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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: January 2, 2026)	Case No.: PSH-26-0037
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Issued: April 7, 2026

Administrative Judge Decision

Erin C. Weinstock, 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 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 is employed by a DOE contractor in a position that requires him to hold an access authorization. Exhibit (Ex.) 1 at 2.² On September 25, 2025, the Individual was arrested and charged with Driving Under the Influence (DUI) and Carrying a Concealed Weapon Under the Influence (CCWUI). Ex. 6 at 122–23. As a result of this incident, the Individual completed a Personnel Security Information Reporting Form on September 29, 2025, reporting his arrest, the charges against him, and providing more details about his alcohol use. Ex. 7. Subsequently, the Local Security Office (LSO) asked the Individual to complete a letter of interrogatory (LOI), which the Individual did on October 12, 2025. Ex. 9. Prior to the September 2025 incident, the Individual had been diagnosed with Alcohol Use Disorder (AUD) in 2020, and his providers recommended that he remain abstinent from alcohol consumption. Ex. 5 at 89–90. In addition to the 2025

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

² References to the Local Security Office's (LSO) exhibits are to the exhibit number and the PDF page number from the LSO's exhibit notebook.

incident, the Individual relapsed and resumed binge consumption of alcohol on at least two occasions after his diagnosis. Ex. 9 at 147.

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 2 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.*

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 3. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted nine exhibits (Ex. 1–9). The Individual submitted twelve exhibits (Ex. A–L). The Individual presented four witnesses and also testified on his own behalf. Hearing Transcript, OHA Case No. PSH-26-0037 (Tr.). The LSO did not present any witnesses. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive alcohol consumption. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include: “alcohol-related incidents away from work,” “habitual or binge consumption of alcohol to the point of impaired judgement,” and “alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.” *Id.* at ¶ 22(a), (c), (f). In citing Guideline G, the LSO relied upon the Individual’s September 2025 arrest for DUI and CCWUI. Ex. 2 at 6. The LSO also cited the Individual’s history of binge and habitual consumption of alcohol to the point of impaired judgment and his continued consumption of alcohol after being diagnosed with an alcohol use disorder against treatment recommendations. *Id.* at 7–8. The aforementioned allegations justify the LSO’s invocation of Guideline G.

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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

IV. FINDINGS OF FACT

The Individual believes that his alcohol use increased starting in 2012, when he returned to the United States from an overseas military deployment. Ex. 9 at 145. When he returned from his deployment, he was diagnosed with post-traumatic stress disorder (PTSD) and had some symptoms of anxiety and depression. *Id.*

In 2014, the Individual was concerned about his alcohol consumption, and he sought treatment through programs available to him as an active-duty member of the military. Tr. at 98. The Individual was evaluated and told that the appropriate intervention for him would be a week-long course about alcohol use, which he attended. *Id.* at 73, 98.

From 2012 to about 2020, the Individual went through periods where he would drink between four and six beers in an evening, and, around spring of 2020, he began regularly consuming eight or more beers at home alone with his wife and newborn child. Ex. 9 at 146. In September 2020, the Individual’s direct military supervisor expressed concern to the Individual about his alcohol consumption. *Id.* In October 2020, shortly after the Individual had been transferred to a new command, the Individual’s wife expressed concern about his alcohol consumption and mental health more generally. *Id.*

In November 2020, the Individual asked for help from his command and completed a thirty-day inpatient program for alcohol treatment. *Id.* at 147. While participating in this program, the Individual was diagnosed for the first time with AUD and advised that he should not consume alcohol. Tr. at 98. After completing the inpatient program, the Individual maintained sobriety for fourteen months, attending Alcoholics Anonymous (AA) meetings, working with a sponsor, and practicing the twelve steps of AA. Ex. 9 at 147; Tr. at 99.

The Individual’s sponsor passed away in April 2022, which led the Individual to experience grief, depression, and a relapse. Ex. 9 at 147; Tr. at 75–76. The Individual began to consume between six and ten beers a day after work. Ex. 9 at 147; Tr. at 100. In July 2022, the Individual asked for help and attended another thirty-day inpatient treatment program. Ex. 9 at 147. After being discharged from the program, the Individual found a new sponsor and worked through the steps of AA again. *Id.* He maintained his sobriety for twenty months. *Id.*

In February 2024, the Individual’s wife got a new job in a different city than where they were living. *Id.* The Individual’s wife and children moved to the new city while the Individual stayed behind to pack their old home, renovate it, and sell it. *Id.* While alone in the old home, the

Individual became isolated, attended fewer AA meetings, and relapsed, consuming between one and two liters of wine each night. *Id.* The Individual requested help from his command and went to inpatient treatment at two locations where clinicians assessed how his PTSD, depression, and anxiety affected his AUD. Tr. at 104. The Individual spent sixty days total in treatment. *Id.* at 105–06. While in treatment at this time, the Individual worked with a group that provides service dogs to veterans, and it was determined that he would be a good candidate based on his medical history. *Id.* at 104. The Individual left the military in summer 2024, after he completed treatment. *Id.* at 76–77. After being discharged from treatment, the Individual maintained his sobriety for a period of twenty months. *Id.* at 108.

Around early September 2025, the Individual relapsed. *Id.* at 77. On September 25, 2025, the Individual took time off of work to go pick up his new car in a nearby, but unfamiliar town. *Id.* at 78. Because the Individual was unfamiliar with the area, he took his gun with him for protection. *Id.* He returned home without incident, but accidentally left the weapon in his car. *Id.* When the Individual got home, he consumed approximately one and a half liters of wine and then realized he was missing ingredients he needed for dinner. *Id.* at 79. The Individual decided to drive approximately half a mile to the grocery store. *Id.* When he got in his car, he realized he had left his gun in the car and put it in his waistband so he would remember to put it in his safe when he returned home. *Id.* On the way to the grocery store, he stopped to talk to some construction workers who were doing work in front of the local fire station. *Id.* at 81. According to the police report, someone called the local police department, asking for them to perform a wellness check on the Individual. Ex. 6 at 124. When police arrived, they observed that the Individual appeared to be intoxicated and eventually also discovered that he had his gun in his waistband. *Id.* at 124–25. The Individual was charged with DUI and CCWUI. *Id.* at 126. He ultimately entered a plea agreement that required him to complete one year of supervised probation and comply with the requirements of his alcohol treatment program. Ex. B at 11–12.

Shortly after his arrest, the Individual entered into another inpatient treatment program. Tr. at 109. The Individual completed the six-week program on November 12, 2025. *Id.*; Ex. H at 83. The staff psychologist at the inpatient treatment program stated that the Individual had successfully completed the program and recommended that he continue “active engagement in outpatient mental health and substance use disorder treatment” as outlined in the aftercare plan that he developed with his providers while in the inpatient program. Ex. H at 83. The Individual’s aftercare plan contained many goals, including several directly related to the continuing treatment of his AUD. Ex. I. In the plan, the Individual said that he intended to: (1) complete his twelve-week intensive outpatient program (IOP); (2) attend AA at least three times a week; (3) complete the 4th and 5th AA steps by the end of February; (4) meet with his behavioral health specialist weekly; (5) meet with his psychiatrist every two weeks; and (6) participate in outpatient substance abuse treatment for about two years after completing the IOP. *Id.* at 86; Ex. J (explanation of benefit forms showing that the Individual attended weekly meetings with his behavioral health specialist when he was not in inpatient care from the end of September 2025 to the end of January 2026); Ex. K (explanation of benefit forms showing the Individual attended appointments with a psychiatrist on December 30, 2025, and January 27, 2026); Ex. L (letter showing the Individual’s enrollment in an IOP). The aftercare plan also included a number of spiritual, physical, and interpersonal goals that the Individual believes will help to support his abstinence from alcohol. Ex. I at 86–87.

The Individual testified that he last consumed alcohol on October 4, 2025. Tr. at 109. To support his testimony that he has not consumed alcohol since October 4, 2025, the Individual submitted the results of urine tests from October 10, 2025, October 15, 2025, October 21, 2025, October 26, 2025, November 5, 2025, and November 10, 2025.³ Ex. M. The tests were all negative. *Id.*

At the time of the hearing, the Individual testified that he was attending three-hour long IOP sessions three times weekly,⁴ going to two AA meetings per week, seeing his psychiatrist approximately monthly, and seeing his behavioral specialist weekly. Tr. at 117–18, 123. He is also working on the steps of AA with his sponsor and is currently on step 8. *Id.* at 114–15. After the Individual completes the IOP, he plans to participate in outpatient programs offered through the Department of Veterans Affairs (VA) to provide him with continued support. *Id.* at 118–19.

The Individual got a service dog about two and a half months prior to the hearing. *Id.* at 105. The Individual completed ten days of training with the dog, and now the dog helps the Individual to manage stress, be more comfortable, and interact with the public more confidently. *Id.* at 115–16. The Individual has also improved his physical health while in recovery. *Id.* at 86. He attends a yoga or Pilates class every day of the week except for one, when he goes swimming at a local rec center. *Id.* at 86–87.

The Individual’s pastor testified that the Individual reached out to him while he was in inpatient treatment in October 2025 to ask for support when the Individual returned home from that treatment. Tr. at 37. The pastor has worked with people having problems with substance abuse in the past, and he agreed to help as long as the Individual was taking other steps as part of a treatment plan. *Id.* The Individual testified that during his previous attempts at recovery, he struggled because he lacked “spirituality.” *Id.* at 124. Recently, he has become more in-tune with his spirituality and his religion, which he testified has helped him get more out of AA. *Id.* He now attends church on a weekly basis, which he had never done before. *Id.* at 121, 125.

In addition to everything described above, the Individual testified that his recent time in inpatient care emphasized the importance of focusing on the whole of a person’s health. *Id.* at 112. He feels that he has more support from his family and community than ever before and that will help him to succeed where he has not in the past. *Id.* at 112–13.

³ The tests that the Individual submitted do not indicate what period of time the results cover. Generally, urine tests detect alcohol use that occurred between twelve and seventy-two hours prior to the test. American Addiction Centers, *How Long Does Alcohol Stay in Your System?*, available at <https://americanaddictioncenters.org/alcohol/how-long-in-system>.

In addition to the tests mentioned above, the Individual submitted drug screens from January 21, 2026, January 23, 2026, February 16, 2026, and March 2, 2026. Ex. M. These drug screens do not appear to have included any test for alcohol use.

⁴ As part of his IOP, the Individual sees a therapist on a weekly basis. Tr. at 109–10. It is unclear from the record if that weekly session is included in the nine hours of IOP the Individual participates in each week or in addition to that time.

The Individual's former coworker testified that they had previously worked together, handling classified information when they were both in the military, and that, in his experience, the Individual could be trusted to follow procedures related to classified information. *Id.* at 17–19.

The Individual's friend testified that the Individual had been open with him about his struggles with alcohol consumption and his attempts to seek help for his AUD. *Id.* at 49–50.

The Individual's current supervisor testified that based on his observations at work, the Individual is reliable. *Id.* at 58.

V. ANALYSIS

Guideline G

An individual may be able to mitigate security concerns under Guideline G through the following conditions:

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

As an initial matter, I note that the steps the Individual has taken to attempt to overcome his disease are quite impressive. However, I am required by the regulations to consider the “nature, extent, and seriousness of the conduct,” as well as “the likelihood of . . . recurrence.” 10 C.F.R. § 710.7(c). The Individual has struggled with his alcohol consumption for more than a decade and has been seeking treatment in some form or another for about six years. He has achieved long periods of sobriety, but he has also had several relapses during this time period. The hearing in this matter occurred approximately five months after the Individual's most recent relapse. Given the seriousness and extent of the Individual's problems with alcohol consumption, and his history of

relapse after much more prolonged periods of sobriety, I cannot find that the security concerns are resolved here.

As to mitigating factor (a), the Individual has been struggling with his alcohol use for over a decade. In that time period, he sought treatment on several occasions, had periods of sobriety, and had several relapses. His struggle with alcohol consumption occurred in many different environments, and during many different periods in his life. He has relapsed and resumed alcohol use after several periods of sobriety that were longer than the five-month period between the incident that precipitated these proceedings and the hearing. As such, I cannot say that so much time has passed, the behavior was so infrequent, or that it happened under such unusual circumstances that the mitigating conditions are met. Therefore, mitigating factor (a) does not resolve the security concerns.

The Individual acknowledged that his alcohol consumption was problematic, and he has taken significant steps to overcome the problem, including attending an inpatient treatment program and attending an IOP after he completed the inpatient program. However, I cannot find that less than five months of abstinence from alcohol is sufficient to demonstrate a “clear and established pattern of . . . abstinence in accordance with treatment recommendations,” particularly in light of the severity of the Individual’s struggles with alcohol. Further, while the alcohol testing results that the Individual provided showed some proof that he has been abstinent, the provided testing did not fully cover the period of time during which the Individual testified that he had been abstinent from alcohol, and the Individual provided no other corroborating evidence or testimony to directly support his testimony that he was not currently consuming alcohol. Therefore, the security concerns are not resolved pursuant to mitigating factor (b).

The Individual has undergone treatment for his AUD on several occasions in the past and on at least three occasions has relapsed and resumed consuming alcohol. Therefore, I cannot find that the security concerns are resolved pursuant to mitigating factor (c).

The Individual provided documentary evidence that he completed a six-week-long inpatient rehabilitation program on November 12, 2025, and also provided a copy of his extensive aftercare plan. The Individual’s testimony and other exhibits show that he has made impressive progress on that plan; however, that progress is not sufficient for me to say that he has completed “any required aftercare.” At the time of the hearing, the Individual was attending fewer AA meetings than the goal stated in his aftercare plan, seeing his psychiatrist less often, and had not even begun his post-IOP substance abuse programming. Further, as explained above, even assuming the Individual’s urinalysis tests were sufficient support for his testimony that he has not consumed alcohol since October 2025, I cannot find that five months of abstinence from alcohol consumption is sufficient to demonstrate a clear and established pattern of abstinence, particularly given the severity of the Individual’s struggles with alcohol. Consequently, the security concerns are not resolved pursuant to mitigating factor (d).

Accordingly, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

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

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals