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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:	July 8, 2025)	Case No.: PSH-25-0161
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)	

Issued: March 30, 2026

Administrative Judge Decision

Diane L. Miles, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (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*. (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 that he hold a security clearance. In August 2024, in connection with the Individual's request for access authorization, the Individual completed a Questionnaire for National Security Positions (QNSP). Exhibit (Ex.) 8.² In the QNSP, the Individual reported that from May 2024 to August 2024, he received counseling or treatment related to his use of alcohol. *Id.* at 116.

Because of the security concerns raised by the Individual's alcohol treatment, the Local Security Office (LSO) requested that the Individual undergo an evaluation by a DOE-contractor psychologist (DOE Psychologist), who, in March 2025, conducted a clinical interview of the Individual and issued a report (the Report) of his findings. Ex. 5. On March 17, 2025, as part of

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 DOE's exhibits were combined and submitted in a single, 146-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

the evaluation, the Individual underwent alcohol testing, in the form of a Phosphatidylethanol (PEth) test,³ the result of which was positive at a level of 303 ng/mL. *Id.* at 41. The DOE Psychologist concluded that, based upon a medical doctor’s interpretation of the Individual’s March 17, 2025, PEth test result, the Individual was “drinking heavily.” *Id.* at 31. Based on his evaluation of the Individual, and the results of the Individual’s PEth test, the DOE Psychologist opined that the Individual met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for a diagnosis of Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. *Id.* at 33.

On May 28, 2025, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6–8. 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. *Id.* at 5.

The Individual requested an administrative hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. On January 13, 2026, I convened a hearing pursuant to 10 C.F.R. § 710.25(d), (e), and (g). During the hearing, I took testimony from five witnesses: the Individual, the Individual’s Supervisor, the Individual’s Colleague, the Individual’s Therapist, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-25-0161 (Tr.). Counsel for the DOE submitted eight exhibits, marked as Exhibits 1 through 8. The Individual submitted 11 exhibits, marked as Exhibits A through K.⁴

II. The Summary of Security Concerns

Under Guideline G, “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 under Guideline G include a “diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder.” *Id.* at ¶ 22(d). In invoking Guideline G, the LSO cited the DOE Psychologist’s opinion that the Individual met sufficient *DSM-5-TR* diagnostic criteria for a diagnosis of AUD, Moderate, without evidence of rehabilitation or reformation. *Id.*⁵

III. Regulatory Standards

³ The Report indicates that “PEth accumulates when ethanol binds to the red blood cell membrane. 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. 5 at 39. A PEth level “greater than 200 ng/mL corresponds to heavy drinking (at least 4 drinks/day several days/week).” *Id.* at 30, 39.

⁴ The Individual’s exhibits included a copy of his college degree, a copy of his resume, and eight character reference letters. Ex. H; Ex. I; Ex. J. Although these exhibits are a part of the record, they will not be specifically referenced in this Decision because they do not include information relevant to the security concerns in this case.

⁵ The LSO also cited the results of the Individual’s March 2025 PEth test, which was positive at a level of 303 ng/mL. Ex. 1 at 5. While the Individual’s March 17, 2025, PEth test result informed the DOE Psychologist’s opinion, it does not present a security concern in and of itself.

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 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 their 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

During the March 2025 psychological evaluation, the Individual told the DOE Psychologist that during the previous ten years, his alcohol consumption had steadily increased, along with his tolerance for alcohol. Ex. 5 at 26. As of August 2024, he typically consumed alcohol to intoxication, nightly. *Id.* His routine was to consume “5–6 craft beers on weeknights and 10 craft beers on Saturdays.” *Id.* Two days before the evaluation, the Individual drank ten beers, from 12:00 p.m. to 7:00 p.m. *Id.* He admitted that he had an alcohol problem and that he wanted to stop drinking. *Id.* The Individual abstained from alcohol two years prior to the psychological evaluation, in 2023, as an experiment and without the use of an alcohol treatment program, but he was only able to stop drinking for ten days. *Id.*; Tr. at 69. The Individual reported that he drank alcohol as a “time-filler” and as a part of his social activities. Ex. 5 at 26.

The Individual also reported that since 2017, he has seen his Therapist, to treat issues related to anxiety and Obsessive-Compulsive Disorder (OCD). Ex. 5 at 25. Since May 2024, he has had 15 sessions with the Therapist. Ex. 5 at 25; Ex. C. The DOE Psychologist contacted the Individual's Therapist and learned that the Therapist uses cognitive behavioral therapy to address the Individual's anxiety and OCD, and that the Individual uses alcohol to cope with his anxiety. Ex. 5 at 28. The Therapist also reported that she diagnosed the Individual with “Alcohol Intoxication.” *Id.*⁶

The DOE Psychologist found that the Individual's reporting of his alcohol consumption was consistent with his March 17, 2025, PEth test result, and that the Individual was “drinking heavily.” Ex. 5 at 31. The DOE Psychologist diagnosed the Individual with AUD, Moderate, without

⁶ Although the Individual's Therapist referred to the Individual's diagnosis as “Alcohol Intoxication” in March 2025, the Therapist referred to his diagnosis as “Alcohol Abuse” during the hearing. Tr. at 15–16.

adequate evidence of rehabilitation or reformation. *Id.* at 33. To show adequate evidence of rehabilitation from his AUD, Moderate, the DOE Psychologist recommended that the Individual participate in an Intensive Outpatient Program (IOP), for 12 to 16 weeks. *Id.* After completing an IOP, the Individual was advised to attend the IOP's "weekly aftercare meetings for nine (9) months," and undergo monthly PEth testing. *Id.* If the Individual chose not to participate in an IOP, the Individual could demonstrate evidence of reformation from his AUD, Moderate, by actively participating in Alcoholics Anonymous (AA) for 18 months, which must include "documented attendance of four meetings a week, meeting with a sponsor, and showing evidence of working the 12-Step program." *Id.* The Individual could also show evidence of reformation from his AUD, Moderate, by abstaining from alcohol for 24 months, supported by monthly PEth testing. *Id.*

At the hearing, the Individual's Supervisor and Colleague testified that they have known the Individual since 2024 and that they interact with the Individual almost daily. Tr. at 77, 86. They were both aware of the DOE's concerns about the Individual's alcohol consumption, but neither of them had ever observed behavior in the workplace that suggested the Individual was abusing alcohol. *Id.* at 77-78, 86, 90. The Supervisor did not have any concerns about the Individual's judgment. *Id.* at 86. The Individual's Supervisor and Colleague knew the Individual sought treatment related to his use of alcohol, but neither of them knew how much alcohol the Individual was consuming. *Id.* at 80, 89-90.

The Individual's Therapist testified she treats the Individual for his OCD, and for his anxiety, not his alcohol use. Tr. at 14. However, she believed the Individual was drinking alcohol to the point where it was not healthy for him. *Id.* at 15. In July 2025, she diagnosed the Individual with "Alcohol Abuse" and recommended that he find a substance abuse counselor to help him with his alcohol consumption. Tr. at 15-16, 23; Ex. B. Since July 2025, the Individual has had psychotherapy sessions with the Therapist, one to two times a week. Tr. at 22-24; Ex. B; Ex. C. The Therapist explained that the Individual had progressed in his sense of awareness, and his willingness to take steps to improve his health, such as running. Tr. at 29-30. She explained that the Individual underwent alcohol testing and, since July 2025, he had reported his test results to her. *Id.* at 25-26; *see infra* p. 5, n. 7 (indicating that the tests were PEth tests and listing the results). Her understanding of the Individual's future plans regarding alcohol is that he will drink alcohol in moderation, on special occasions, and not as a regular part of his daily routine. *Id.* at 26. The Therapist did discuss abstaining from alcohol with the Individual, but the Individual expressed to her that if he cannot drink alcohol without it causing adverse consequences in his life, then he would not drink. *Id.* at 26-27. She believed that the Individual's Alcohol Abuse was in remission because he was not experiencing "a tolerance issue," he was not experiencing symptoms of alcohol withdrawal, and he was not engaging in alcohol-related behaviors that impaired the quality of his life. *Id.* at 19, 23-25.

The Individual testified that he did not believe his alcohol consumption was a problem, because it never had a negative impact on his work performance, his finances, and it never led to an interaction with law enforcement. Tr. at 41-42, 65-66, 72. During a typical weeknight, the Individual would go to a local bar and have a few alcoholic drinks with water and food, over several hours. *Id.* at 40. He explained that he drank alcohol to relax and socialize and that he never believed he was unable to stop drinking. *Id.* at 41. After reading the DOE Psychologist's Report, he believed the DOE Psychologist wanted him to reduce the amount of alcohol he was consuming, rather than abstain from alcohol. *Id.* at 45, 65. Although he reported to the DOE Psychologist,

during his evaluation, that he wanted to stop drinking alcohol, he claimed that what he meant to tell the DOE Psychologist was that he wanted to reduce his alcohol consumption and still socialize. *Id.* at 54–55. Since June 2025, the Individual testified that he had consumed “less than five beers a week” to address the DOE’s concerns. *Id.* at 42–43, 51. He expressed a willingness to abstain from alcohol, if he was required to do so by the DOE. *Id.* at 45.

Since August 2025, the Individual has had counseling sessions with a substance abuse counselor, every two weeks. Tr. at 44–45, 49, 66–67; Ex. F. A November 2025 letter from the substance abuse counselor indicates that he diagnosed the Individual with AUD. Ex. E. The Individual explained that during these sessions, the counselor advises him on how he can limit his alcohol consumption, they discuss different ways of thinking about alcohol, and they discuss alcohol’s effects on the body. Tr. at 50, 67. They also discuss how to socialize without going to his local bars, but the Individual admitted that he still attends bars; though not as often as he used to. *Id.* at 67–68. He stated that the counselor recommended that he stop drinking alcohol. *Id.* at 67, 71. When he was asked if his sessions included discussions about his triggers to drink alcohol, he replied that he did not know. *Id.* at 68. He did not follow the DOE Psychologist’s recommendation to enroll in an IOP. *Id.* at 66. In October 2025, the Individual met with a psychiatrist, but he only did so to obtain a second opinion as to whether he had an AUD, and he did not intend to see the psychiatrist again. *Id.* at 53; Ex. G. A record of the Individual’s October 2025 psychiatric evaluation indicates that he was diagnosed with AUD. Ex. G. The Individual intends to continue receiving treatment from his Therapist and his substance abuse counselor. Tr. at 45, 60.

As for the DOE Psychologist’s recommendation that the Individual undergo monthly PEth testing, the Individual submitted the results of seven PEth tests taken between June 2025 and December 2025. Ex. A; Ex. K. The results of all but one test were positive for alcohol. *Id.*⁷ The Individual explained that his PEth test results showed that he had greatly reduced his alcohol consumption since March 2025. Tr. at 44, 50–51. The last time he consumed alcohol was two days before the hearing, when he had a few drinks with a neighbor. *Id.* at 59–60.

The DOE Psychologist testified that after listening to the testimony provided during the hearing and reviewing the Individual’s exhibits, the Individual had not shown adequate evidence of rehabilitation or reformation from his AUD, Moderate. Tr. at 102. He explained that because the Individual’s March 17, 2025, PEth test was so high, at 303 ng/mL, to demonstrate rehabilitation from his AUD, Moderate, he recommended that the Individual attend an IOP for 12 to 16 months, then attend the IOP’s aftercare program for nine months. *Id.* at 94–95. To demonstrate reformation, he recommended that the Individual actively participate in AA for 18 months. *Id.* No matter which form of treatment the Individual chose, the DOE Psychologist explained that the Individual “needed to show evidence of abstinence,” through monthly PEth testing, and that such PEth testing needed to be negative. *Id.* at 95, 112–13.

The DOE Psychologist also explained that although the Individual continued to see his Therapist, which was a positive sign, he did not enroll in an IOP or AA, and therefore, he did not follow the DOE Psychologist’s treatment recommendations. Tr. at 99. Though the Individual had seen a

⁷ The Individual’s June 30, 2025, PEth test was positive at a level of 36 ng/mL; the July 31, 2025, PEth test was positive at a level of 65 ng/mL; the August 14, 2025, PEth test was positive at a level of 20 ng/mL; the September 19, 2025, PEth test was positive at a level of 33 ng/mL; the October 31, 2025, PEth test was positive at a level of 27 ng/mL; the November 11, 2025, PEth test was negative; and the December 30, 2025, PEth test was positive at a level of 31 ng/mL. Ex. A; Ex. K

substance abuse counselor since August 2025, the DOE Psychologist could not conclude that the Individual's sessions with his substance abuse counselor were equivalent to the AA he had recommended, because the Individual was not aware of his triggers to drink alcohol and he did not seem to know much about alcohol use in general. *Id.* at 105. He also did not think it was wise for the Individual to still attend bars if he wanted to decrease his alcohol consumption, because it could be difficult for him to avoid drinking in an atmosphere where everyone is drinking alcohol around him. *Id.* at 99–100. As for a prognosis, the DOE Psychologist opined that the Individual's prognosis was poor. *Id.* at 101. He explained that the Individual's March 2025 PEth test result indicated that he was a heavy drinker, heavy drinkers have a "60 to 70 percent chance of relapsing," and that, considering the Individual's lack of responsiveness to treatment and continued regular alcohol consumption in environments such as bars, he was "very cautious" about the Individual's prognosis. *Id.*

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.

As to factor (a), the Individual admitted that his alcohol consumption had increased over the past ten years, and that as of August 2024, he was consuming five to six beers a weeknight, and ten beers on Saturdays. He also admitted that two days before his psychological evaluation, he consumed ten beers between 12:00 p.m. and 7:00 p.m. which was reflected in his March 2025 PEth test result. Therefore, his pattern of alcohol consumption was heavy and frequent. Furthermore, there is no evidence that the Individual's problematic alcohol consumption occurred under unusual circumstances because he admitted that he drank alcohol to relax and socialize with others.

Furthermore, the Individual knew that the DOE had concerns about his alcohol consumption, and the DOE Psychologist, his Therapist, his substance abuse counselor, and a psychiatrist, have

diagnosed him with some form of an alcohol disorder. Despite this knowledge, the Individual chose to disregard the DOE Psychologist's treatment recommendations, and he continues to drink alcohol. The Individual expressed that he prefers to continue consuming alcohol, rather than abstain from doing so, and that he consumed alcohol as recently as two days before the hearing. Finally, the DOE Psychologist opined that the Individual was not yet rehabilitated or reformed from his AUD, Moderate and that his prognosis was poor. There is no evidence upon which I can conclude that the Individual's problematic alcohol consumption is unlikely to recur, and his alcohol consumption continues to cast doubt on his current reliability, trustworthiness, and judgment. Therefore, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(a) of the Adjudicative Guidelines.

As to factor (b), the Individual testified that he did not believe that his alcohol consumption was a problem, because it never had a negative impact on his work performance, his finances, and it never led to an interaction with law enforcement. Furthermore, he has not enrolled in AA or an IOP to address his heavy alcohol consumption, as recommended by the DOE Psychologist. Although the Individual received some treatment, from his Therapist, his Therapist testified that her treatment was focused on the Individual's OCD, and not his alcohol use. The Individual was also seeing a substance abuse counselor, but the Individual has not followed that counselor's recommendation, that he abstain from alcohol, and I concur with the concerns of the DOE Psychologist, who could not determine how effective the Individual's therapy sessions have been at addressing his alcohol consumption, when compared to an IOP and AA, because he did not believe he has a problem with alcohol and he continues to drink.

Finally, the DOE Psychologist gave the Individual three ways that he could establish rehabilitation or reformation from his AUD, Moderate, and the DOE Psychologist testified that given his high March 2025 PEth test result, resolving his AUD included abstaining from alcohol. That the Individual had a different interpretation of the DOE Psychologist's recommendations in his Report does not change this fact. At the hearing, the Individual admitted that his intent, during his evaluation with the DOE Psychologist, and since then, was to decrease his alcohol consumption, and that he would not consider abstaining from alcohol unless he believed the DOE required that he do so. The Individual's PEth test results, from June 2025 to December 2025, also show that he continues to drink and that he has not established a clear and established pattern abstinence in accordance with treatment recommendations. The DOE Psychologist opined that the Individual was not yet rehabilitated or reformed from his AUD, Moderate, and that his prognosis was poor. Therefore, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(b) of the Adjudicative Guidelines.

As to factors (c) and (d), as explained above, the Individual has had therapy sessions with his Therapist and a substance abuse counselor, but he is not making satisfactory progress with this treatment because he has not acknowledged that he had a problem with alcohol and he continues to drink. He also chose not to enroll in an IOP or AA, as recommended by the DOE Psychologist, and he admitted that he continues to drink alcohol, and did so as recently as two days before the hearing. So, he has not established a pattern of abstinence in accordance with the DOE Psychologist's treatment recommendations. Therefore, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(c) or ¶ 23(d) of the Adjudicative Guidelines.

Based on the foregoing analysis, I cannot find that the Individual has resolved the concerns raised by the LSO under Guideline G of the Adjudicative Guidelines.

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 not brought forth sufficient evidence to resolve the concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that granting him a 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 not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals