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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: June 3, 2025)	Case No.: PSH-25-0137
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Issued: January 15, 2026

Administrative Judge Decision

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."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be not be granted.

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 5.² In May 2024 the Individual completed a Questionnaire for National Security Positions (QNSP) in which she disclosed that alcohol has had "a negative impact on [her] work performance." Ex. 7 at 94. In an enhanced subject interview (ESI), the Individual disclosed to the investigator that she consumed "300ml to 650ml [approximately 10–22 ounces]" of liquor nightly at home. Ex. 9 at 162. As a result of the Individual's disclosures, the Local Security Office (LSO) requested that the Individual undergo a psychological evaluation in February 2025, 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. 5 at 34. The DOE Psychologist also determined that the Individual "can be considered a heavy, habitual, consumer of alcohol to the point of impaired

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

² References to the Local Security Office's (LSO) exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

judgment,”³ and there is not adequate evidence of rehabilitation or reformation from these concerns. *Id.* The DOE Psychologist also found that the Individual’s judgment was impaired by untreated symptoms of Post Traumatic Stress Disorder (PTSD). *Id.* at 30–31, 35 (explaining that the Individual meets sufficient criteria for PTSD and that the condition impairs her judgment because she uses alcohol “to mediate the symptoms of PTSD”).

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 6. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G and Guideline I 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 nine exhibits (Ex. 1–9). The Individual submitted sixteen exhibits (Ex. A–P). The Individual testified on her own behalf and offered the testimony of one additional witness. Hearing Transcript, OHA Case No. PSH-25-0137 (Tr.). The LSO called the DOE Psychologist to testify. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive alcohol consumption. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include “habitual or binge consumption of alcohol to the point of impaired judgment” and “diagnosis . . . of alcohol use disorder.” *Id.* at ¶ 22(c)–(d). In citing Guideline G, the LSO relied upon the Individual’s self-described consumption of 300 to 650 mL of liquor nightly and the DOE Psychologist’s February 2025 diagnosis that the Individual suffered from AUD, severe. Ex. 1 at 5. The aforementioned allegations⁴ justify the LSO’s invocation of Guideline G.

Guideline I states that “[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern is “[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). The SSC cited the DOE Psychologist’s determination that the Individual met sufficient criteria for a diagnosis of

³ The DOE Psychologist defined “habitual” consumption of alcohol to the point of impaired judgment as intoxication on an approximately monthly basis based on OHA precedent. Ex. 5 at 47.

⁴ The LSO also cites the positive result of the Individual’s phosphatidylethanol (PEth) test, a test that detects recent alcohol consumption which was performed in connection with her evaluation by the DOE Psychologist. Ex. 1 at 6. This information alone is not sufficient to raise a discrete security concern, and I will not analyze it here, except insofar as that information informed the DOE Psychologist’s diagnosis.

PTSD, which, due to her use of alcohol to cope with the condition, is a mental condition that was “impairing her judgment and stability.” Ex. 1 at 5. The LSO’s assertions in the SSC justify its invocation of Guideline I.

III. REGULATORY STANDARDS

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

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

IV. FINDINGS OF FACT

After graduating from college, the Individual began to work as a security manager. Ex. 5 at 25. When the COVID-19 pandemic started in 2020, the facility where the Individual worked was closed and used as a place to provide care and isolation housing for people who tested positive for COVID-19. *Id.* The Individual and others who worked in a security role at the facility were tasked with providing supplies to residents and completing welfare checks. *Id.* The Individual and her fellow employees were not properly prepared for these kinds of responsibilities, and many of them used alcohol consumption as a way to manage their stress. *Id.* In 2021, her grandfather died, and her employment-related stress increased, which contributed to her depression and an increased consumption of alcohol. *Id.* By 2022, the Individual was consuming approximately 750 mL of bourbon on a daily basis. *Id.* In 2023, the Individual asked her personal therapist for additional support, and her personal therapist referred her to a psychiatric mental health nurse practitioner, who began to work with the Individual on medication management for her depression. *Id.* This treatment helped the Individual to lower her alcohol consumption to between 300 and 600 mL of bourbon on a daily basis. *Id.*

In May 2024, the Individual completed a QNSP in which she disclosed that alcohol has had “a negative impact on [her] work performance.” Ex. 7 at 94. In an ESI, the Individual disclosed to the investigator that she consumed “300ml to 650ml” of liquor nightly at home. Ex. 9 at 162.

The Individual was evaluated by the DOE Psychologist on February 11, 2025. Ex. 5 at 22. As part of her evaluation, the Individual underwent a phosphatidylethanol (PEth) test⁵ in February 2024. *Id.* at 61. The PEth test came back positive at 544 ng/mL. *Id.*

After the Individual completed the evaluation, the DOE Psychologist issued a report in which he concluded that the Individual met sufficient criteria for a diagnosis of AUD, severe. *Id.* at 34. In order for the Individual to show rehabilitation from the AUD, the DOE Psychologist stated that the Individual should: (1) enroll in and complete an intensive outpatient treatment program (IOP); (2) engage in weekly aftercare for a period of one year; and (3) maintain abstinence as corroborated by monthly negative PEth test results. *Id.* If the Individual were to decide not to participate in an IOP, she could “actively participate” in Alcoholics Anonymous (AA) or a similar evidence-based group for eighteen months, with evidence of attendance at four meetings a week, working with a sponsor, working the steps, and obtaining monthly negative PEth tests. *Id.* In order to show reformation, the Individual would need to “demonstrate control of her alcohol consumption by remaining abstinent for 18 months.” *Id.* This abstinence would need to be documented with monthly negative PEth tests. *Id.*

The DOE Psychologist also concluded that the Individual met sufficient criteria for a diagnosis of PTSD, and, as that condition was untreated, it was impairing her judgment and stability. *Id.* at 35. He stated that should the Individual be willing to commit to treatment for her PTSD, her prognosis would be good. *Id.*

In April 2024, the Individual completed a six-week educational course about alcohol use through her employer’s employee assistance program (EAP). Ex. F; Tr. at 16. After completing this course, the Individual began a twelve-week course through her EAP related to supporting abstinence from substances. Tr. at 17. While taking this course, she decided that the best path forward for her would be to seek treatment at an inpatient facility. *Id.*

The Individual testified that she stopped consuming alcohol entirely on May 19, 2025. *Id.* at 16. She provided three negative PEth tests to support this assertion, and those tests are dated August 4, 2025, September 22, 2025, and November 17, 2025. Ex. A; Ex. B; Ex. C. The Individual also provided records showing that she had undergone approximately weekly ethylglucuronide (EtG) tests from August 2025 to November 2025, and each of those tests had come back negative. Ex. I. These tests measure alcohol use approximately 72 hours prior to the test. Tr. at 82. The DOE Psychologist testified that while the EtG tests provided some support for the proposition that the Individual did not consume alcohol during the weeks not covered by her PEth tests, there were still gaps of time that would not be covered. *Id.*

The Individual completed a thirty-two-day residential alcohol treatment program in June 2025. Ex. G; Tr. at 17. While at the treatment program, the Individual participated in psychodrama therapy, individual counseling, “mental help” courses, and courses on maintaining sobriety. Tr. at 19. Each

⁵ “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption.” Ex. 5 at 61. “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.” *Id.* at 59.

night, the Individual attended an AA meeting, and there were also weekly classes about physical changes that may occur with sobriety. *Id.*

Upon completing her residential treatment program, the Individual enrolled in a fourteen-week IOP, which she completed in October 2025. Ex. D; Tr. at 20. The IOP met virtually three nights a week for fourteen weeks. Tr. at 21. The IOP focused on coping strategies for maintaining sobriety. *Id.*

After completing the IOP, according to the Individual's testimony, she began attending AA meetings consistently about three times a week, though she often attended four meetings a week. *Id.* at 36–37. She testified that she feels like attending the AA meetings had helped her find community support. *Id.* at 24. The Individual does not have a sponsor, but is working on step four of the twelve steps. *Id.* at 52. She introduces herself as an alcoholic at these meetings. *Id.* at 38. The Individual also resumed attending the abstinence support EAP class after she completed the IOP, and she considers it to be like another AA meeting with people from work. *Id.* at 22. She received a certificate after completing twelve weeks of that course, but she continues to attend each week because she finds it beneficial. *Id.*; Ex. E.

The Individual began seeing her personal therapist in May 2019 and continues to see her on a weekly basis. Tr. at 22; Ex. L (letter from personal therapist explaining that she and the Individual meet weekly to “address [the Individual's] mental health needs which include . . . sobriety and PTSD”). In her sessions with her personal therapist, the Individual talks about traumas she has experienced and how they might be triggered in her everyday life. Tr. at 42.

The Individual's friend testified that the Individual has seemed calmer, happier, and more engaged since she returned from inpatient treatment. *Id.* at 61. The friend also said that she feels like she can act as an “accountability buddy” to the Individual and support her recovery by being a friend who is nearby. *Id.* at 58–59.

The DOE Psychologist testified that he is “not clear” about what progress the Individual has made in her PTSD treatment. *Id.* at 68. He explained that while the Individual's testimony seemed to indicate that she was more directly addressing that issue with her personal therapist, he still did not “have a sense that there is a focused treatment on post traumatic stress disorder.” *Id.* He further explained that his concern about PTSD in this case is specifically tied to the Individual's history with alcohol. *Id.* at 69–70. Based on the steps the Individual had taken to handle her AUD, her prognosis on her PTSD had improved to “good” on a negative, poor, fair, good, excellent scale, but he would have had fewer concerns if her treatment were more clearly focused on resolving the PTSD. *Id.* at 90–91.

As to the Individual's AUD, the DOE Psychologist testified that the Individual's efforts with her inpatient treatment, IOP, EAP classes, and AA were “impressive,” but he was concerned about the lack of “[formal] aftercare.” *Id.* at 70. When asked, the DOE Psychologist said that he might consider the AA meetings like aftercare, but he would not consider them treatment. *Id.* at 89–90. He also noted that he had recommended documented attendance at AA, and the Individual did not provide any documentation of her attendance. *Id.* at 90.

On a negative, poor, fair, good, excellent scale, the DOE Psychologist stated that the Individual's prognosis was "good." *Id.* at 75. However, he further stated that even if the Individual had provided sufficient objective testing to support her testimony that she had not consumed alcohol since the middle of May 2025, she would not have met his recommendation of twelve months of abstinence from alcohol. *Id.* at 73–74. Therefore, he concluded that while the Individual was on her way to demonstrating rehabilitation, she had not shown rehabilitation from her AUD at the time of the hearing. *Id.* at 74.

V. ANALYSIS

A. Guideline G

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

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

As to mitigating factor (a), the Individual was consuming at least 300 mL of liquor on a daily basis as recently as May 2025. While I am sympathetic to the work and personal life stressors that the Individual represented led to this heavy consumption, they are not particularly unusual. Therefore, I cannot find that the security concerns are resolved pursuant to mitigating factor (a).

The Individual has acknowledged her maladaptive alcohol use and has provided clear evidence of actions that she has taken to overcome her AUD. However, she has only presented three months of documentation of abstinence in the form of PETH tests rather than the twelve months as recommended by the DOE Psychologist. Even if I were to accept her testimony and the EtG test results that the DOE Psychologist did not find consistent with his recommendations as sufficient evidence of abstinence from alcohol, this would only show she has been abstinent for about seven

months prior to the hearing. Considering the severity of the Individual's alcohol misuse, I see no reason to question the period of abstinence recommended by the DOE Psychologist. As such, I cannot say she has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations, and, therefore, the security concerns are not resolved pursuant to mitigating factor (b).

Based on the opinion of the DOE Psychologist and the DOE Psychologist's testimony, I find that neither the EAP support group nor AA meetings the Individual was participating in as of the date of the hearing constituted treatment. Accordingly, I find that the Individual was not participating in any treatment or counseling program. Therefore, mitigating factor (c) does not apply.

The Individual has successfully completed two treatment programs, the inpatient program and the IOP. However, it is unclear from the evidence that she presented whether she has completed the required aftercare or any comparable program. Further, as explained above, I cannot say that the Individual has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. Thus, the security concerns are not resolved pursuant to mitigating factor (d).

Accordingly, I find that 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 amenable 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.

The Individual has resolved the security concerns pursuant related to her PTSD pursuant to mitigating factor (b). The Individual testified that since she received the report from the DOE Psychologist, she has begun to work on the symptoms of her PTSD with her mental health care providers and supported that testimony with a letter from her personal therapist. Further, at the hearing, the DOE Psychologist gave her a “good” prognosis on her PTSD on a negative, poor, fair, good, excellent scale.

Accordingly, I find that the Individual has 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 Guideline G and Guideline 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 all of the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual’s access authorization should not be granted. 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