

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

In the Matter of: Personnel Security Hearing)
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Filing Date: June 12, 2025)
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Case No.: PSH-25-0149

Issued: December 10, 2025

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position.”¹ For the reasons set forth below, I conclude that the Individual’s security clearance should be restored.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position which requires that he hold a security clearance. The Individual reported to his Local Security Office (LSO) that he had entered treatment for alcohol use. The LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to continue holding a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of four witnesses—a friend, his manager, a facilitator from his recovery support group, and his sponsor—and testified on his own behalf. The LSO presented the testimony of the DOE contractor psychologist (Psychologist) who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-25-0149 (hereinafter cited as “Tr.”). The LSO submitted twelve exhibits, marked as Exhibits 1 through 12 (hereinafter cited as “Ex.”). The Individual submitted fourteen exhibits, marked as Exhibits A through N.

¹ Under the regulations, “[a]ccess authorization” means 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). Such authorization will also be referred to in this Decision as a security clearance.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that 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:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) Diagnosis by a duly qualified medical or mental health professional (*e.g.*, physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

Id. at ¶ 22.

The LSO alleges that the Individual was diagnosed with Alcohol Use Disorder, Moderate, in Early Remission, by the Psychologist in December 2024. Ex. 1 at 4. Accordingly, the LSO's security concerns under Guideline G are justified. Adjudicative Guidelines at ¶ 22(d).

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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his 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.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

In September 2024, the Individual's wife was "fed up with [his] drinking and [he] was given the ultimatum of checking into a rehab facility or getting a divorce." Ex. 5 at 22.² The Individual entered an inpatient treatment program for substance abuse on September 10, 2024. *Id.* After completing the four-week program, the Individual opted for a two-week voluntary program extension and was discharged on October 23, 2024. *Id.*; Tr. at 12–13. The Individual began attending Alcoholics Anonymous (AA) meetings and Self-Management and Recovery Training (SMART) meetings—both recovery support programs—on a regular basis after discharge from the inpatient treatment program. Ex. 2 at 12.

In mid-December 2024, the Individual underwent a psychological evaluation by the Psychologist. Ex. 8 at 35. In a report of her evaluation, the Psychologist wrote that from 1991 to May 2021, the Individual would drink to intoxication on Fridays, Saturdays, and some Sundays. *Id.* at 36. She wrote that he also consumed alcohol during the week on occasion. *Id.* She wrote that the Individual drank to intoxication on the day of his daughter's graduation party in May 2021 and his wife threatened to leave the marriage if he continued consuming alcohol. *Id.* at 36–37. She wrote that the Individual then started a sixteen-month period of sobriety, which was, at that time, the longest of several months-long "breaks" from alcohol consumption. *Id.* at 37. She wrote that the Individual did not significantly change his behavior or cultivate new interests or hobbies or deepen his

² DOE exhibits will be cited using the Bates stamp page numbers.

spirituality during that time.³ *Id.* at 37. She wrote that in October 2023, the Individual began to think he could engage in controlled drinking without negative effects. *Id.* Over Halloween weekend, he consumed “a few beers,” and his wife did not react negatively. *Id.* He began consuming beer on the weekends again in increasing amounts, sometimes during the week as well, and by April 2024, he began consuming vodka regularly as well. *Id.* In September 2024, while he was intoxicated, the Individual’s wife threatened to divorce him if he continued drinking. *Id.* The Individual’s adult daughter helped him find an inpatient treatment center, which the Individual entered three days later. *Id.*

In her report, the Psychologist described the Individual’s development in the treatment program. Tr. at 37. He “began to develop a better understanding of how his alcohol [use] related to events in his childhood. He began to learn coping skills, and meditated each morning, read devotions, and used prayer.” *Id.* The Psychologist reported that the Individual had submitted to a Phosphatidylethanol (PEth) test,⁴ which measures an alcohol metabolite in the blood, on the day of his evaluation, and that the test returned a negative result consistent with the Individual’s report of abstinence from alcohol since entering treatment. *Id.* at 35, 37. The Psychologist concluded by diagnosing the Individual with Alcohol Use Disorder, Moderate, in Early Remission, using the criteria in the *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition-Text Revision* (DSM-5-TR). *Id.* at 40. She opined that the Individual had not demonstrated adequate evidence of rehabilitation or reformation and recommended that, to demonstrate such evidence, the Individual should continue attending AA or SMART Recovery, attend a therapy appointment and follow the resultant treatment plan, and complete monthly PEth testing for one year to demonstrate continuous abstinence. *Id.* at 40–41. She further recommended that, as an alternative path, the Individual could complete eighteen months of PEth testing and “demonstrate lifestyle changes with effective coping mechanisms.” *Id.* at 41.

