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

In the Matter of: Personnel Security Hearing)
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Filing Date: September 5, 2025) Case No.: PSH-25-0196
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Issued: February 27, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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 is employed in a position that requires that he hold a DOE security clearance. In mid-April 2025, the Individual sought and entered inpatient care for his alcohol consumption, which was appropriately reported to DOE the following day. Exhibit (Ex.) 6 at 27; Ex. 2 at 12.² The Individual’s access to the worksite was restricted on the same day that he reported his inpatient treatment. Ex. 6 at 29. At the behest of the Local Security Office (LSO), the Individual completed and signed a Letter of Interrogatory (LOI) in May 2025, in which he answered questions regarding his alcohol consumption. Ex. 7.

As questions still remained, the Individual underwent a psychological evaluation conducted by a DOE-consultant psychologist (DOE Psychologist) in June 2025. Ex. 9. The DOE Psychologist produced a report (the Report) of her findings in July 2025. *Id.* The Individual submitted to a Phosphatidylethanol (PEth) test in conjunction with the evaluation, the result of which was

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 DOE 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 DOE.

negative.³ *Id.* at 49. Pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*, the DOE Psychologist diagnosed the Individual with Alcohol Use Disorder (AUD), Severe, without adequate evidence of rehabilitation or reformation. *Id.* at 50.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified her that it possessed reliable information that created a substantial doubt regarding her continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of an Employee Concerns Program (ECP) counselor, an Occupational Medicine (Occ Med) psychologist, his coworker, and his Alcoholics Anonymous (AA) sponsor. *See* Transcript of Hearing, OHA Case No. PSH-25-0196 (hereinafter cited as "Tr."). The Individual also submitted nine exhibits, marked Exhibits A through I. The DOE Counsel submitted twelve exhibits marked as Exhibits 1 through 12 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Under Guideline G, "[e]xcessive 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. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern is a "diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder." *Id.* at ¶ 22(d). Under Guideline G, the LSO alleged that the July 2025 Report indicates that following a psychological evaluation of the Individual, the DOE Psychologist concluded that the Individual suffers from AUD, Severe, without adequate evidence of reformation or rehabilitation. Ex. 1 at 5. The LSO's invocation of Guideline G is justified.

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*

³ PEth tests "detect[] any significant alcohol use over the past three to four weeks." Ex. 9 at 49. Accordingly, if the Individual "were drinking heavily, then the PEth would also provide some indication of the intensity of his consumption." *Id.*

Department of Navy v. Egan, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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

IV. Findings of Fact and Hearing Testimony

The Individual’s history of alcohol consumption was described by the DOE Psychologist in the Report as “lengthy, chronic, and excessive.” Ex. 9 at 50. At the time he sought inpatient treatment, he was consuming approximately ten to fifteen alcoholic drinks per day. *Id.*; Ex. 7 at 31. In April 2025, the Individual missed a few days of work due to his alcohol consumption.⁴ Ex. 7 at 32. One morning upon waking up, he realized that he needed to get help and determined that he was not going to drink again, only to find himself buying more alcohol the same day. Tr. at 82. He stopped consuming alcohol the day before he entered inpatient treatment in April 2025. Ex. 7 at 31; Tr. at 86; Ex. 2 at 12. While inpatient, he was diagnosed with AUD, Severe, as well as Alcohol Dependence with Withdrawal, Unspecified. Ex. 9 at 47. The Individual was, accordingly, placed into the treatment center’s detoxification program and provided necessary prescription medications. *Id.* While in the detoxification program, the Individual was well enough to begin attending group sessions. *Id.* For two weeks while inpatient, the Individual underwent group and individual counseling sessions. *Id.* at 48. Group sessions included such things as art therapy and “AA style” meetings. *Id.*

Following the two weeks of inpatient care, the Individual was “transferred to the partial hospitalization program (PHP) at a different facility.” *Id.* While there, he was in sober living with other individuals. *Id.* While in sober living, the Individual continued to attend daily group counseling from 9:00 am to 3:00 pm. *Id.* The Individual and a therapist constructed an aftercare plan together in anticipation of his move out of sober living. *Id.* His aftercare plan included finding a therapist for when he would leave sober living, attending AA meetings at least three times per week, attending his employer’s EAP alcohol education and abstinence support classes, , and abstaining from alcohol. *Id.* His treatment with the PHP ended in mid-May 2025. Ex. 7 at 33–34; Ex. E.

⁴ The Individual’s coworker testified that the Individual’s unscheduled absences caught his attention. Tr. at 51, 53–54, 61–62. Soon after he took several days of leave, the Individual spoke to his coworker and explained that “he needed to get some help” for his excessive alcohol consumption. *Id.* at 54. Since seeking treatment, the Individual’s coworker feels that that Individual has, once again, become a reliable worker. *Id.* at 57.

The Individual began seeing a private therapist in May 2025. Ex. B. By mid-January 2026, he attended fourteen sessions of one-on-one therapy. *Id.* The January 2026 letter submitted by the Individual's therapist explains that they discuss healthy boundaries, alcohol recovery, and codependent behavior. *Id.* He explained that the Individual had made "excellent progress[] with no relapses with alcohol[.]" *Id.* He described the Individual's treatment as including relapse prevention. *Id.* Also in May 2025, the Individual began attending three to four AA meetings per week, and in December 2025, he decided to attend ninety AA meetings in ninety days. Tr. at 32; Ex. C. He studies and works through the Twelve Steps of the AA program and has secured an AA sponsor.⁵ Tr. at 32. When life becomes stressful or boring, which is a known trigger for him, the Individual responds by attending AA meetings. *Id.* at 38–40.

Because the Individual sought inpatient care in April 2025, his employer's Occ Med began monitoring him in May 2025, and he was accordingly subject to weekly alcohol urine tests, daily alcohol breath tests, and monthly PEth tests.⁶ Ex. 9 at 48. Occ Med also required that the Individual undergo treatment, like regular therapy and EAP courses, and attend AA meetings. Tr. at 30–32. The Occ Med psychologist confirmed in her testimony that she was meeting with the Individual on a monthly basis from May to July 2025, and since then, they have been meeting on a bi-monthly basis to discuss things like the Individual's relationships, treatment, and ongoing abstinence. *Id.* at 32, 34–36. She confirmed that the Individual has not had any difficulty meeting the aforementioned Occ Med requirements. *Id.* at 31.

The Individual completed the EAP alcohol education course in August 2025 and an abstinence support EAP course in October 2025. Ex. D. Since completing the aforementioned EAP course in October 2025, he began attending another EAP course designed to help one sustain the previously implemented changes in alcohol consumption. Ex. I; Tr. at 23. At the hearing, the EAP counselor noted that the Individual had learned various coping mechanisms, like deep breathing, going on walks, and managing daily stressors. Tr. at 14. She noted that the Individual "appreciates his sobriety" and has "a desire to change." *Id.* at 15. He also serves as a mentor to other participants in EAP meetings. *Id.* at 16. She described his goals as "recovery, abstinence, and sobriety." *Id.* He "identifies as an alcoholic in the group and . . . he has no intention of drinking again." *Id.* at 17.

The DOE Psychologist noted in the Report that the Individual met eight of the eleven diagnostic criteria for AUD, which included, among other things, withdrawal, increased tolerance, cravings or a strong desire to use alcohol, and consuming alcohol in larger amounts or over a longer period of time than was intended. Ex. 9 at 50. The DOE Psychologist stated in the Report that in order for the Individual to show adequate evidence of rehabilitation or reformation, he should continue with the plan he had in place at the time they met. *Id.* at 51. He should continue attending at least three AA meetings per week "for at least [twelve] months from the date of his entry into treatment,"

⁵ The Individual's sponsor testified that they entered a sponsor-sponsee relationship approximately eight months prior to the hearing, that they converse on a daily basis, and that they work through the Twelve Steps together. Tr. at 67, 70. The Individual's sponsor believes that the Individual has progressed enough to begin sponsoring others. *Id.* at 68. He confirmed that the Individual has not "had any struggles with his sobriety[.]" *Id.* at 71.

⁶ Occ Med requires abstinence from individuals who are subject to monitoring for alcohol consumption. Tr. at 29. Accordingly, Occ Med has required abstinence for the Individual since May 2025. *Id.* at 30. All urine and PEth tests were negative for alcohol. *Id.* at 37. Further, as there is potential for relapse during the hearing process, Occ Med will continue to monitor the Individual until he has completed the process. *Id.* at 30.

continue weekly sessions with his therapist until his goals have been met, continue being monitored by his employer's Occ Med until it is decided that he may be released, attend the EAP program for maintaining abstinence, continue to produce monthly negative PEth tests for twelve months from the date of his entry into treatment, and "keep his intention to remain abstinent for life." *Id.*

The Individual submitted to PEth tests every month from June 2025 from to January 2026, all of which yielded negative results. Ex. A. At the hearing, when asked if he believes he has "a problem with alcohol[,]" the Individual responded, "[y]es." Tr. at 77–78. He explained that because he had to report his inpatient treatment to DOE, he felt a greater sense of accountability and encouragement to complete treatment and remain abstinent from alcohol. *Id.* at 79. He explained that he intends to "abstain from alcohol for the rest of [his] life[,]" that he would like to continue attending AA meetings, and that he intends to "continue to meet[]" with his therapist on a monthly basis or "more frequently . . . if needed." *Id.* at 98, 104. He stated that since leaving inpatient treatment, he has only "become more . . . firm in [his] desire to maintain sobriety." *Id.* at 107. He even considers DOE to be an accountability partner. *Id.* at 108.

At the hearing, the DOE Psychologist characterized the Individual's treatment as "thorough," "in-depth," and "intense." *Id.* at 123–24. Although the Individual had not been abstinent for twelve months at the time of the hearing, the DOE Psychologist concluded that the Individual had shown adequate evidence of rehabilitation and reformation. *Id.* at 124–25. She felt that a full twelve months of sobriety was not necessary because he successfully completed two treatment programs, when he went inpatient and to a sober living facility. *Id.* at 125. He also opted to continue into aftercare by seeing a therapist after his discharge from sober living. *Id.* She noted that the Individual has been "relentless in keeping up that intensity with the number of meetings he has and his individual therapy and his work" with Occ Med. *Id.* at 124. The DOE Psychologist described the Individual's testimony as "riveting" due to its "consistency and honesty." *Id.* To her, what separated the Individual from others she has evaluated was his willingness to "jump[] in" and treat his maladaptive alcohol consumption. *Id.* at 125. She described the Individual's prognosis as "excellent," his risk of relapse as "very low," and ended her testimony by congratulating the Individual on his progress. *Id.* at 124, 126.

V. Analysis

The Adjudicative Guidelines provide that 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; 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.

I am satisfied that the Individual has mitigated the stated concerns. The Individual's approach to treating what he recognized as maladaptive alcohol consumption has been above reproach. While in the throes of his alcohol dependence, he realized that his behavior had become problematic. He was proactive about his circumstances, sought inpatient care, and after he was successfully discharged, understood his need to transition into sober living. Understanding that he needed to continue his treatment upon his discharge from sober living, the Individual created an aftercare plan with the assistance of a therapist. He has kept to his aftercare plan, as he continues to see a therapist, he has participated in his employer's EAP's alcohol-related programs, he continues to meet the requirements promulgated by his employer's Occ Med psychologist, and he attends AA meetings at least three times per week. In fact, he has made attending AA meetings and engaging with AA material and literature a lifestyle. His level of devotion to the program is evidenced by the fact that he was in the process of achieving his goal of attending 90 meetings in 90 days. His sponsor testified that they discuss AA material every day, and that he feels that the Individual is ready to sponsor other attendees. The Individual also presented negative PEth tests to corroborate his ongoing sobriety. The change that he has experienced since engaging in treatment is evident in the testimony, which I found creditable. Importantly, the DOE Psychologist, who took note of the intensity of treatment the Individual sought and completed, determined that the Individual had shown adequate evidence of rehabilitation and reformation, and that his prognosis was excellent. She described his risk of relapse as "very low," and showed enthusiasm for the progress he has made via his ongoing treatment. Accordingly, I conclude that the Individual has mitigated the stated concerns pursuant to mitigating factor (b) and (d).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, both 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 Guideline G concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find 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.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals