle changes since his 2004 DUI, the positive workplace alcohol test occurred under relatively ordinary circumstances. For these reasons, I find the first mitigating condition inapplicable. *Id.* at ¶ 23(a).

The Individual has acknowledged his maladaptive alcohol use and has taken some steps to address it. However, he has yet to demonstrate six months of abstinence as recommended by the DOE Psychologist. The Individual would have been closer to this milestone had he not delayed over one month after receiving the Report before beginning to abstain from alcohol. Moreover, although the Individual has participated in the outpatient treatment program, he has not participated in AA weekly as prescribed by the outpatient treatment program nor has he availed himself of the individualized counseling sessions offered by the outpatient treatment program. In light of the early stages of the Individual's recovery, for which he is partially responsible due to his failure to begin abstaining from alcohol as soon as recommended or to fully utilize the treatment resources available to him, I find the second mitigating condition inapplicable. *Id.* at ¶ 23(b).

The third mitigating condition is inapplicable to the facts of this case because the Individual participated in the outpatient treatment program previously after his 2004 DUI only to return to maladaptive alcohol use. Even if this was not the case, I do not have the benefit of testimony from the Individual's counselor as to his progress in his current treatment, which was recently extended in the updated treatment plan, and the Individual has not participated in weekly AA pursuant to his treatment plan. Thus, notwithstanding the Individual's prior relapse following treatment, he has not demonstrated that he is making satisfactory progress in treatment. *Id.* at ¶ 23(c).

As to the final mitigating condition, the Individual has not yet completed the outpatient treatment program or established six months of abstinence from alcohol as recommended by the DOE Psychologist. Thus, the fourth mitigating condition is inapplicable. *Id.* at ¶ 23(d).

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

B. 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.

For the reasons set forth in my analysis under Guideline G, I find that the Individual's criminal conduct did not occur so long ago or under such unusual circumstances that it is unlikely to recur. The Individual's positive workplace alcohol test, which was preceded by him driving to work with an elevated blood alcohol level, suggests that he remains at significant risk of committing unlawful conduct until he has resolved his AUD. Thus, I find the first mitigating condition inapplicable. *Id.* at \P 32(a).

The second mitigating condition is inapplicable to the facts of this case because the Individual did not assert that he was pressured or coerced into committing unlawful conduct. *Id.* at \P 32(b). Likewise, there is reliable evidence that the Individual committed the majority of the unlawful conduct asserted by the LSO and thus the third mitigating condition is inapplicable. *Id.* at \P 32(c).

There is no dispute that the Individual complied with all court orders related to his prior criminal conduct and a substantial period of time has elapsed since the Individual's last alleged criminal conduct. Thus, the fourth mitigating condition is applicable. *Id.* at ¶ 32(d). However, I find that the limited evidence of rehabilitation provided by these facts is insufficient to outweigh the concerns that the Individual's criminal conduct will reoccur if he does not successfully resolve his AUD. Accordingly, I find that the presence of the fourth mitigating condition is insufficient to resolve 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 of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, commonsense manner, including weighing all the 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 should not be granted access authorization. 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