Before the hearing, the Individual submitted the following into evidence:⁵

- Results of eleven PEth tests, all negative for alcohol use in the previous several weeks, covering a period from late October 2024 through late October 2025 (Ex. D1–D11)⁶;
- Meeting attendance sign in sheets for AA, SMART Recovery, and a third recovery support group covering a period from October 29, 2024, through November 13, 2025, documenting attendance of a meeting daily at first, then three to seven times per week (Ex. E1–E3);
- A certificate of completion of the Individual’s inpatient treatment program, dated October 23, 2024 (Ex. A);

³ At the hearing, the Individual testified that he went to AA for about three months during this period. Tr. at 22.

⁴ “PEth is a metabolite of ethyl alcohol and can only be made when consumed ethyl alcohol reacts with a compound in the Red Blood Cell (RBC) membrane.” Ex. 13 at 208. “PEth builds up in the RBC membrane with repeated drinking episodes . . . [and] can still be detected in blood for about 28 days after alcohol consumption has ceased.” *Id.*

⁵ This is not a complete list of the Individual’s exhibits.

⁶ Lettered exhibits with multiple parts are treated as a single exhibit.

- A letter from the Individual’s therapist stating that the Individual was doing well in his recovery and listing his dates of attendance—about every two weeks from May 8, 2025, to October 30, 2025 (Ex. B);
- A recovery agreement with the Individual’s employer, dated October 2024, in which the Individual agreed to maintain total abstinence from alcohol and drugs for two years (Ex. L);
- A November 2025 letter from the Employee Assistance Program psychologist at his workplace documenting the Individual’s compliance with his recovery agreement and stating that the Individual’s “prognosis to continue to live a fully alcohol-free lifestyle is excellent” (Ex. K); and
- Several character reference letters from colleagues and family members describing the Individual as honest and reliable and generally stating that the Individual had undergone profound change through his recovery journey (Ex. F; Ex. G; Ex. H; Ex. I; Ex. J).

At the hearing, the Individual testified that he had had a problem with alcohol in the past, that he was not currently struggling with the issue, and that his recovery was a lifelong process. Tr. at 19. He testified that the biggest difference between past attempts at sobriety and his current recovery was that he was now doing it for himself, rather than for external reasons, such as improving his marriage. *Id.* at 25. He committed to lifelong abstinence from alcohol. *Id.* at 22.

The Individual testified that his heavy alcohol use started as a social and cultural habit in the military. Tr. at 28. He testified that it eventually turned into an addiction and he was not able to control his alcohol consumption. *Id.* He testified that he learned through treatment that he had never learned how to process trauma, stress, and pain as a child, which led to his use of alcohol to cope with his feelings. *Id.* at 28–29. He described himself as quiet, shy, and withdrawn and testified that alcohol had also helped him socialize. *Id.* at 29–30. *Cf. id.* at 65 (“I don’t need [alcohol] to be social now.”). The Individual testified that his inpatient treatment program consisted of group therapy, individual therapy, and art therapy. *Id.* at 62. He had learned that his triggers included seeing people celebrating with alcohol and hobbies he associated with alcohol consumption, like smoking meat. *Id.* at 62–63.

At the time of the hearing, the Individual was attending therapy and SMART Recovery (and AA on occasion) and was taking anti-depressants. Tr. at 30–31, 42–43, 47; Ex. E1–E3. He expressed a desire to taper off the anti-depressants under his doctor’s supervision but testified that his mental health was paramount and he would not stop taking the medications if he found that he experienced poor mental health outcomes without them. Tr. at 32–34. He preferred the structure of SMART Recovery to AA because it focused on progress more than on arbitrary metrics like the number of days since a person’s last drink. *Id.* at 70–72. The Individual testified that at meetings he would discuss his week, the struggles he was working through, his triggers, and the tools he had used that week. *Id.* at 72. He testified that he learned the 10-10-10 method in SMART Recovery, which was, if he was thinking about alcohol, to think about how he would feel in ten minutes, ten hours, and ten days if he chose to consume it. *Id.* at 62–63. He testified that the method “puts a big perspective on any thought or trigger of wanting to drink.” *Id.* at 63.

The Individual described a time in spring 2025 when he had started doing yardwork and began feeling a strong urge to drink. Tr. at 63–64. He testified that he used to drink alcohol while doing yardwork, so he felt the urge due to habit. *Id.* at 64. He testified that he decided to stop working on the yard and went to an AA meeting instead. *Id.* He further testified that he is now able to do activities he used to do while drinking and he is having fewer and fewer instances in which he feels the pull of habit toward alcohol consumption. *Id.* at 77–78.

The Individual testified that a man from his Bible study group, also a recovering alcoholic, was acting as his sponsor outside the AA program. *Id.* at 49, 67. He testified that his sponsor had been sober for years and had gone through AA in the past. *Id.* The Individual testified that his family had been a significant source of support for him and that he had worked to make amends with them. *Id.* at 73–74. He testified that even if he tried to drink, his family would stop him. *Id.* at 74.

The Individual’s manager had worked with him for over seven years, four as his manager. Tr. at 81. They did not spend time together outside of work. *Id.* He described the Individual as a model employee who was well-liked in the workplace. *Id.* at 82. He found the Individual very reliable. *Id.* When the Individual told him he was going to check himself in to treatment for alcohol, the manager was very surprised. *Id.* at 83. He testified that there had never been an indication that the Individual had a problem with alcohol. *Id.* at 83–84. He testified that the Individual was open about his recovery and had acknowledged from early in his recovery that he had a problem with alcohol. *Id.* at 85, 90. He had noticed the Individual seemed to have more clarity and a different outlook since he began recovery. *Id.* at 87.

The Individual’s SMART Recovery group facilitator testified that the Individual had started attending SMART Recovery meetings over a year prior. Tr. at 99. She believed the Individual was committed to his recovery and that he “g[o]t it.” *Id.* at 101. She testified that the Individual engaged with the material and the group. *Id.* at 102. She testified that he had “done the work.” *Id.* She testified that the Individual was at peace knowing that recovery would be a “continual journey,” and was now interested in helping others in their recovery. *Id.* at 104–05. She testified that the Individual discussed in meetings how he was applying the tools he had learned to daily challenges in his life. *Id.* at 110.

The Individual’s friend had known the Individual for over twenty years, but they had not recently spent much time together. Tr. at 117. The friend had never known that the Individual had alcohol issues prior to the Individual telling him he had entered the inpatient treatment program. *Id.* at 119–20. He described the Individual as loyal and had no reservations about his judgment or reliability. *Id.* at 122.

The Individual’s sponsor had known the Individual since about June 2024. Tr. at 126. They met through church. *Id.* They saw each other about three times per week. *Id.* at 127. He testified that he had “seen [the Individual] come a long way from when I first met him, and I’ve seen nothing but solid judgment from him. I trust him.” *Id.* at 128. He and the Individual had worked on the Twelve Steps of AA and now the Individual was “leaning out, helping others, and just doing a phenomenal job.” *Id.* at 130–31. He and the Individual had also discussed pressures and fears, but the Individual did not appear to him to be struggling to abstain from alcohol. *Id.* at 131. The sponsor testified that he was available to the Individual day or night. *Id.* He testified that the

Individual was becoming a leader in their church's recovery groups and he had seen "no indication [the Individual] ever intends to leave that group, that setting." *Id.* at 135. He further testified that the Individual seemed much less anxious as he'd progressed in his recovery. *Id.* at 136. He trusted the Individual to make sound decisions and believed the Individual knew what to do to keep himself on the right track. *Id.* at 139.

The Psychologist opined that the Individual had displayed evidence of rehabilitation from his Alcohol Use Disorder. Tr. at 148–49. She gave him an excellent prognosis, stating that the Individual had gone above and beyond what was asked. *Id.* at 149. In support of these conclusions, the Psychologist noted that the Individual had provided objective data showing abstinence, was able to give concrete examples of using SMART Recovery tools in real life, had an in-depth understanding of the SMART Recovery program, and was planning to continue with therapy. *Id.* at 147. She also cited the Individual's social supports and large network of recovery support groups as positive factors. *Id.* at 147–48.

V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. "Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security." Adjudicative Guidelines at ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

Conditions that may mitigate Guideline G concerns 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. Mitigating conditions (b) and (d) apply.

Requisite for mitigating conditions (b) and (d) is demonstration of a clear and established pattern of, in this case, abstinence in accordance with treatment recommendations. The Individual has submitted the results of PEth testing showing at least a year of abstinence from alcohol, fulfilling the Psychologist's treatment recommendations. Regarding condition (b), the Individual acknowledged that he was addicted to alcohol and that his alcohol use was problematic. His efforts to overcome his addiction include completion of the inpatient treatment program and attendance of SMART Recovery and AA meetings, which also fulfill the treatment and aftercare requirements for condition (d).

The Individual has made a deep commitment to sobriety and remains focused on active recovery over a year after entering inpatient treatment. At the hearing, he showcased understanding of recovery tools, awareness of his triggers, and application of tools to triggers in real time. He is involved in his recovery community and has the support of friends and family inside and outside of recovery. The Psychologist opined that he was rehabilitated and gave him an excellent prognosis. I agree and find that the Individual has mitigated the Guideline G security concerns.

VI. CONCLUSION

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guideline G of the Adjudicative Guidelines. I further find that the Individual has succeeded in fully resolving those concerns. Therefore, I conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals