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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: February 2, 2026) Case No.: PSH-26-0058
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Issued: April 1, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, 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 an employee of a DOE contractor and works in a position that requires him to hold an access authorization. In May 2025 the Individual's spouse sought and was awarded an emergency protection order (EPO) against the Individual. Exhibit (Ex.) 5 at 71.² The Individual was, accordingly, asked by the Local Security Office (LSO) to respond to two Letters of Interrogatory (LOI). Ex. 4; Ex. 5. The Individual completed the first LOI in June 2025, and the second LOI in July 2025, wherein he responded to questions pertaining to the EPO and his alcohol consumption. Ex. 4; Ex. 5.

As questions still remained, the LSO asked the Individual to undergo a psychological evaluation conducted by a DOE-consultant psychologist (DOE Psychologist) in August 2025. Ex. 3. The Individual submitted to a Phosphatidylethanol (PEth) test and Ethyl glucuronide (EtG) test in

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 Individual's exhibits were not numbered. Accordingly, this decision will refer to the PDF page number when citing to exhibits submitted by the Individual. The DOE's exhibits were numbered at the bottom right corner of each page, and this Decision will accordingly refer to the page number marked in that location.

conjunction with the examination.³ *Id.* at 12–13. The EtG test was negative and the PEth test was positive at 109 ng/mL. *Id.* The DOE Psychologist issued a report (the Report) of her findings in October 2025, in which she concluded that the Individual “habitually or binge consumes alcohol to the point of impaired judgment[.]” *Id.* at 57. She further concluded that his “present/likely” Post-traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (ADHD), “[i]f left untreated or poorly controlled or combined with alcohol use and/or sleep disorder, . . . can impair reliability and judgment.” *Id.* at 59.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created a substantial doubt regarding his 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 Guidelines G (Alcohol Consumption), E (Personal Conduct), and I (Psychological Conditions) 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. *See* Transcript of Hearing, OHA Case No. PSH-26-0058 (hereinafter cited as “Tr.”) The Individual also submitted nine exhibits, marked Exhibits A through I. The DOE Counsel submitted seven exhibits marked as Exhibits 1 through 7 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Guideline G

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 are “alcohol-related incidents away from work, such as . . . spouse abuse . . . or other incidents of concern, regardless of the frequency of the individual’s alcohol use or whether the individual has been diagnosed with alcohol use disorder” and “habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder.” *Id.* at ¶ 22(a), (c). Under Guideline G, the LSO alleged that the DOE Psychologist concluded that the Individual binge consumes alcohol to the point of impaired judgment, and that the Individual had not shown adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also alleged

³ “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption.” Ex. 3 at 13. PEth “can be detected for up to 28 [days].” Ex. 7 at 3. An EtG test requires a urine specimen and can detect alcohol in the body, and “[a]fter only one or two drinks, EtG can be detected for up to 48 [hours], but with heavy consumption, EtG can be detected for up to 4 days.” *Id.* at 2.

that in May 2025, the Individual’s spouse filed for an EPO, in which she alleged that the Individual has a “history of alcohol abuse.” *Id.* at 6. The LSO’s invocation of Guideline G is justified.⁴

Guideline E

Under Guideline E, “[c]onduct involving questionable judgement, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual’s reliability, trustworthiness, and ability to protect classified or sensitive information.” Adjudicative Guidelines at ¶ 15. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying concern is the “deliberate omission, concealment, or falsification of relevant facts from any . . . form used to . . . determine national security eligibility or trustworthiness[.]” and “deliberately . . . concealing or omitting information concerning relevant facts to a . . . competent medical or mental health professional involved in making recommendation relevant to any national security eligibility determination[.]” *Id.* at ¶ 16(a)–(b). Under Guideline E the LSO alleged that the Individual told the DOE Psychologist that he “preferred to drink privately so that his family would not see him drinking,” but noted in his response to the July 2025 LOI that “he had not had a drink in roughly [four] weeks because he lives alone and does not like drinking alone.” Ex. 1 at 8. The LSO also alleged that the Individual had told the DOE Psychologist that he had been abstinent for approximately two months prior to the August 2025 psychological evaluation, but the PEth test result, which was collected in October 2025, was positive at a value of 109 ng/mL, suggesting “moderate to heavy ethanol consumption.” *Id.* As explained in detail in Section V of this Decision, I find that the LSO’s allegations under Guideline E do not present security concerns.

Guideline I

Under Guideline I, “[c]ertain emotional, mental, and personality conditions can impair one’s judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include “[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). Under Guideline I, the LSO alleged that the DOE Psychologist concluded that as the Individual has been treated for a mood disorder, and that PTSD and ADHD are “present/likely[.]” these conditions and symptoms can impair the Individual’s judgment, stability, reliability, or trustworthiness “if left untreated or poorly controlled or combined with alcohol use.” Ex. 1 at 7. The LSO’s invocation of Guideline I is justified.⁵

⁴ The LSO made additional allegations restating opinions the DOE Psychologist offered in the Report. While this information informed the DOE Psychologist’s conclusion that the Individual binge consumed alcohol to the point of impaired judgment, the additional allegations do not raise security concerns distinct from the DOE Psychologist’s opinion concerning the Individual’s binge consumption of alcohol and therefore I do not consider them herein. Additionally, I have no information before me indicating that the DOE Psychologist consulted with a medical doctor, an appropriate individual to interpret PEth test results. Accordingly, I afford the DOE Psychologist’s interpretation of the PEth test result very little weight.

⁵ The LSO also alleged that the Individual had engaged in violent outbursts towards his spouse. Ex. 1 at 7. Such outbursts could present concerns under Guideline I, but only if they are “not covered under any other guideline” Adjudicative Guidelines at ¶ 28(a). As the violent outbursts in question appear to have occurred while the Individual was under the influence of alcohol, and were cited to by the LSO under Guideline G, they cannot also be alleged as presenting concerns under Guideline I.

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 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 admitted that, at times, he experienced difficulty controlling his anger, particularly the day after consuming alcohol. Tr. at 92–93. The Individual indicated in the June 2025 LOI that his “anger has boiled over into yelling on a few occasions.” Ex. 5 at 71. He recalled that in March 2025, he was cursing and struck a cabinet. *Id.* He denied ever striking his wife, but indicated that in May 2025, his wife informed him that she was leaving and seeking a divorce. *Id.* She ultimately filed for an EPO the same month. *Id.* He also denied stalking his wife, as alleged in the EPO. *Id.* at 72. The EPO was ultimately dismissed at the request of the complainant, but alleged “verbal domestic violence,” “threats to take [the] child,” and that in March 2025, the Individual threatened to kill her. *Id.* at 73, 80. She also alleged that the Individual had a history of alcohol abuse. *Id.* at 80. The Individual started individual therapy in 2025. *Id.* at 54, 56. With his individual therapist, they started their therapeutic relationship by treating the root cause of his anger. *Id.* at 58–60. The Individual wants to be a good example for his family, and he wants to “move in a better direction[.]”⁶ *Id.* at 64 At the time of the hearing in February 2026, he was attending an anger

The LSO also cited to the Individual having discontinued using psychiatric medication prescribed to him by a doctor. Ex. 1 at 7. “[F]ailure to follow a prescribed treatment plan related to a psychological/psychiatric condition” may present a concern under Guideline I, but only if the condition “may impair judgment, stability, reliability, or trustworthiness” Adjudicative Guidelines at ¶ 28(d). The LSO did not allege that the condition for which the Individual was taking the medication could impair his judgment, stability, reliability, or trustworthiness, and therefore the Individual’s discontinuation of the medication does not present a security concern under Guideline I.

⁶ The Individual and his wife are talking about the possibility of reconciling and attending couple’s therapy. Tr. at 65. His wife wants him to remain abstinent from alcohol. *Id.* at 66.

management course run by the behavioral group. Ex. I; Tr. at 53–54. Anger management courses occur once per week, and the course employs the use of a workbook. Ex. I; Ex. C.

The Individual was diagnosed by his therapist with PTSD in 2025, and it was recommended that he continue with individual therapy. Tr. at 95; Ex. 4 at 1. The Individual was also prescribed an antidepressant medication in April 2025, for a condition other than PTSD, which he decided to stop taking when his prescription ran out in June 2025. Tr. at 77, 75; Ex. 4 at 11, 40, 42. The provider who initially prescribed the medication was not the doctor that he continued to see for his primary care. Tr. at 75. He did not have any measures in place to replace any benefit that the medication offered him, as he was not “thinking that far ahead at the time.” *Id.* at 97.

The Individual testified that he felt that the LSO’s concerns were justified at the time the Notification Letter was issued to him. *Id.* at 31–32. He explained that years ago, he had been employed in a position that required him to socialize, which would cause him to consume alcohol. *Id.* at 13–14. He felt that if he did not consume alcohol while socializing under those circumstances, he “[would have] stood out[.]” *Id.* at 14. When he was working in this capacity, he was consuming about five beers in one sitting, twice per week. Ex. 4 at 40. But when he left this line of work and such socializing was no longer required, he continued to consume alcohol in similar amounts. Tr. at 87–88. He explained to the DOE Psychologist that, up to the two months immediately preceding the psychological evaluation when he began abstaining from alcohol, he had been consuming five or more drinks on Saturday nights, alone. Ex. 3 at 4.

In June 2025, the Individual engaged the services of a behavioral group. Ex. I; Tr. at 36, 38. As part of the services offered by that group, he attended a general recovery and relapse course, a nine-week program that consisted of educational materials and group participation.⁷ Tr. at 37, 39; Ex. I. The Individual likely completed the nine-week program in July or August 2025. Tr. at 38–39. He confirmed that although he did not specifically recall telling the DOE Psychologist that he had been abstinent for approximately two months prior to the August 2025 psychological evaluation, he believes that it was more likely that he was abstinent for approximately four weeks prior to the psychological evaluation.⁸ Tr. at 35; Ex. 3 at 4; Ex. A at 5, 7.

As part of the psychological evaluation in August 2025, the DOE Psychologist administered the Adverse Childhood Experiences Questionnaire, the PTSD Checklist, the Alcohol Use Disorder (AUD) Identification Test, and the Adult ADHD Self-Report Scale, all of which were clinically significant. Ex. 3 at 7–8. The DOE Psychologist concluded in her Report that the Individual likely suffers from PTSD and ADHD, and “[i]f left untreated or poorly controlled or combined with alcohol use and/or sleep disorder, these conditions can impair reliability and judgment.” Ex. 3 at 11. She stated that the Individual’s symptoms appeared to be mild at the time of the evaluation based on her observations, psychological test results, and the medical records to which she had access. *Id.*; Tr. at 105.

⁷ The Individual also completed a course with the same behavioral group that was described as an “evidence-based, motivational, risk-reduction program.” Ex. D. There is no indication that this course is specifically geared to alcohol consumption.

⁸ In the July 2025 LOI, the Individual indicated that he had been abstinent for approximately four weeks. Ex. 4 at 43.

Regarding the Individual's use of alcohol, the DOE Psychologist opined that the Individual denied some core features of AUD, such as "occupational, legal, or medical sequelae," but admitted that his wife perceives him to be more irritable when he consumes alcohol. Ex. 3 at 9. Accordingly, the overall information gathered supported "hazardous alcohol use" without a diagnosis of AUD. *Id.* As explained *infra*, the Individual provided a sample for a PEth test immediately following the psychological evaluation, but the sample was lost by the laboratory, and he submitted to a second PEth test in October 2025 at the request of the DOE Psychologist. She noted in her Report that the PEth test that the Individual submitted to in October 2025 was positive, which was inconsistent with his reports of abstinence, and she concluded that the Individual binge consumed alcohol to the point of impaired judgment, as he indicated that he had previously been consuming about "[six] beers on Saturday nights." *Id.* The DOE Psychologist concluded that the Individual had not shown adequate evidence of rehabilitation or reformation and recommended that the Individual remain abstinent from alcohol for six to twelve months or limit his use to "tightly controlled zero-binge use, with no episodes of intoxication[.]" as well as "monitoring through random or scheduled testing . . . with consistent negative results[.]"⁹ *Id.* at 10. She recommended continued participation in a sobriety group, "[i]ndividual therapy with a relapse-prevention/skills component[.]" education on binge drinking and emotional regulation, and to address any "medical/psychological contributions to dysregulation that may drive alcohol use[.]" *Id.*

He began consuming alcohol again in September/October 2025, and he was consuming approximately three to six beers on Saturday nights. Tr. at 17–18, 24–25. He began drinking again out of habit, and to help him relax. *Id.* at 28. Regarding the PEth test that he took in conjunction with the psychological evaluation, the first blood sample was misplaced by the laboratory. Ex. A at 1; Tr. at 33–34, 39–40, 107. The Individual submitted to the second PEth test in October 2025.¹⁰ *Id.* at 39. He denied any intention of misleading the DOE Psychologist about his alcohol consumption during the evaluation and maintained that he had abstained from alcohol in the month prior to the evaluation. *Id.* at 35, 80–81. He also explained that he does not feel that he provided discrepant information when he indicated in the LOI that he does not like drinking alone but told the DOE Psychologist that he tries to consume alcohol "privately" and away from his family. *Id.* at 81. He explained that drinking privately "could be anything not out in public" and that, so long as someone else was present, he could consume alcohol "privately" without being alone. *Id.* at 81–82.

The Individual testified that he began abstaining from alcohol again when he received the Notification Letter in January 2026. *Id.* at 12, 22. He indicated that abstaining from alcohol "makes [his] life better" and that he "feel[s] better" overall. *Id.* at 13, 27. He admitted that the findings in the Report provided him some "insight" and played a part in his decision to stop consuming alcohol. *Id.* at 15–16. At that point, he had already spoken to the DOE Psychologist, his wife, and his father about his alcohol consumption, and he took their conversations as something for him to consider, as his father had been abstinent from alcohol for some years and his wife desired him to be abstinent from alcohol.¹¹ *Id.* at 18–19. Since separating from his wife around April/May 2025,

⁹ At the hearing, the DOE Psychologist stated that after hearing the Individual's testimony, she would recommend abstinence. Tr. at 132.

¹⁰ He testified that he likely consumed alcohol the Saturday before the second test. Tr. at 91.

¹¹ He found the Report to be particularly concerning, since it was coming from a trained third party. Tr. at 88–89.

he felt that he became more aware of his alcohol consumption and how it did or did not serve him. *Id.* at 20–21. He admitted that he was using alcohol to self-medicate to some extent after he separated from his wife around April 2025. *Id.* at 29; Ex. 4 at 6. He testified that he believes that he has a problem with alcohol, which is why he stopped drinking, and further, he intends to abstain from alcohol for the rest of his life. Tr. at 48, 92. The Individual submitted to a PEth test in February 2026, the result of which was negative. *Id.* at 46; Ex. E. He does not feel any “temptation” to consume alcohol, and it has not been difficult for him to stop consuming alcohol. Tr. at 50. Further, he does not keep alcohol in his home. *Id.* at 89. His wife, although separated, does check with him to see how he is faring in terms of his ongoing abstinence. *Id.* at 51.

In her testimony, the DOE Psychologist testified that she had no suspicion that the Individual was consuming alcohol at the time of the psychological evaluation. *Id.* at 109. She testified that she “was more interested in the fact that [the PEth test] was a positive test and [the Individual] had indicated that he had been abstinent for a couple of months.” *Id.* at 110. She felt that at the time of the evaluation, the Individual was “defensive” about his prior alcohol consumption but explained that the amount he reported drinking per week prior to abstaining was consistent with binge consumption. *Id.* at 111, 126. The Individual did tell her about the treatment that he was receiving, but she explained that he had difficulty explaining the type of treatment he was receiving, which she suggested may not have been his fault, but rather, because the provider did not explain it properly to him. *Id.* at 112–13. The Individual told her that he was “enjoying the process of the group” and meeting people while engaging the services of the behavioral group. *Id.* at 114. Although not stated in the Report, she expressed that there should have been a follow-up appointment after he discontinued the antidepressant medication. *Id.* at 115–16. She also noted that the individual therapy that the Individual was receiving was not specific to substance use. *Id.* at 117. Regarding the ADHD and PTSD diagnoses that she made, she explained that the Individual is doing favorable things, but in terms of rehabilitation or reformation from maladaptive alcohol consumption, she would like to see “sustained change over a period of time.” *Id.* at 118–19. She noted that he had not undergone alcohol testing for the period of time she had recommended. *Id.* at 119.

V. Analysis

Guideline G

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.

The record before me indicates that the Individual resumed consuming alcohol in September/October 2025, after one or two months of sobriety. He resumed consuming three to six beers in one sitting on one weekend night, which is consistent with the problematic alcohol consumption that he described to the DOE Psychologist. Although he reported that he had been abstaining from alcohol since January 2026 at the time of the March 2026 hearing, the Individual had also previously experienced a period of sobriety for approximately the same amount of time. Accordingly, I am not any more heartened that his sobriety will continue, even though he stated his intention to remain sober indefinitely. Furthermore, although the DOE Psychologist also recommended the possibility of tightly controlled consumption without binge episodes, she also recommended testing. The Individual only submitted one negative PEth test, which only corroborates one month of his self-reported abstinence.

As the Individual had only recently modified his consumption after binge consuming alcohol on a regular basis, I cannot conclude that enough time has passed, that the behavior was so infrequent, or that it occurred under such unusual circumstances that it is unlikely to recur or does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. Mitigating factor (a) has not been met.

Although the Individual has recognized his maladaptive alcohol consumption, as indicated above, his consumption was only recently modified, and he only submitted to one test to evidence his ongoing sobriety. I cannot conclude that this constitutes an established pattern of abstinence. Rather, it is a new pattern. Mitigating factor (b) has not been met.

Although the Individual is receiving therapy, I have no meaningful, corroborating information pertaining to how the Individual is progressing through therapy, and while I have information that he completed a recovery and relapse group, I have no information regarding the substance of the group or whether an aftercare program was available. Additionally, the Individual continued to consume alcohol after completing the nine-week program. Further, as the Individual's sobriety has recently been established, I cannot conclude that he has demonstrated a pattern of abstinence. Mitigating factors (c) and (d) have not been met.

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

Guideline E

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline E include:

- (a) The individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;
- (b) The refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;
- (c) The offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;
- (d) The individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;
- (e) The individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;
- (f) The information was unsubstantiated or from a source of questionable reliability; and
- (g) Association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Id. at ¶ 17.

Under Part 710.7(c), I shall consider, among other things, “the circumstances surrounding the conduct.” With respect to the Guideline E allegations, the Individual asserted that he had abstained from consuming alcohol for at least four weeks prior to the psychological evaluation. The PEth test specimen collected immediately following the psychological evaluation was lost and he was not directed to submit to a second PEth test until about two months after the psychological evaluation in October 2025. While it is possible that the Individual resumed consuming alcohol prior to the psychological evaluation and lied to the DOE Psychologist, I think that unlikely to be the case considering the Individual’s forthcomingness about his alcohol consumption and relapses. Further, the allegation that the Individual misrepresented his alcohol consumption to the DOE Psychologist is based on the DOE Psychologist’s interpretation of the PEth test results. The PEth

test results themselves indicate that they only indicate the presence or absence of alcohol consumption in the prior twenty-eight days; thus, the PEth test that the Individual took in October 2025 cannot show whether he consumed alcohol in the four weeks prior to the psychological evaluation. Moreover, as indicated above, as the DOE Psychologist is not a medical doctor, she is not the appropriate person to interpret these results, and accordingly, I assign her interpretation no weight. Accordingly, I find that the first cited allegation under Guideline E in the SSC does not present a security concern.

Similarly, regarding the remainder of the Guideline E allegation, I do not believe that the Individual intended to mislead. As the Individual explained, to drink alcohol in private or to drink alcohol alone are two different actions. One can consume alcohol alone in public or with others in the privacy of a home or other non-public space. Accordingly, I found his response to be reasonable, and not indicative of an intent to deceive. I do not believe that this allegation constitutes a Guideline E concern.

Guideline I

The Adjudicative Guidelines indicate that an individual may mitigate Guideline I concerns if:

- 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 amenable 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.

Id. at ¶ 29(a)–(e).

The first Guideline I concern is inextricably intertwined with the Guideline G concern, as the DOE Psychologist noted that although the Individual's symptoms were mild, her concern related specifically to the interface between the mental health conditions and the consumption of alcohol. Specifically, the stated concerns indicate that the Individual's likely ADHD and PTSD can result in the exercise of poor judgment if not controlled or combined with alcohol. While the Individual was properly seeking treatment, and had been since 2025, the Individual was new to sobriety at the time of the hearing. He had not yet shown a pattern of abstinence. Accordingly, as he had not

shown adequate evidence of rehabilitation or reformation, I cannot conclude that the Individual has adequately addressed the first Guideline I concern pursuant to mitigating factor (a) or (b).

Regarding the second stated concern, the information before me indicates that the Individual is in anger management and that he has been receiving therapy since 2025. The therapy sessions focus on the root causes of his anger. While the Individual is doing well by focusing on treatment, the record is bereft of any information regarding his prognosis, how he is faring in treatment, and whether he is complaint with his treatment. I do not have testimony or a letter from a therapist that speaks to his progress and/or prognosis. Simply attending therapy and anger management is not enough to mitigate the stated concern pursuant to mitigating factors (a) and (b).

As the DOE Psychologist did not testify that the conditions were temporary, or that there was no indication of a current problem, the concerns have not been mitigated pursuant to mitigating factors (d) and (e). Finally, the DOE Psychologist did not testify that the conditions were in remission with a low probably of recurrence or exacerbation. Mitigating factor (c) is not applicable.

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

VI. Conclusion

For the reasons set forth above, I conclude that the LSO's allegations under Guideline E did not present security concerns but that the LSO properly invoked Guidelines G and I 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 Guidelines G and I concerns set forth in the SSC. Accordingly, the Individual has not 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 not 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