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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: February 11, 2025	)	Case No.: PSH-25-0078
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Issued: July 8, 2025

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**Administrative Judge Decision**

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Phillip Harmonick, 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 should not be granted access authorization.

**I. BACKGROUND**

In August 2023, the Individual signed and submitted a Questionnaire for National Security Positions (QNSP) as part of seeking DOE access authorization. Exhibit (Ex.) 10 at 173.<sup>2</sup> The Individual disclosed on the QNSP that he had previously received alcohol-related treatment and that, at the time he completed the QNSP, he was seeking additional alcohol-related treatment from a medical professional. *Id.* at 164–65. Treatment records obtained as part of a background investigation of the Individual's eligibility for access authorization indicated that the Individual had been diagnosed with alcohol use disorder (AUD) and post-traumatic stress disorder (PTSD). Ex. 5 at 23, 28–29.

In October 2024, the Individual met with a DOE-contracted psychologist (DOE Psychologist) for an evaluation. Ex. 8 at 87. Following the evaluation, the DOE Psychologist issued a report of the evaluation (Report) in which she opined that the Individual met sufficient criteria for a diagnosis

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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> 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.

of AUD, Moderate, under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition-Text Revision (DSM-5-TR)*. *Id.* at 93. She additionally concluded that the Individual met sufficient criteria for a diagnosis of PTSD under the *DSM-5-TR* and opined that the Individual's apparent efforts to "self-medicate" his PTSD with alcohol demonstrated that the condition could impair his judgment, reliability, stability, or trustworthiness. *Id.*

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 6–8. 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 I 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 nine exhibits (Ex. 1–11).<sup>3</sup> The Individual did not submit any exhibits. The Individual testified on his own behalf. Hearing Transcript, OHA Case No. PSH-25-0078 (Tr.) at 3, 10. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 45–46.

## **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. "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 DOE Psychologist's opinion that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. Ex. 1 at 5. The LSO's citation to the Individual's diagnosis with AUD by a duly qualified mental health professional justifies its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(d).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the other basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5. "Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. The SSC cited the DOE Psychologist's opinion that the Individual met sufficient criteria for a diagnosis of PTSD under the *DSM-5-TR* and that this condition could impair his judgment, stability, reliability, or trustworthiness. Ex. 1 at 5. The LSO's invocation of an opinion by a duly qualified mental health professional that the Individual had a condition that may impair his judgment, stability, reliability, or trustworthiness justifies its invocation of Guideline I. Adjudicative Guidelines at ¶ 28(b).

## **III. REGULATORY STANDARDS**

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<sup>3</sup> The DOE Counsel withdrew two of the exhibits submitted by DOE – labeled Ex. 6 and Ex. 7 – because they were not relevant to the allegations in the SSC. Tr. at 6–7. In light of the withdrawal of these exhibits, the exhibit numbers do not correspond to the total number of exhibits received into the record in this case.

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

#### **IV. FINDINGS OF FACT**

##### **A. Individual's Military Service**

The Individual served in the U.S. Military for approximately fifteen years. Ex. 10 at 144–45. Among his several deployments, the Individual was deployed to Iraq in 2008. Ex. 8 at 88. The Individual experienced "sleep issues" when he returned from this deployment in 2009, and used beer to help him sleep. *Id.* at 89. The Individual was subsequently deployed to Afghanistan and, while deployed in 2014, suffered a back injury. *Id.* The Individual returned to the U.S. shortly after suffering the injury and began managing pain from the injury with alcohol, consuming twelve to thirty beers daily. *Id.*; Ex. 11 at 256. The Individual was discharged from the U.S. Military in 2015 due to his back injury. Ex. 11 at 253.

##### **B. Individual's Veterans Affairs Treatment**

In approximately July 2022, the Individual sought alcohol-related treatment from a Veterans Affairs (VA) facility. Ex. 10 at 164–65. VA clinicians ultimately diagnosed the Individual with AUD and PTSD. Ex. 5 at 23, 29. In March 2023, VA clinicians recommended that the Individual attend AUD-related outpatient "specialty care services," which the Individual began attending in April 2023. *Id.* at 24–26. In a May 2023 session with a VA clinician, the Individual reported consuming four to eight shots of liquor daily. *Id.* at 29. The VA clinician prescribed the Individual medication to help him manage cravings for alcohol. *Id.* at 38. However, this medication was not fully successful in helping the Individual to manage his AUD and reduce his alcohol consumption. *Compare id.* at 30 (indicating that the Individual's goal entering treatment was to reduce his alcohol consumption to "1-2 drinks maximum daily") *with id.* at 52 (indicating in notes prepared

by a VA clinician from a late-July 2023 session that the Individual was still consuming five drinks three days per week and two drinks per day the remaining four days of the week, including “one . . . in the parking lot at work just prior to driving home”); *but see* Tr. at 15 (denying at the hearing that he ever “drank anywhere near work, let alone in the parking lot”).

### **C. Evaluation by the DOE Psychologist and Updated Opinion at the Hearing**

The Individual met with the DOE Psychologist for the clinical interview on October 25, 2024. Ex. 8 at 87. During the clinical interview, the Individual endorsed symptoms of anxiety, prior episodes of panic attacks, and nightly “racing thoughts” that interfered with his sleep. *Id.* at 91. The Individual told the DOE Psychologist that he had managed these symptoms by consuming alcohol “to reduce the racing thoughts at night,” using prescribed medication, and smoking cigarettes when he felt “on edge” or at risk of a panic attack. *Id.* at 91–92.

Regarding his use of alcohol, the Individual claimed that he had “cut back” on alcohol consumption in approximately July 2024 due to his doctor advising him that his “liver [was] extremely angry [sic].” *Id.* at 90. According to the Individual, since he began reducing his alcohol consumption, he had consumed approximately thirteen standard alcoholic drinks per week.<sup>4</sup> *Id.* at 90, 108.

The DOE Psychologist requested that the Individual provide a sample for Phosphatidylethanol (PEth)<sup>5</sup> testing. *Id.* at 91. The PEth test was positive at 730 ng/mL. *Id.* at 108. According to the medical doctor (MD) who interpreted the results of the PEth test, studies have found PEth levels comparable to the Individual’s consistent with consumption of approximately five to seven alcoholic drinks per day. *Id.* Therefore, the MD opined that the Individual had consumed alcohol “very heavily” in the month prior to the PEth test and that he had “substantially underreported the quantity of alcohol he consume[d].” *Id.* at 109.

The DOE Psychologist issued the Report on November 7, 2024. *Id.* at 87. Therein, she opined that the Individual met sufficient diagnostic criteria for diagnoses of AUD, Moderate, and PTSD under the *DSM-5-TR*. *Id.* at 93. She recommended that the Individual could demonstrate rehabilitation from his AUD by attending an intensive outpatient program (IOP) for alcohol treatment for at least eight weeks followed by aftercare through the IOP provider for a total of twelve months of treatment and that he abstain from alcohol for twelve months and undergo PEth testing to corroborate his abstinence from alcohol. *Id.* Alternatively, she opined that he could demonstrate reformation by abstaining from alcohol for eighteen months, corroborating his abstinence through

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<sup>4</sup> The Individual reported consuming fewer than 13 drinks weekly in his clinical interview with the DOE Psychologist. Ex. 8 at 90. However, the medical doctor (MD) who interpreted the alcohol testing conducted as part of the psychological evaluation explained that, because the Individual was consuming liquor with a higher than standard alcohol by volume (ABV) of approximately 50%, his self-reported alcohol consumption was equal to thirteen standard drinks per week where a standard serving of liquor is 1.5 ounces of liquor that is 40% ABV. *Id.* at 108.

<sup>5</sup> PEth is a biomarker for alcohol consumption that can be detected in blood for approximately four weeks following moderate or greater episodes of alcohol consumption. Ex. 8 at 108.

monthly PEth testing. *Id.* She noted that the Individual was “compliant on his medication”<sup>6</sup> and did not recommend any actions for the Individual to take specifically related to his PTSD. *Id.*

At the hearing, the Individual testified that from January to June 2025 he consumed approximately “300-400 milliliters [of liquor] a day.”<sup>7</sup> Tr. at 27–28; *see also id.* at 43 (testifying that he was confident that his estimate of his drinking was accurate when expressed in milliliters). He claimed that he had talked to a VA counselor and his primary care physician in the month prior to the hearing about “how to cut [] back, if not eliminate” his alcohol consumption but did not attend an IOP or aftercare as recommended by the DOE Psychologist. *Id.* at 14, 26; *see also id.* at 20–21 (testifying that he did not “have an answer for you, honestly” as to why he did not seek professional help sooner after receiving the DOE Psychologist’s Report). The Individual claimed that he resumed using medication to manage his cravings for alcohol on June 5, 2025. *Id.* at 17. He further represented that, in the approximately three weeks that had passed between June 5, 2025, and the hearing, he had consumed nine alcoholic beverages and that his mood, sleep, and inflammation had improved during that period. *Id.* at 17–18. However, the Individual did not undergo PEth testing as recommended by the DOE Psychologist. *Id.* at 14. The Individual testified that his future intention with respect to alcohol was to “get it to where [he could] have a glass of wine on a special dinner . . . to control it, not have it control me.” *Id.* at 21.

The Individual testified that he was not seeing a clinician specifically for PTSD and that he “never saw it as a problem” when he was not consuming alcohol. *Id.* at 36–37. He further testified that he believed that alcohol use exacerbated his PTSD symptoms and that without alcohol he did not experience serious symptoms. *Id.* at 30, 35–36.

The DOE Psychologist testified that her opinion was unchanged. *Id.* at 47. She opined that the Individual’s AUD was not in remission and that he had not demonstrated rehabilitation or reformation from his AUD. *Id.* at 47–49. She testified that PTSD is a chronic condition. *Id.* at 50. She opined that the Individual’s PTSD was not under control because he was “self-medicating with alcohol” and not pursuing treatment with a counselor.<sup>8</sup> *Id.* at 49.

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<sup>6</sup> VA treatment records indicate that the Individual was prescribed the medication in question for “sleep symptoms” related to his PTSD. Ex. 5 at 37. It is not clear whether this medication was intended to or able to control his other PTSD symptoms. *See* Tr. at 32, 38–39 (Individual’s testimony at the hearing that he began taking the medication for a sleep disorder prior to his PTSD diagnosis and denying that he was taking any medication specifically for PTSD).

<sup>7</sup> 300 to 400 milliliters of alcohol would be approximately 10 to 13.5 fluid ounces, or 6.66 to 10 1.5-ounce shots of liquor daily.

<sup>8</sup> Although she did not recommend it in the Report, the DOE Psychologist opined at the hearing that counseling through the VA might be beneficial to the Individual in managing his PTSD. Tr. at 49.

## 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.

The Individual has a lengthy history of frequent alcohol misuse under ordinary circumstances which, by his own admission, persisted until approximately one month prior to the hearing. Even if the Individual had brought forth alcohol testing to substantiate his claimed reduction in alcohol use in the weeks prior to the hearing, this short period would be insufficient to convince me that his alcohol misuse was unlikely to recur in the future in light of his yearslong pattern of alcohol misuse. Thus, I find the first mitigating condition inapplicable. *Id.* at ¶ 23(a).

The remaining mitigating conditions are likewise inapplicable because the Individual has not established twelve months of abstinence from alcohol, undergone PEth testing, or participated in or completed an IOP and aftercare as recommended by the DOE Psychologist. Moreover, the DOE Psychologist opined that the Individual's AUD was not in remission. Accordingly, I find the remaining mitigating conditions inapplicable. *Id.* at ¶ 23(b)–(d).

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

### B. Guideline I

Conditions that could mitigate security concerns under Guideline I include:

- (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amendable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

While the DOE Psychologist found that the Individual was compliant with medication prescribed to him for PTSD-related insomnia, I cannot find that medication intended to treat one symptom of PTSD is sufficient to control that condition in the absence of testimony from a clinician. Moreover, the Individual denied that he was receiving treatment or counseling for his PTSD as of the date of the hearing. Thus, I find the first two mitigating conditions inapplicable. *Id.* at ¶ 29(a)–(b).

The third mitigating condition is not applicable because the DOE Psychologist opined that the Individual's PTSD continued to present concerns. *Id.* at ¶ 29(c). Moreover, the DOE Psychologist testified that PTSD is a chronic condition, not a temporary one, and thus the fourth mitigating condition is inapplicable. *Id.* at ¶ 29(d). Finally, while the Individual denied that his PTSD presents problems for him when he is not consuming alcohol, the DOE Psychologist opined that the Individual's PTSD remained a cause for concern. Even if I was to credit the Individual's claim, he has not made sufficient progress in resolving his alcohol misuse for me to conclude that he will not experience PTSD symptoms that compromise his stability and reliability while under the influence of alcohol in the future. Thus, I find the fifth mitigating condition inapplicable. *Id.* at ¶ 29(e).

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

## 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 I 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 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