United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)		
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Filing Date: June 13, 2025	)	Case No.:	PSH-25-0152
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Issued: February 3, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXX (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 not be restored.

I. BACKGROUND

The Individual was granted access authorization in approximately October 2020. Transcript of Hearing, OHA Case No. PSH-25-0152 (Tr.) at 13. On October 16, 2024, the local security office (LSO) received Personnel Security Information Reports (October PSIR) indicating that the Individual had been involuntarily admitted for inpatient mental health treatment after expressing suicidal ideation and using medication with alcohol against treatment recommendations. Exhibit (Ex.) 6 at 29; *see also* Ex. 7 at 35–36.[2] The October PSIR also noted that the Individual was attending Alcoholics Anonymous (AA) meetings and an intensive outpatient program (First IOP)

[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] The exhibits submitted by the LSO were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the LSO.

for alcohol misuse.[3] Ex. 6 at 29. The Individual submitted a PSIR (December PSIR) to the LSO on December 30, 2024, disclosing that she had been arrested and charged with Domestic Assault and Resisting Arrest following an altercation with her boyfriend after consuming alcohol. Ex. 5 at 25; Ex. 9 at 562–63.

In January 2025, the Individual underwent a psychological evaluation with a DOE-contracted Psychologist (DOE Psychologist). Ex. 7 at 34. During the clinical interview portion of the evaluation, the Individual reported a history of heavy alcohol use, indicated that she had resumed alcohol consumption since completing the First IOP, and stated that she had consumed alcohol to intoxication three times in December 2024. *Id.* at 35, 37–38. The DOE Psychologist obtained treatment records for the Individual indicating that the Individual had been diagnosed with Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Post-Traumatic Stress Disorder (PTSD), and Alcohol Use Disorder (AUD), and that she reported suicidal ideation during her October 2024 inpatient mental health treatment. *Id.* at 62, 64, 98. The DOE Psychologist subsequently issued a report of the evaluation (Report) in which she opined that the Individual met sufficient criteria for a diagnosis of AUD, Severe, under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition – Text Revision* (*DSM-5-TR*), and also diagnosed the Individual with Borderline Personality Disorder (BPD) under the *DSM-5-TR*, which the DOE Psychologist opined could impair the Individual's judgment, stability, reliability, and trustworthiness. *Id.* at 46–47.

The LSO 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 7–9. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines G, I, and J of the Adjudicative Guidelines. *Id.* at 5–6.

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, and I conducted an administrative hearing in January 2026. The LSO submitted eleven exhibits (Ex. 1–11) and the Individual submitted seven exhibits (Ex. A–G).[4] The Individual testified on her own behalf and offered the testimony of a senior manager in her chain-of-command (Manager), her second-line supervisor (Supervisor), and her ex-husband. Tr. at 3, 12, 73, 83, 95. The LSO offered the testimony of the DOE Psychologist. *Id.* at 4, 120.

[3] Two PSIRs were submitted to the LSO on October 16, 2024; one concerning the Individual's involuntary admission for mental health treatment and a second concerning the Individual's alcohol-related treatment. Ex. 6 at 29 (indicating that the alcohol-related PSIR was "a follow up to the original [PS]IR dated 10/16/2024"); Ex. 7 at 35 (indicating that the Individual reported her inpatient mental health treatment to her employer). The alcohol-related PSIR indicated that the Individual was attending the First IOP, though it does not appear that the IOP began until October 17, 2024. *Compare* Ex. 6 at 29 *with* Ex. 7 at 103. The PSIR in which the Individual's inpatient hospitalization for mental health reasons was disclosed to the LSO is not present in the record.

[4] The Individual submitted Exhibits A–E in one PDF and Exhibits F and G as individual PDFs. This Decision cites to the Individual's exhibits by reference to the exhibit label and the pagination of each PDF.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. The SSC cited the Individual's routine consumption of alcohol to the point of intoxication, diagnosis with AUD by treating clinicians and the DOE Psychologist, consumption of alcohol to the point of intoxication prior to the physical altercation with her boyfriend that led to her arrest for Domestic Assault, and consumption of alcohol and prescription medication the night prior to her hospitalization for mental health treatment. Ex. 1 at 5–6. The LSO's allegations that the Individual engaged in alcohol-related incidents away from work, habitually or binge consumed alcohol to the point of impaired judgment, and was diagnosed with AUD by a duly qualified medical or mental health professional justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a), (c)–(d).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as another basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 6. "Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. The SSC cited the Individual's involuntary hospitalization for mental health treatment, the Individual's statements to clinicians that she experienced suicidal ideation prior to her hospitalization, the Individual's diagnosis with MDD and PTSD, and the DOE Psychologist's diagnosis of the Individual with BPD under the *DSM-5-TR* and opinion that this condition could impair her judgment, stability, reliability, and trustworthiness. Ex. 1 at 6. The LSO's citation to the Individual's suicidal ideation, the DOE Psychologist's opinion that the Individual had a condition that may impair her judgment, stability, reliability, or trustworthiness, and the Individual's involuntary inpatient hospitalization for psychological reasons justifies its invocation of Guideline I. Adjudicative Guidelines at ¶ 28(a)–(c).

The LSO cited Guideline J (Criminal Conduct) of the Adjudicative Guidelines as the final basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 6. "Criminal activity creates doubt about a person's judgment, reliability, and trustworthiness. By its very nature, it calls into question a person's ability or willingness to comply with laws, rules, and regulations." Adjudicative Guidelines at ¶ 30. The SSC cited the Individual having been arrested and charged with Domestic Assault and Resisting Arrest. Ex. 1 at 6. The LSO's allegation that the Individual engaged in criminal conduct justifies its invocation of Guideline J. Adjudicative Guidelines at ¶ 31(b).

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 regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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

IV. FINDINGS OF FACT

A. Individual's History of Mental Health Treatment and Alcohol Misuse

The Individual first experienced symptoms of depression as a juvenile and was prescribed antidepressant medication beginning at age twenty-one. Ex. 7 at 34–35. In 2016, when the Individual was in her early thirties, a therapist diagnosed her with BPD.[5] Ex. 11 at 637; *see also id.* at 602 (identifying the Individual's birthdate).

The Individual began using alcohol to cope with stress at least as early as 2017. *See id.* at 644 (Individual reporting on a Questionnaire for National Security Positions that she used alcohol to cope with stress in 2017). In February 2018, the Individual presented at a hospital due to what she characterized as "a mental breakdown." *Id.* According to the Individual, clinicians at the hospital told her that she "was just overly stressed, exhausted, and that the alcohol wasn't helping the situation." *Id.* The Individual subsequently attended AA meetings "for a few months" which she "found [] very helpful." *Id.* at 645.

The Individual reduced her alcohol consumption for a period of time after her hospital visit and AA attendance. *Id.* at 661. However, in November 2019 the Individual's alcohol consumption increased to three to four glasses of wine every night due to stress. *Id.*

The Individual began meeting with an advanced practice registered nurse (APRN) in March 2022 for medication management. Ex. 7 at 348. At an intake meeting with the APRN, the Individual

[5] At the hearing, the Individual testified that an investigator told her that the therapist had said in an interview as part of the background investigation of her eligibility for access authorization in 2020 that the therapist "in fact does not think that [the Individual] ha[d] BPD." Tr. at 70. The investigative report indicates that the therapist told an investigator that the Individual had a "[g]reat" prognosis. Ex. 11 at 679. However, it makes no mention of the therapist retracting a BPD diagnosis. *Id.* I find it much more likely that the Individual misunderstood or misremembered information conveyed to her by the investigator years prior to the hearing than that the investigator failed to record this critical information in the investigative report. Accordingly, I find that the therapist likely did not make this statement to the investigator.

complained of symptoms of anxiety and depression and reported "she had been drinking a lot . . . ." *Id.* The APRN diagnosed the Individual with Anxiety Disorder, Unspecified, MDD, Recurrent, and Alcohol Abuse Disorder, Uncomplicated. *Id.* at 351. The APRN prescribed the Individual medication and recommended she decrease her alcohol consumption. *Id.*

The Individual met with the APRN until February 2023 when she failed to appear at a scheduled appointment and discontinued treatment. *Id.* at 476. During these sessions, the Individual initially reported binge consumption of alcohol, feelings of dissatisfaction with her body and desire to appear "skeletal," severe anxiety, feelings of depression, episodes of anger and "blow-up[s]" towards her husband and son, and relational difficulties with her husband and family members, but her symptoms somewhat stabilized and she reported ten months of abstinence from alcohol in a January 2023 session. *Id.* at 353, 356–57, 359, 362, 364, 366, 472.

In November 2023, the Individual began meeting with a psychiatric nurse practitioner (NP). Ex. 7 at 84–85, 89. Treatment records from the NP indicate that the Individual was diagnosed with MDD and GAD. *Id.* at 85, 89. In her initial session with the NP, the Individual reported that she had resumed "self medicating w[ith] alcohol" after of several years of abstinence. *Id.* at 84; *but see* Tr. at 59 (testifying at the hearing that her longest period of abstinence from alcohol was eighteen months). The Individual complained of high levels of anxiety and panic attacks, which she attributed to recent negative events that affected friends and a family member. Ex. 7 at 84.

Following a January 2024 meeting with the NP, during which the Individual complained of continuing anxiety which she reported self-medicating by consuming four beers three to four times weekly, the NP prescribed the Individual Klonopin on a "trial basis." *Id.* at 80; *see also Clonazepam*, MAYO FOUND. FOR MED. EDUC. & RSCH. (Jan. 1, 2026), https://www.mayoclinic.org/drugs-supplements/clonazepam-oral-route/description/drg-20072102 (last visited Jan. 13, 2026) (indicating that Klonopin is the brand name for clonazepam, a benzodiazepine used to treat "panic disorder"). The NP "[c]autioned [the Individual] not to combine [Klonopin] with alcohol . . . ." Ex. 7 at 80.

In February 2024, the Individual told the NP that she was filing for divorce from her husband and seeing a coworker (Boyfriend) from the DOE site where she worked. *Id.* at 79; *see also id.* at 43 (indicating that the Individual reported in a June 2024 counseling session that the divorce was precipitated by the Individual's husband's discovery that the Individual was having an extramarital affair with the Boyfriend, who was also married); Tr. at 15 (indicating that the Individual's divorce was finalized in August 2024). Due to the Individual's stress from the divorce proceedings, and the Individual's self-reported positive response to the Klonopin, the NP continued the Individual's Klonopin prescription. Ex. 7 at 79. In sessions from March through September 2024, the Individual reported continuing to rely on alcohol to manage anxiety but assured the NP that she was not using alcohol with Klonopin which the NP counseled the Individual against due to the "dangers of combining [Klonopin] w[ith] alcohol." *Id.* at 71, 73, 75, 78.

B. Individual's October 2024 Inpatient Mental Health Treatment

On October 8, 2024, the Individual intentionally used Klonopin with alcohol, despite knowing the risks of combining the substances, and asked a friend to "check on her the next morning to make

sure she was 'OK'." *Id.* at 36. The next day, the NP requested that law enforcement conduct a welfare check on the Individual after the Individual stated during a telehealth session with the NP that she was experiencing a "severe depressive episode," added that she "can't do this anymore," and refused to go to inpatient treatment. *Id.* at 35–36; *but see* Tr. at 38 (Individual testifying at the hearing that when she said that she "can't do this anymore" she was expressing frustration and not an intent to commit suicide). Law enforcement subsequently transported the Individual to a hospital, involuntarily, for evaluation. Ex. 7 at 36. The Individual refused treatment and was involuntarily committed for stabilization and treatment. *Id.*

The Individual reported to clinicians at the hospital that she had consumed alcohol "almost daily" for several months to cope with worsening depression. *Id.* at 62. The Individual further indicated that she consumed "5 or 6" alcoholic drinks daily. *Id.* at 63. The hospital provided the Individual with medication for "alcohol detox." *Id.* at 64. The Individual also reported having experienced suicidal ideations for several days prior to her admission to the hospital but, in the opinion of the hospital clinicians, was "very guarded" regarding the details of her ideation. *Id.* at 62. The Individual was discharged from the hospital on October 14, 2024, after having been stabilized. *Id.* at 62, 64.

Following her release from the hospital, the Individual was required to undergo an evaluation by a psychologist (Site Psychologist) employed at the DOE site at which she worked. *Id.* at 36. Based on the Individual's intentional use of Klonopin with alcohol despite knowing the risks, as well as the Individual's "emotionally dysregulated" presentation during the evaluation, the Site Psychologist formed the opinion that the Individual's behavior was "risky [] at best but could also represent suicide rehearsal, a cry for help, or an actual suicide attempt." *Id.* at 37.

C. Individual's Participation in the First IOP

On October 17, 2024, the Individual enrolled in the First IOP for alcohol and mental health-related treatment. *Id.* at 103. During an intake evaluation, the Individual reported consuming nine beers per sitting approximately once per week. *Id.* at 104. She also reported high levels of depression and anxiety and endorsed a history of being "violent or aggressive" under the influence of alcohol. *Id.* at 115–17. The Individual agreed to abstain from alcohol during her participation in the First IOP. *Id.* at 123.

The Individual participated in individual and group therapy sessions through the First IOP from October 22, 2024, to November 21, 2024, covering topics such as anger management, relapse prevention, and psychoeducation. *Id.* at 298–321. Clinicians conducting the First IOP determined that the Individual demonstrated "fair" insight in most sessions, with good insight in some sessions and poor insight in one session. *Id.* Despite her agreement to abstain from alcohol, the Individual consumed alcohol during the First IOP. *Id.* at 37, 40–41, 312, 502. On November 21, 2024, the Individual completed the First IOP. *Id.* at 321.

D. December 2024 Domestic Dispute

Following her completion of the First IOP, the Individual continued to consume alcohol. *Id.* at 37, 44. On December 28, 2024, the Boyfriend contacted law enforcement and showed an officer a

video he had taken of a domestic dispute with the Individual. Ex. 9 at 567. According to an incident report prepared by the officer, the video showed the Individual striking the Boyfriend, the Boyfriend pushing her away, and the Individual returning to strike him again. *Id.* Law enforcement officers subsequently interviewed the Individual, who they perceived to be under the influence of alcohol. *Id.*; *see also* Ex. 7 at 38 (Individual stating during the psychological evaluation with the DOE Psychologist that she "drank to heavy intoxication" on the evening of December 28, 2024). When the officers questioned the Individual, she initially denied that there had been a physical altercation, then changed her statement to allege that the Boyfriend had "pushed her down." Ex. 9 at 567.

The law enforcement officers arrested the Individual, who attempted to pull away from the officer who placed her in wrist restraints and to prevent the officer from closing the door of his vehicle with her foot after she had been placed inside for transport to a detention facility. *Id.* After the Individual was transported to the detention facility, she alleged that the Boyfriend had anally raped her earlier that evening. *Id.* Officers questioned the Boyfriend who stated that he and the Individual had consensual anal sex. *Id.* Evidence was collected from the Individual using a rape kit, but the results of any forensic evaluation concerning her allegations are not present in the record. *See id.* (indicating that "a rape kit will be performed"); Ex. 7 at 38 (indicating that "a rape kit was completed" at a hospital).

The Individual was charged with Domestic Assault and Resisting Arrest. Ex. 9 at 562–63. Both charges were ultimately dismissed and in April 2025 the charges were expunged from the Individual's criminal record. Ex. C at 10–11. The December 2024 domestic dispute was the only occasion on which she was arrested in her life. Tr. at 14 (Individual testifying to never having been arrested prior to December 2024); Ex. 11 at 680 (indicating that the results of the 2020 background investigation into the Individual's eligibility for access authorization uncovered no law enforcement records related to the Individual).

E. Psychological Evaluation by the DOE Psychologist

The Individual met with the DOE Psychologist for a clinical interview on January 7, 2025. Ex. 7 at 34. In addition to the clinical interview, the DOE Psychologist reviewed information from the Individual's personnel security file which reflected substantially the same information as has been heretofore described in this Decision. *Id.* at 34–38.

1. Assessment of the Individual's Alcohol Use

During the clinical interview, the Individual reported significant stress and anxiety related to the events of December 28, 2024, and indicated she had resumed residing with her ex-husband and had pursued sexual intercourse with him to "reduce her stress and anxiety." *Id.* at 38. She also reported consuming alcohol, typically four shots of bourbon per sitting, as a coping mechanism. *Id.*; *see also id.* at 40 (Individual characterizing her pattern of alcohol consumption as "'binge' drinking"). The Individual denied having consumed any alcohol in the week prior to the psychological evaluation. *Id.* at 38.

Immediately following the clinical interview, the Individual provided a sample for phosphatidylethanol (PEth)[6] testing. *Id.* at 55. The PEth test was positive at 353 ng/mL, which the medical doctor who interpreted the test opined was evidence that the Individual regularly engaged in heavy, high-risk drinking. *Id.* at 54–55; *see also* William Ulwelling & Kim Smith, *The PEth Blood Test in the Security Environment: What it is; Why it is Important; and Interpretative Guidelines*, J. OF FORENSIC SCI., July 2018 at 5 (journal article cited by the MD proposing guidelines for interpreting PEth test results and suggesting that PEth levels exceeding 200 ng/mL be interpreted as likely indicative of heavy alcohol consumption). Based on the Individual's self-described alcohol consumption and the PEth test results, the DOE Psychologist indicated that the Individual binge consumed alcohol to the point of impaired judgment.[7] Ex. 7 at 39. Additionally, the DOE Psychologist concluded that the Individual met seven diagnostic criteria for AUD under the *DSM-5-TR*, and therefore concluded that the Individual met sufficient criteria for a diagnosis of AUD, Severe. *Id.* at 41; *see also id.* at 50–51 (excerpting from the *DSM-5-TR* which provides that AUD, Severe, is characterized by the presence of six or more of the eleven diagnostic criteria).

The DOE Psychologist recommended that the Individual demonstrate rehabilitation from her AUD by showing at least twelve months of abstinence from alcohol through PEth testing at least every two months, participating in inpatient treatment, and attending in-person AA meetings and working with a sponsor or participating in another in-person alcohol cessation support group[8] and "following the guidelines" of that group for twelve months. *Id.* at 47.

2. Assessment of the Individual's Psychological Health

As indicated above, at the time of the psychological evaluation the Individual was experiencing high levels of stress and anxiety, which she attempted to manage by consuming alcohol and relying on her ex-husband. *Id.* at 38. The DOE Psychologist obtained treatment records from the APRN and NP which, as described above, showed that the Individual had long-standing symptoms of depression and anxiety that varied in severity over time and were not sustainably controlled even with medication. *Id.* at 44. Contrary to the APRN's and NP's diagnoses, the DOE Psychologist concluded that the Individual met sufficient diagnostic criteria for a diagnosis of BPD under the *DSM-5-TR*. *Id.* at 44, 47. Specifically, the DOE Psychologist found that the Individual met the following criteria for BPD:

- Frantic efforts to avoid real or imagined abandonment;

[6] PEth is a biomarker for alcohol consumption that can be detected in blood for approximately one month following moderate or greater episodes of alcohol consumption. Ex. 7 at 53–55.

[7] The DOE Psychologist defined binge drinking for women as consumption of four or more alcoholic drinks on one occasion. Ex. 7 at 49; *but see* NATIONAL INSTITUTE ON ALCOHOL ABUSE & ALCOHOLISM, ALCOHOL'S EFFECTS ON HEALTH (2025), *available at* https:// https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-drinking-patterns (last visited Jan. 14, 2026) (defining binge drinking for women as consumption of "four or more drinks . . . *in about two hours*" as compared to "heavy drinking" which includes "four or more drinks on any one day" regardless of the time within which the drinks are consumed) (emphasis added). Considering that the Individual repeatedly admitted to drinking to heavy intoxication, the DOE Psychologist's reliance on a definition of binge drinking that did not consider the time within which alcohol was consumed is not material to my Decision.

[8] The DOE Psychologist provided several examples of alternative programs the Individual could have pursued in lieu of AA. Ex. 7 at 47.

- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation;
- Identity disturbance: markedly and persistently unstable self-image or sense of self;
- Impulsivity in at least two areas that are potentially self-damaging;
- Affective instability due to a marked reactivity of mood;
- Inappropriate, intense anger or difficulty controlling anger.

Id. at 45. The DOE Psychologist noted that BPD is characterized by "a pervasive pattern of behavioral, emotional and relational instability," and opined that the Individual had demonstrated the effects of such impairments to her judgment, stability, and reliability when "she was recently divorced due to her having an ongoing affair, involuntarily hospitalized for suicidality, admitted to IOP for alcohol use disorder, and arrested for domestic assault." *Id.* at 47. The DOE Psychologist opined that the Individual's prognosis was guarded due to her lack of responsiveness to prior mental health and substance abuse treatment. *Id.* at 47–48.

F. Individual's Recent Actions and Updated Opinion of the DOE Psychologist

Following the evaluation by the DOE Psychologist, the Individual enrolled in a Mental Health IOP (Second IOP) through the same organization that provided her with the First IOP. Ex. D at 13–14. According to the Individual, the Second IOP "was more focused on mental health and trauma" than the First IOP. Tr. at 22; *see also* Ex. D at 13 (letter from a treatment professional with the Second IOP indicating that the Individual was drug tested during the Second IOP but making no mention of alcohol testing). According to the Individual, the group sessions in the Second IOP were more beneficial in helping her abstain from alcohol than alcohol-focused interventions had been. Tr. at 22, 55; *see also id.* at 53–54 (testifying that she learned how alcohol contributed to her depression and anxiety, as well as "bad decisions" that led to her inpatient treatment and arrest). The Individual successfully completed the Second IOP on March 28, 2025. Ex. D at 14.

On April 30, 2025, the Individual met with a psychologist (Consulting Psychologist) for a psychological evaluation. Ex. G at 1. The Consulting Psychologist conducted a clinical interview of the Individual and administered the Personality Assessment Inventory (PAI) psychological test to the Individual. *Id.* at 2–3. In the clinical interview, the Individual described her history of maladaptive alcohol use and noted her 2024 suicidal ideation, inpatient hospitalization, and arrest. *Id.* at 2. Although the Individual acknowledged "some mild mood lability," there is no mention in the Consulting Psychologist's report of the anxiety, panic attacks, significant depression, or feelings of frustration and anger that the Individual reported to prior clinicians. *Id.* On the PAI, the Individual endorsed a history of alcohol-related issues but "denied significant problems . . . [with] unhappiness and depression, . . . marked anxiety, problematic behaviors used to manage anxiety, and difficulties with health or physical functioning." *Id.* at 3. Based on the Individual's self-reports in the clinical interview and the PAI, the Consulting Psychologist diagnosed the Individual with Alcohol Dependence, in full remission, MDD, and GAD, and opined that the Individual did not present in a manner indicative of BPD. *Id.*

The Individual's ex-husband moved into her home in November 2025, though he considered the couple to have "informally" resumed cohabitating in approximately January 2025. Tr. at 95, 111.

According to the ex-husband, the Individual does not keep alcohol in her home. *Id.* The Individual and her ex-husband are considering remarrying. *Id.* at 64.

The Individual testified at the hearing that she had abstained from alcohol since January 17, 2025. *Id.* at 21–22, 43. She provided samples for PEth testing in April 2025, October 2025, and January 2026, each of which was negative for traces of alcohol consumption. Ex. A at 4; Ex. B at 7; Ex. F at 4. The Individual testified she did not obtain more frequent PEth testing, as recommended by the DOE Psychologist, because she "thought that they tested a longer period" and therefore more frequent testing was unnecessary. Tr. at 48. The Individual testified that she intends to permanently abstain from alcohol. *Id.* at 24.

Since completing the Second IOP, the Individual has participated in weekly sober yoga meetings, where participants recovering from alcohol and drug misuse engage in yoga together. *Id.* at 24, 55–57. She also participates in aerial yoga at home, which helps her to "take [her] mind off of" alcohol. *Id.* at 52, 55. The Individual testified she had attended some AA meetings, but preferred being around other people in early recovery as opposed to AA participants who had "been in recovery for years . . . [and were] not as close to" the issues she was confronting. *Id.* at 55–56; *see also id.* at 104 (ex-husband testifying that the Individual went "to AA a couple times"). The Individual did not participate in AA meetings regularly because she felt doing so was "impossible" considering her full-time employment and parenting responsibilities. *Id.* at 49. The Individual would tell her ex-husband if she experienced a craving to consume alcohol. *Id.* at 53; *see also id.* at 109 (ex-husband testifying that he would "bluntly and frankly" counsel the Individual against consuming alcohol if she expressed the intention to do so and would tell her that "it could be a problem like for even me and her moving forward, because . . . she just can't go back there again").

Regarding psychological treatment, the Individual testified that she was participating in weekly therapy with a therapist and receiving medication management from a psychiatric nurse practitioner. *Id.* at 50, 61. According to the Individual, her therapy involved "talk[ing] about [her] frustrations . . . [and] anxieties" as well as triggers for alcohol consumption and how to mitigate them. *Id.* at 52. She testified she was prescribed an antidepressant, a mood stabilizer, and an antipsychotic medication. *Id.* at 28. According to the Individual, her symptoms of anxiety and depression had been "low" for approximately two to three months prior to the hearing. *Id.* at 65–66.

According to the Individual, the working diagnoses of her current treating professionals are "depression and anxiety." *Id.* at 62. The Individual testified that her therapist did not concur with the DOE Psychologist's diagnosis of BPD and that the therapist does not accept patients for treatment with that condition. *Id.*

The Individual testified, and the Manager and her supervisor confirmed, that she has performed her work competently without having been disciplined or experiencing issues with time and attendance. *Id.* at 20, 78, 84–85, 90.

The DOE Psychologist testified that the Individual had not complied with her recommendations for alcohol-related treatment because she had not undergone PEth testing with sufficient frequency to establish twelve months of abstinence from alcohol, participated in inpatient treatment, or

consistently attended AA and worked the twelve steps of the AA program with a sponsor. *Id.* at 124–26. The DOE Psychologist further opined that the Individual's attendance of the Second IOP, while likely beneficial, was not consistent with her recommendations because it was primarily focused on mental health rather than substance misuse. *Id.* at 125. She also found it concerning that the Individual felt that "she knew better" how to support her recovery regarding PEth testing frequency and not attending AA. *Id.* at 126, 129. The DOE Psychologist further opined that sober yoga was not a substitute for AA because it lacked the "accountability" or opportunities for mentorship from persons with longstanding recovery that AA would provide and which would support the Individual's recovery. *Id.* at 129.

For the aforementioned reasons, the DOE Psychologist testified that the Individual had not demonstrated rehabilitation or reformation. *Id.* at 127. She further opined that the Individual's prognosis for avoiding future alcohol misuse was guarded. *Id.* at 157. The DOE Psychologist noted that the Individual's prior abstinence from alcohol for at least eighteen months before relapsing supported her conclusion that the Individual was at heightened risk of relapse without additional interventions. *Id.* at 128.

With respect to mental health diagnoses provided by the Individual's treatment providers that differed from the DOE Psychologist's diagnosis of BPD, the DOE Psychologist testified that she believed her diagnosis was more likely correct because "someone with [GAD], depressive disorder, in general, who is in like weekly talk therapy and taking some medications, does not end up being involuntarily committed. That's very, very rare, especially if they're denying suicidal ideation or plan." *Id.* at 160. However, considering the Individual's behavioral history, she opined that the conditions diagnosed by the Individual's treatment providers would raise doubt as to the Individual's judgment, reliability, and stability even if the Individual did not suffer from BPD. *Id.* at 162. Moreover, she testified that even if the other diagnoses were appropriate, she had no information from the treatment providers that would allow her to conclude that the conditions were under control, and thus the Individual's prognosis would be fair.[9] *Id.* at 162–63.

Regarding her BPD diagnosis, the DOE Psychologist opined that BPD is not readily controllable with treatment due to its treatment-resistant nature and clinicians' difficulty in establishing rapport with patients with BPD. *Id.* at 164. The DOE Psychologist testified that rapid, temporary improvement in patients with BPD was not unusual considering the fluid nature of their identities, and that the Individual's and her ex-husband's accounts of the Individual's recent well-being were insufficient to establish durable recovery. *Id.* at 166–67. The DOE Psychologist testified that BPD is a chronic, not temporary, condition and that because of its chronic nature it continued to potentially impair the Individual's judgment, stability, reliability, and trustworthiness. *Id.* at 168–69.

[9] The DOE Psychologist testified that the Individual's prognosis for managing these alternative diagnoses would be good "*if* she remains in treatment and on medications . . . ." Tr. at 163 (emphasis added). As this positive prognosis from the DOE Psychologist was conditioned on speculative future behavior, I do not interpret this prognosis as applying to the Individual's current status.

V. ANALYSIS

A. Guideline G

Conditions that could mitigate security concerns under Guideline G include:

(a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

(b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; or,

(d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Id. at ¶ 23.

The Individual has a lengthy history of alcohol misuse and routine use of alcohol to cope with stress and mental health symptoms. Consequently, her alcohol misuse was neither infrequent nor occurred under unusual circumstances. While the Individual claimed to have abstained from alcohol for one year as of the date of the hearing, she did not undergo sufficient alcohol testing to corroborate this claim. Even if she had, considering the Individual's prior return to maladaptive alcohol use after at least eighteen months of abstinence from alcohol, I conclude that her current claimed period of abstinence is not so long that the passage of time alone is sufficient to convince me that she will not resume misusing alcohol in the future. Therefore, the first mitigating condition is inapplicable. *Id.* at ¶ 23(a).

The Individual has acknowledged her maladaptive alcohol use and taken some actions to overcome the problem. However, these actions are inconsistent with those recommended by the DOE Psychologist. While the DOE Psychologist's recommendations are not the only pathway for the Individual to address her alcohol misuse, I was convinced by the DOE Psychologist's testimony that the Individual's sober yoga is not a sufficient intervention to support her abstinence without AA or the other mutual support groups she recommended. The DOE Psychologist's Report was not as specific as it might have been as to the nature of an acceptable mutual support group. However, her recommendation that the Individual work the steps of the AA program with a sponsor or follow the guidelines of another mutual support group specified participation in a program with some formal alcohol-related curriculum sufficiently clearly that it should have been

apparent to the Individual that a yoga-based support group would not be sufficiently structured to meet the DOE Psychologist's recommendation.

Moreover, the Individual did not document her claimed twelve months of abstinence through PEth testing as recommended by the DOE Psychologist and therefore failed to demonstrate a clear and established pattern of abstinence in accordance with treatment recommendations. Considering the severe and longstanding nature of the Individual's alcohol misuse, and her history of relapse following treatment, I find her testimony and that of her ex-husband regarding her abstinence insufficient to overcome the substantial gaps in her alcohol testing. *See* 10 C.F.R. § 710.7(c) (requiring consideration of the "nature, extent, and seriousness of the conduct" in applying the mitigating conditions). Accordingly, the Individual has not demonstrated the applicability of the second mitigating condition. Adjudicative Guidelines at ¶ 23(b).

The third mitigating condition is irrelevant because the Individual did not bring forward evidence that she was participating in a counseling or treatment program specifically related to alcohol as of the date of the hearing. Even if she were, her history of relapse despite completing the First IOP would preclude the applicability of the third mitigating condition. *Id.* at ¶ 23(c).

There is insufficient evidence in the record to conclude that the Second IOP was adequately alcohol-focused to constitute alcohol treatment and, in any case, the Individual did not complete the treatment recommended by the DOE Psychologist. Moreover, for the reasons explained above, the Individual has not demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. For these reasons, the fourth mitigating condition is inapplicable. *Id.* at ¶ 23(d).

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

B. Guideline I

Conditions that could mitigate security concerns under Guideline I include:

(a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amendable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;

(e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

The Individual has received numerous diagnoses from clinicians which are inconsistent with the DOE Psychologist's diagnosis of BPD. While the Individual's various treating clinicians have had the benefit of more interactions with her than the DOE Psychologist, the DOE Psychologist may have unique insight into the Individual's psychological well-being based on access to a patient history compiled from a diverse range of sources which is not dependent on the Individual's account of events and her own symptoms. The Consulting Psychologist does not appear to have had access to such robust, objective sources, and instead appears to have relied on the Individual's self-report and the PAI results. Considering that the information the Individual reported to the Consulting Psychologist was inconsistent with what she provided to prior treating clinicians, and omitted numerous significant negative symptoms, I find the Consulting Psychologist's opinion unreliable. While the Individual's current treating clinicians may have greater insight, the only record evidence as to their diagnoses is the Individual's hearing testimony. Without information from the clinicians, I cannot definitively determine the accuracy of the Individual's account of their diagnoses or the information they relied on in reaching those diagnoses. In light of the aforementioned considerations, I credit the DOE Psychologist's diagnosis of the Individual despite contrary opinions cited by the Individual.

The DOE Psychologist testified that BPD is not readily controlled with treatment and, in any case, the Individual denied that her current clinicians are treating her for BPD. With respect to the alternative diagnoses provided by some of the Individual's clinicians, even if I credited them, I lack information from the Individual's current clinicians to establish that the Individual was compliant with a treatment plan. Further, the DOE Psychologist opined that the Individual's prognosis with respect to managing the alternative diagnoses was only fair. Accordingly, the first two mitigating conditions are inapplicable. *Id.* at ¶ 29(a)–(b).

The DOE Psychologist opined that BPD is a chronic condition and, due to its tendency to cause sharp, unexpected personality changes, the Individual's current self-reported stability does not indicate that the condition is under control or poses no current problem. On the contrary, the DOE Psychologist opined that the Individual's BPD continued to potentially undermine her judgment, stability, reliability, and trustworthiness. Moreover, regarding the alternative diagnoses, I lack any information from the Individual's current clinicians concerning their opinions as to her status. Therefore, I find the remaining mitigating conditions inapplicable. *Id.* at ¶ 29(c)–(e).

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

C. Guideline J

Conditions that could mitigate security concerns under Guideline J include:

(a) so much time has elapsed since the criminal behavior happened, or it happened under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(b) the individual was pressured or coerced into committing the act and those pressures are no longer present in the person's life;

(c) no reliable evidence to support that the individual committed the offense; and

(d) there is evidence of successful rehabilitation; including, but not limited to, the passage of time without recurrence of criminal activity, restitution, compliance with the terms of parole or probation, job training or higher education, good employment record, or constructive community involvement.

Adjudicative Guidelines at ¶ 32.

In evaluating the first mitigating condition under Guideline J, I note that the Individual had no history of arrests or charges prior to her December 2024 arrest. *See* 10 C.F.R. § 710.7(c) (requiring consideration of the "frequency . . . of the conduct" in applying the mitigating conditions). Another consideration is that the Individual asserted her assault on the Boyfriend was preceded by his sexually assaulting her, though the absence of evidence that the Boyfriend was arrested or charged with any offense and the fact that she did not make this allegation to law enforcement until after denying that an altercation occurred, modifying her account to allege that he pushed her to ground, and then resisting arrest, casts doubt on her allegation. *See id.* (requiring consideration of the "circumstances surrounding the conduct"). However, several other considerations weigh squarely against the Individual. I find it concerning that the December 2024 incident occurred when the Individual was approximately forty years old and had held a clearance for over four years, both of which should have led her to exercise better judgment than to binge drink and resist arrest. *See id.* (requiring consideration of "the age and maturity of the individual at the time of the conduct"). Moreover, it appears that the Individual's mental health issues and alcohol misuse, which almost certainly contributed to the events of December 2024, progressively worsened over a period of years despite the Individual regularly participating in mental health treatment and abstaining from alcohol for a lengthy period. *See id.* (requiring consideration of the "circumstances surrounding the conduct"). Also, as noted above, the Individual has not resolved her alcohol and mental health issues, increasing the likelihood that she will engage in future disinhibited misconduct. *See id.* (requiring consideration of "the likelihood of continuation or recurrence").

In consideration of all the aforementioned factors, I find that the passage of little over one year since the Individual's December 2024 arrest is insufficient, in of itself, to convince me that she will not commit similar misconduct in the future. Likewise, considering that the Individual's conduct was likely influenced by longstanding, unresolved alcohol and mental health issues, I

cannot find that the conduct occurred under such unusual circumstances that it is unlikely to recur. Accordingly, I find the first mitigating condition inapplicable. Adjudicative Guidelines at ¶ 32(a).

The second mitigating condition is irrelevant to the facts of this case because the Individual does not assert that she was pressured or coerced into committing criminal conduct. *Id.* at ¶ 32(b).

The Individual has established that the charges against her in connection with her December 2024 arrest were dismissed. However, the incident report prepared by the law enforcement officer who arrested the Individual is at least some reliable evidence that the Individual committed both Domestic Assault and Resisting Arrest. There are many reasons why the charges against the Individual may have been dismissed; thus, this fact alone is insufficient to establish the applicability of the third mitigating condition. *Id.* at ¶ 32(c).

Other than a positive employment record, which the Individual appears to have had prior to her arrest, none of the factors under the fourth mitigating condition are applicable. Most importantly, as described above, I find that the Individual's unresolved alcohol and mental health issues indicate that too little time has passed since her December 2024 arrest for me to conclude that the conduct is unlikely to recur. Accordingly, I find that the Individual has not established the applicability of the fourth mitigating condition. *Id.* at ¶ 32(d).

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

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G, I, and J of the Adjudicative Guidelines. After considering all relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals