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

Issued: January 8, 2026

Administrative Judge Decision

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXX (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 restored.

I. BACKGROUND

The Individual was granted access authorization in connection to his employment with a DOE contractor. Exhibit (Ex.) 1 at 5.² On July 30, 2024, the Individual completed a Personnel Security Information Report (PSIR) in which he disclosed that on July 29, 2024, his attorney informed him that he was being charged with Negligent Discharge of a Deadly Weapon (NDDW) in relation to an incident in February 2024, when he accidentally shot himself in the thigh while under the influence of alcohol. Ex. 7 at 25. As a result of the Individual's disclosure, the Local Security Office (LSO) issued the Individual a Letter of Interrogatory (LOI), which the Individual completed on September 6, 2024. Ex. 9. The LSO asked him to complete a second LOI (second LOI) on September 16, 2024. Ex. 8. After receipt of his responses, the LSO requested that the Individual undergo a psychiatric evaluation in October 2024, by a DOE-consultant Psychiatrist (DOE Psychiatrist), which resulted in a finding that the Individual met sufficient *Diagnostic and*

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.

Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) criteria for a diagnosis of Alcohol Use Disorder (AUD), mild. Ex. 10 at 56.

The LSO subsequently 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. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.*

The Individual exercised 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 thirteen exhibits (Ex. 1–13). The Individual submitted fourteen exhibits (Ex. A–N). The Individual testified on his own behalf and offered the testimony of six additional witnesses. Hearing Transcript, OHA Case No. PSH-25-0170 (Tr.). The LSO called the DOE Psychiatrist 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: “alcohol-related incidents away from work” and “diagnosis . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). In citing Guideline G, the LSO relied upon the DOE Psychiatrist’s November 2024 diagnosis that the Individual suffered from AUD, mild. Ex. 1 at 5. The LSO also cited the fact that the Individual was charged with NDDW. *Id.* at 5. The aforementioned allegations justify the LSO’s invocation of Guideline G.

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

In February 2024, the Individual was in his home office and began to play a game with friends virtually. Tr. at 94. About thirty minutes before he started playing the game, he made himself a rum and Dr. Pepper. *Id.* While playing the game, the Individual consumed two rum and Dr. Pepper drinks and began to drink one more. *Id.* At this point, the Individual became bored with the game and decided to practice drawing the pistol that he had recently purchased. *Id.* While practicing with the pistol, he realized that he should not be using it while distracted by his game, so he decided to disassemble it to prevent him from being tempted to use it further during the game. *Id.* While disassembling the gun, the Individual forgot to check the chamber for ammunition and accidentally shot himself in the leg when he went to complete the final steps of disassembly. *Id.*

The Individual ran into his bedroom and told his wife that he had shot himself. Ex. 7 at 27. He asked his wife to drive him to the hospital, but his wife suggested that it would be a better idea to call 911. *Id.* The Individual's wife called 911, and the Individual was transported to the hospital. *Id.* While the Individual was being transported to the hospital, the police officers who had arrived with the ambulance examined the room where the incident occurred. *Id.* In the Individual's office, the police officers observed the Individual's pistol, blood, and a glass filled with ice and some kind of drink. *Id.* The police officers asked the Individual's wife what was in the glass, and she informed them that it was alcohol. *Id.*

In April 2024, the Individual began individual outpatient psychotherapy. Ex. N (letter from personal therapist confirming treatment). The Individual has met with his personal therapist approximately every other week since that time. *Id.* The Individual began to see the personal therapist because his wife was concerned about potential issues with what she characterized as "post traumatic stress disorder" from his accident, but continued the sessions because "it ended up just being nice to talk with someone." Ex. 8 at 37.

On July 29, 2024, the police informed the Individual's attorney that he was being charged with NDDW. Ex. 7 at 25. He entered a plea of no contest in August 2024 and received a deferred sentence, paid \$17 in court fees, was subject to a ninety-day probation, and was required to complete a gun safety course. *Id.* The Individual completed the gun safety course prior to the plea agreement, in April 2024. *Id.*; Ex. J.

