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

Issued: January 21, 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."<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's access authorization should 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.<sup>2</sup> In July 2024 the Individual completed a Questionnaire for National Security Positions (QNSP) in which she answered “Yes” when asked “Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?” Ex. 8 at 134. She also disclosed that she had been “[c]harged with reckless driving” related to alcohol or drug use in October 2021.<sup>3</sup> *Id.* at 130–31. In a subsequent enhanced subject interview (ESI), the Individual disclosed that she was initially charged with driving under the influence (DUI) and accepted a plea agreement to plead guilty to reckless driving. Ex. 10 at 224. The LSO

<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> 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.

<sup>3</sup> In the QNSP, the Individual referred to arrest having occurred in November 2021. Ex. 8 at 130–31. The Individual subsequently corrected this mistake. Ex. 10 at 224. The Individual’s minor typographical error on the QNSP had no impact on my decision.

requested that the Individual undergo a psychological evaluation in May 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, recurrent. Ex. 6 at 64. The DOE Psychologist found that there was not adequate evidence of rehabilitation or reformation. *Id.*

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 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 ten exhibits (Ex. 1–10). The Individual submitted four exhibits (Ex. A–D). The Individual testified on her own behalf. Hearing Transcript, OHA Case No. PSH-25-0174 (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: “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 Psychologist’s May 2025 diagnosis that the Individual suffered from AUD, severe, recurrent. Ex. 1 at 5. The LSO also cited the Individual’s October 2021 arrest for DUI. *Id.* 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**

Around 2011, the Individual underwent gastric bypass surgery for weight loss. Ex. 6 at 55. At the time, she was consuming alcohol at least four to five times a week. *Id.* The Individual provided different reports about how much alcohol she was consuming each day, ranging from one to six drinks per day. *Id.*; Ex. 5 at 25 (2021 substance use evaluation where the Individual reported consuming one to six alcoholic drinks five to seven days a week); Ex. 10 at 225 (ESI where the Individual reported that since 2008 she consumed one to two drinks four to five times a week). At the time of her gastric bypass surgery, the Individual was educated about how the surgery changes how the body metabolizes alcohol, making consuming one alcoholic drink the equivalent of three prior to the surgery. Ex. 6 at 55. In 2019, the Individual began to experience “symptoms related to the overuse of her liver caused by alcohol use (cirrhosis), secondary to gastric bypass.” *Id.*; *but see* Tr. at 15 (the Individual testifying that her current doctors determined her medical issues in 2019 were “not due to the alcohol” but rather because she “had lost a lot of weight very fast and was still taking blood pressure medication”). The Individual became very ill and required inpatient rehabilitation for two months, as well as outpatient therapy following her discharge. Ex. 6 at 56. The Individual abstained from alcohol consumption for thirteen months following this illness. *Id.*

While the Individual was abstaining from alcohol consumption, her then-husband (Husband 1) began to pressure her to consume alcohol again. *Id.* She stated that she resumed consuming alcohol because she “wasn’t strong enough to say no” to Husband 1. *Id.* In spring 2021, the Individual decided that she could not make the changes to her alcohol consumption that she wanted while living in State A because her social life and Husband 1’s social life in State A revolved around events where alcohol was consumed. *Id.*; Tr. at 17. She and Husband 1 decided to move to State B. Ex. 6 at 56. Husband 1 decided that he did not want to move to State B, and they ultimately divorced after she moved to State B. *Id.*

While living in State B, the Individual rekindled her relationship with a different ex-husband (Husband 2), who she had divorced in the early 2000s due to his alcohol and drug problems. *Id.* In October 2021, the Individual was picking up dinner for herself and Husband 2 on the way home from the airport after a work trip. *Id.* at 57. While at the restaurant she was told her order was lost, so she had “two tall vodka and soda water mixed drinks” while waiting for the restaurant to prepare a new order. *Id.* After consuming these drinks, she began to drive home, but got into a fight with Husband 2 over the phone on the way home. *Id.* The Individual did not want to go home because of this fight so she drove around aimlessly for a significant period of time. *Id.* Around 9:00 PM, the Individual was pulled over by law enforcement because they suspected that she was under the influence of alcohol. *Id.* The Individual was charged with DUI, but eventually accepted a plea agreement where she pled guilty to reckless driving, lost her driver’s license for six months, and completed a substance abuse evaluation. *Id.*

The substance abuse evaluator concluded that the Individual met sufficient *DSM-5* criteria for a diagnosis of AUD, severe, recurrent. Ex. 5 at 48. The substance abuse evaluator recommended that the Individual totally abstain from alcohol consumption, complete alcohol abuse treatment (an intensive outpatient program or partial hospitalization program), attend two self-help meetings weekly for the duration of her treatment, find a primary care physician and a neurologist, and meet with a licensed alcohol and drug counselor weekly until the rest of her treatment was in place. *Id.* at 49. The substance abuse evaluator also noted that if the Individual were to relapse and resume consuming alcohol, “her optimum level of care would increase to residential/inpatient treatment.” *Id.*

The Individual completed the recommended intensive outpatient program (IOP) on January 20, 2022. Tr. at 24; Ex. D (letter from IOP social worker stating that the Individual had completed all of the recommended treatment sessions as of January 2022). The letter that the IOP sent to certify to the local court that the Individual had completed the IOP stated that the Individual completed twenty out of twenty treatment sessions and that sessions were three hours long and held virtually four days a week. Ex. D. However, the Individual stated that in her recollection the IOP consisted of weekly one-hour group counseling sessions. Tr. at 23–24; Ex. 6 at 58. The Individual was reportedly discharged from the program with an aftercare plan that stated she should attend aftercare weekly, Alcoholics Anonymous (AA) two times a week, and seek individual therapy. Ex. D. There is no indication in the record that the Individual followed these aftercare recommendations. The Individual did not abstain from alcohol consumption during the course of her treatment or attend self-help meetings as outlined in the substance abuse evaluator’s recommendations. *Id.*; Tr. at 26, 29.

The Individual underwent a psychological evaluation by the DOE Psychologist in May 2025. Ex. 6. As part of her evaluation, the Individual underwent a Phosphatidylethanol (PEth) test.<sup>4</sup> *Id.* at 70. The PEth test came back positive at 1336 ng/mL. *Id.*

After the Individual completed the evaluation, the DOE Psychologist issued a report in which she concluded that the Individual met sufficient criteria for a diagnosis of AUD, severe, recurrent. *Id.* at 61. The DOE Psychologist recommended that the Individual should: (1) abstain from alcohol consumption for a period of at least twenty-four months; (2) document that abstinence with random breathalyzer tests at work that are supported by PEth tests every month for the first twelve months and every two months for the second twelve months; (3) participate in an inpatient program for AUD, including compliance with all discharge recommendations; and (4) attend at least three meetings a week of in-person AA for the first twelve months of abstinence and two meetings a week for the second twelve months and provide evidence of working the steps with a sponsor or making comparable progress with a different self-help group. *Id.* at 64.

After being evaluated by the DOE Psychologist, the Individual reduced her alcohol consumption by enrolling in a substance abuse coaching program. Tr. at 37. She stated that her “ultimate goal”

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<sup>4</sup> “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.” Ex. 6 at 70. “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption.” *Id.*

is to stop consuming alcohol, but she “need[s] to do it on [her] terms.” *Id.* at 55. At the time of the hearing, she testified that she was trying to keep her drinking to Saturdays only, consuming up to six drinks although the amount is not consistent. *Id.* at 42. She testified that she had last consumed alcohol the Saturday prior to the hearing, when she had two drinks while cooking dinner. *Id.* at 58. Once a month, the Individual meets with a doctor, who has prescribed her two medications to help her reduce her cravings for alcohol. *Id.* at 55; Ex. B (printout showing monthly meetings with a physician since May 2025 and stating that naltrexone and baclofen were prescribed). She also meets approximately weekly with a behavioral coach for about twenty minutes, and they discuss her stresses, whether she has consumed alcohol, and what triggered her alcohol consumption. Tr. at 37, 50–51; Ex. B (printout showing approximately weekly meetings with coach). When asked if the doctor or the behavioral coach had recommended that she abstain from alcohol consumption, the Individual testified that she thought they were “leaving that . . . up to [her] and what [she] want[s].” Tr. at 53. She plans to continue the coaching program “as long as it takes.” *Id.* at 59.

As part of the coaching program, the Individual was provided with a breathalyzer that she is supposed to use to measure her BAC in the morning, afternoon, and at night. *Id.* at 37–38. She stated that she uses the breathalyzer two to three times a day if she is “diligent.” *Id.* The Individual provided a printout of the breathalyzer readings from June 2025 to November 2025. Ex. C. During that time period, there were about seven positive BAC results out of approximately two hundred readings. *Id.* The test results that the Individual provided did not show readings for every day in that time period and showed three readings only on some days. *Id.* While the doctor and behavioral coach help the Individual monitor her breathalyzer readings, there are no changes to her treatment plan based on positive readings. Tr. at 50. The Individual also testified that she took two ethanol blood tests, one on May 27, 2025, and one on August 28, 2025. *Id.* at 66. She stated that both of these tests came back negative and said, “no evidence of alcohol in the past two weeks.” *Id.* at 66–67. The Individual did not provide copies of these tests, making it impossible to confirm the type of test or what the results of the test indicate.

The Individual testified that she thinks that she did have a problem with alcohol, but she has “control of it now.” Tr. at 12. She further explained that she thinks she has control of the problem now because she could “stop at any point in time.” *Id.* at 62. The Individual stated that she went about two and a half months without consuming any alcohol during summer 2025. *Id.* at 63; Ex. C at 4–9 (showing negative breathalyzer tests between June 20, 2025, and September 12, 2025). She testified that her “motivation was to not have a drop until this day [the hearing].” Tr. at 64. As noted above, she did consume alcohol between September and the hearing date in December. Ex. C; Tr. at 58.

The Individual considered the recommendations from the DOE Psychologist’s report, but she did “not feel like [she] need[ed] an inpatient rehabilitation.” Tr. at 55. As to the DOE Psychologist’s recommendation that the Individual attend AA or a similar self-help group, the Individual testified that she had tried AA around 2011, but it did not work for her because she did not feel comfortable sharing about herself in a group setting. *Id.* at 26–27.

At the hearing, the DOE Psychologist testified that while it was positive that the Individual sought out a program to provide her with some accountability, she is concerned that the program that the Individual is in is “really patient-driven.” *Id.* at 85. Given the severe nature of the Individual’s

AUD, the DOE Psychologist stated that a program that appears to largely be based on “motivational interviewing” is not comparable to a substance abuse treatment program. *Id.* at 85–86. The DOE Psychologist also noted that the breathalyzer tests associated with the program are taken at the Individual’s discretion, and there are no changes to her treatment plan should one of those tests come back positive. *Id.* at 86.

The DOE Psychologist expressed concerns about the Individual’s goals when entering into the substance abuse coaching program as well. *Id.* at 87. The Individual’s testimony that her goal was to reduce her drinking was contrary to the recommendation of the DOE Psychologist and the recommendations made by the substance abuse evaluator in 2021 to completely abstain from alcohol. *Id.*

The DOE Psychologist testified that the Individual had not displayed adequate evidence of reformation because, by her own account, she continues to consume alcohol. *Id.* at 89. She continued that the Individual had started to work towards rehabilitation by participating in her substance abuse coaching program, but had failed to comply with the DOE Psychologist’s recommendations regarding treatment programs, abstinence, documentation of abstinence, and self-help meetings. *Id.* at 89–90. The DOE Psychologist said that the Individual still has an active AUD diagnosis, and the Individual’s testimony that she intended to be abstinent from alcohol from around June 2025 until the hearing and failed to meet that goal supports that conclusion. *Id.* at 90–91. The DOE Psychologist opined that the Individual’s prognosis for whether her AUD “serv[es] as a risk to impairment” is guarded because, while the Individual is taking some steps to address concerns about her alcohol use, she is not taking the steps recommended by professionals that might make her prognosis fair or good. *Id.* at 94–95.

## **V. ANALYSIS**

### **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 continues to consume alcohol in spite of the recommendation of at least two substance abuse professionals. She had two drinks while cooking dinner within a week of the hearing, despite her stated goal of remaining abstinent until the hearing. Because of this continuing behavior, I cannot say that the behavior that led to the security concerns occurred so long ago, was so infrequent, or happened under such unusual circumstances that it does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. As such, mitigating factor (a) does not resolve the security concerns.

The Individual acknowledged that her alcohol consumption was problematic in the past, but at the time of the hearing she believed she had her consumption under control. She has provided evidence that she is using the substance abuse coaching program to help her to overcome these problems. However, as noted above, her alcohol consumption at the time of the hearing was not in accordance with the treatment recommendations of the substance abuse evaluator or the DOE Psychologist. Further, because the breathalyzer test results that the Individual provided are so sporadic, they do not demonstrate a clear and established pattern of modified alcohol consumption or abstinence. Therefore, the security concerns are not resolved pursuant to mitigating factor (b).

Based on the evidence in the record, it is not clear to me that the Individual's substance abuse coaching program should be considered a treatment program. Even if I were to find that it was a treatment program, there is no evidence from the professionals involved in the program about the Individual's progress. Further, the Individual relapsed and engaged in maladaptive alcohol consumption after she completed an IOP. Therefore, I do not find that the security concerns are resolved pursuant to mitigating factor (c).

The Individual provided documentary evidence that she completed the IOP in January 2022. However, she did not allege that she has successfully completed the recommended aftercare. Further, as noted above, she has not established a pattern of modified consumption or abstinence in accordance with treatment recommendations. Consequently, 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.

## **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 not 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 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