After reporting this incident to his employer, the Individual was referred to his employer's Fitness For Duty (FFD) program. Tr. at 97. FFD required the Individual to remain abstinent from alcohol while his FFD case was being resolved and to complete an alcohol education course through his employer's Employee Assistance Program (EAP). *Id.* at 99; Ex. D (certificate showing the Individual completed the alcohol education course in October 2024). The Individual complied with all requirements of FFD. Tr. at 47–48 (testimony of the Individual's supervisor who was regularly updated on the Individual's FFD progress).

The Individual was evaluated by the DOE Psychiatrist on October 31, 2024. Ex. 8. As part of his evaluation, the Individual underwent a Phosphatidylethanol (PEth) test³ in October 2024. *Id.* at 53. The PEth test came back negative. *Id.*

After the Individual completed the evaluation, the DOE Psychiatrist issued a report in which he concluded that the Individual met sufficient criteria for a diagnosis of AUD, mild. *Id.* at 56. In order for the Individual to show rehabilitation and reformation, the DOE Psychiatrist stated that the Individual should: (1) show six months of documented abstinence from alcohol, including monthly PEth tests; (2) comply with his employer's FFD requirements; (3) continue meeting with his personal therapist with an increased focus on substance abuse; and (4) attend Alcoholics Anonymous or Self-Management and Recovery Training (SMART) Recovery classes at least two times per week and document his attendance. *Id.* at 57.

After completing his FFD case, the Individual began to consume alcohol again, but only occasionally and at a “responsible” level. Tr. at 117. In January 2025, the Individual decided that it would be best that he not consume alcohol while recovering from a cold. *Id.* at 115–16. Shortly after making this decision, the Individual was informed that his access authorization was being suspended, and then a few weeks later he got the DOE Psychiatrist’s report. *Id.* When the Individual stopped consuming alcohol after his cold, he began to see the physical and mental health benefits of abstinence as compared to his abstinence while in FFD in 2024, where he felt like he was being abstinent simply because he was told he had to. *Id.* at 109–10, 116. Since February 2025, he has gotten monthly PEth tests to document his abstinence. *Id.* Each of the ten tests that he underwent came back negative for alcohol consumption. *Id.*; Ex. B. During this time, the Individual’s sessions with his personal therapist began to have an increased focus on alcohol and substance abuse. Tr. at 99.

The Individual completed an Intensive Outpatient Program (IOP) for alcohol use in August 2025. Tr. at 100; Ex. C (certificate of completion from IOP). The IOP was sixteen weeks long, and the Individual attended the IOP for ten hours each week. Tr. at 22–23, 100. Nine hours each week were dedicated to group sessions, and the Individual would also attend a one-hour session with a substance abuse therapist. *Id.* at 100–01. The IOP uses a “matrix curriculum,” which is a “multicomponent curriculum that provides evidence-based practices” and “teaches individuals early recovery skills, relapse prevention, group therapy as well as psychoeducation and self-help.” *Id.* at 23. The substance abuse therapist that the Individual worked with in the IOP testified that he was very successful and worked very hard in the program. *Id.* at 25–26. She stated that in her professional opinion as a licensed substance professional and a licensed clinical therapist, she believes the Individual is at low risk to return to consuming alcohol and that he has an excellent prognosis. *Id.* at 27–28.

³ “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption.” Ex. 8 at 65.

The Individual began attending SMART Recovery⁴ classes on a weekly basis about one week after he completed his IOP. *Id.* at 101; Ex. H. The Individual explained that he found SMART Recovery's ideas of maintaining your "emotional behavioral state of mind" and lifestyle balancing have been very helpful for him in his recovery. Tr. at 107. He described a recent meeting where they discussed how happiness and self-acceptance were interconnected and how he appreciated seeing a new perspective on acceptance. *Id.* The Individual also completed a second EAP course about alcohol use in September 2025. *Id.* at 12–13, 101; Ex. E.

The Individual testified that he has no plans to resume consuming alcohol in the future, and he is "very happy in [his] sobriety." Tr. at 109. At the beginning of this process, he thinks there was "a bit of pride" holding him back and making him believe that he could consume alcohol responsibly, but he has since come to the realization that the benefits he has gained from abstinence are worth it. *Id.*

The Individual's friends and family are very supportive of his decision to no longer consume alcohol. *Id.* at 38, 64, 78–79, 104–05. He feels that between his personal therapist, friends he has made in the EAP classes, and his wife, he has many people he can talk to about stressors or other triggers. *Id.* at 105. He plans to continue his personal therapy, SMART Recovery, and relevant EAP classes in the future, including potentially attending an EAP group class about trauma. *Id.* at 114.

At the hearing, the Individual explained that about six to eight months after the accident, he got his gun back from the police. *Id.* at 118. The gun now stays locked in his closet, and he does not have a magazine for it. *Id.*

The Individual's wife testified that the Individual has committed to not consuming alcohol in the future. *Id.* at 76. She explained that he decided to have apple juice rather than an alcoholic beverage during a "sunset happy hour" that they had attended on a recent vacation and had seemed comfortable at barbecues and other social events where other people were consuming alcohol around him. *Id.* at 77. She also shared that the Individual has been very dedicated to his counseling and other alcohol-related treatment. *Id.* at 78. The Individual's wife said the treatment has helped the Individual to learn to set better boundaries and deal with potential triggers in his life. *Id.* She testified that since the Individual stopped consuming alcohol, he seems less stressed, healthier, and more energetic, and he communicates better. *Id.* at 79–80, 86. She explained that if the Individual told her he planned to consume alcohol again, they would have a "serious conversation" about the matter, and she would make sure that he talked to his personal therapist about the decision. *Id.* at 79.

The DOE Psychiatrist testified that, in his view, at the time of the hearing the Individual's updated diagnosis would be AUD, mild, in sustained remission. *Id.* at 127–28. He stated that the Individual more than fulfilled the DOE Psychiatrist's recommendation to provide six months of documented

⁴ "SMART Recovery is an evidenced-informed recovery method grounded in Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT), that supports people with substance dependencies or problem behaviors to: (1) Build and maintain motivation, (2) Cope with urges and cravings, (3) Manage thoughts, feelings and behaviors, (4) Live a balanced life." Self Management and Recovery Training (SMART), <https://smartrecovery.org/what-is-smart-recovery> (last visited January 7, 2026).

abstinence from alcohol, the Individual completed the requirements of FFD, he has remained connected to SMART Recovery and EAP programs for relapse prevention, and he has continued his treatment with his personal therapist. *Id.* at 129. Based on the testimony presented at the hearing and the Individual's exhibits, the DOE Psychiatrist expressed the opinion that the Individual is adequately rehabilitated and reformed. *Id.* at 130. The DOE Psychiatrist testified further that the Individual's prognosis is excellent on a poor, good, excellent scale. *Id.* at 130-31.

V. ANALYSIS

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.

The Individual has resolved the security concerns pursuant to mitigating factors (b) and (d). As to mitigating factor (b), the Individual acknowledged that his alcohol use was maladaptive, provided testimony and documentary evidence about his IOP and other alcohol-related programming, and provided ten months of negative PEth tests to support his testimony that he was not consuming alcohol. He has clearly taken the security concerns seriously and sought out treatment above and beyond what was recommended by the DOE Psychiatrist.

As to mitigating factor (d), the Individual successfully completed his IOP and provided documentation that he is continuing to attend SMART Recovery meetings and meet with his personal therapist on a regular basis as recommended by the IOP. As mentioned previously, the Individual provided ten months of negative PEth tests to support his claim that he has been abstinent from alcohol. This documented abstinence is longer than the six months recommended by the DOE Psychiatrist. On this basis, the DOE Psychiatrist gave the Individual an excellent

prognosis. Because he is unlikely to return to alcohol consumption, he is unlikely to engage in any future alcohol-related incidents outside of work.

Accordingly, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals