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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: June 18, 2025 ) Case No.: PSH-25-0153  
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Issued: May 19, 2026

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**Administrative Judge Decision**  
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Matthew Rotman, 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.”<sup>1</sup> 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**

In October 2003, the Individual was arrested and charged with Underage Possession of Alcohol. Exhibit (Ex.) 16 at 588.<sup>2</sup> In December 2003, the Individual was arrested and charged with Driving While Intoxicated. *Id.* at 589–90. In August 2004, the Individual was arrested and charged with Underage Possession of Alcohol. *Id.* at 590–91. After 2004, the Individual reduced his alcohol use and successfully avoided any further alcohol-related problems for sixteen years. *Id.* at 607.

The Individual’s alcohol consumption increased at the start of the COVID-19 pandemic, when he found himself consuming up to twenty shots of vodka daily, as a way of “coping” with his anxiety. Ex. 8 at 68; Ex. 13 at 255. In November 2021, recognizing that his alcohol use was “a problem,” the Individual sought treatment at a detox center, where he was diagnosed with Alcohol Use Disorder (AUD), Severe. Ex. 8 at 68; Ex. 13 at 255. Upon discharge, he engaged the services of a counselor and a psychiatrist to support his sobriety. Ex. 8 at 71–72. The Individual remained sober

<sup>1</sup> 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.

<sup>2</sup> 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.

until July 2022, when he consumed “a couple of beers” with a friend. *Id.* at 68. Thereafter, he resumed drinking on the weekends, typically between one and six drinks per sitting, and occasionally during the week. *Id.* at 67–68.

On November 2, 2022, the Individual was in an argument with his wife regarding financial issues when she called the police and he was arrested for Harassment – Strike/Shove/Kick and Domestic Violence. Ex. 7 at 45; Ex. 6 at 34; Ex. 16 at 535. At the time of arrest, the Individual’s blood alcohol content (BAC) was measured at .308 g/dL. Ex. 6 at 37. The Individual denied that he pushed or shoved his wife, claiming that he only touched her with his finger. Ex. 8 at 59–60. The Individual accepted a plea deal which required him to complete domestic violence education, eighteen months of probation, and drug and alcohol education. *Id.* at 60.

After the November 2022 arrest, the Individual acknowledged that his decision to resume drinking in 2022 “was obviously a mistake in judgement.” *Id.* at 68. He acknowledged that alcohol had a significant negative impact on his personal and professional life, he regretted “letting his kids down” by his behavior, and he expressed that his “use of alcohol as a coping mechanism has nearly ruined [his] life in more ways than one.” *Id.* at 69–70. The Individual nonetheless continued to consume alcohol for two months after the arrest, including a “four-day bender” after Christmas and drinking to intoxication nightly in early January 2023. Ex. 13 at 154–55. After his last drink on January 9, 2023, he recommitted to abstinence. *Id.* The Individual completed a 12-week substance abuse intensive outpatient program (IOP), where he was diagnosed with AUD, Severe, and saw a clinical psychologist weekly for two months to address relapse prevention. Ex. 6 at 32–33; Ex. 8 at 60–61; Ex. 13 at 256.

On April 7, 2023, the Individual was evaluated by a DOE-consultant psychologist (First DOE Psychologist). Ex. 13. Based on her evaluation, she opined that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for a diagnosis of AUD, Severe, in early remission. *Id.* at 258. She recommended that to demonstrate rehabilitation or reformation, he should complete the IOP and aftercare, participate regularly in Alcoholics Anonymous (AA) or another peer-support program, undergo monthly PEth tests for a period of twelve months, and abstain from alcohol for the rest of his life. *Id.*

The DOE local security office (LSO) began an administrative review proceeding based on security concerns raised under Guidelines G (Alcohol Consumption) and J (Criminal Activity) of the Adjudicative Guidelines, and the Individual requested a hearing before an Administrative Judge with DOE’s Office of Hearings and Appeals (OHA). Ex. 9; Ex. 10. At the November 8, 2023, hearing, the Individual testified that nothing had been “more detrimental to [his] life” than alcohol, and he wanted “nothing to do with it” going forward. Ex. 9 at 161–62. He confirmed that he would remain “100 percent abstinent from alcohol.” *Id.* at 162. The First DOE Psychologist testified that the Individual had demonstrated rehabilitation from his AUD, Severe, and had a good prognosis, based on his ten months of sobriety and treatment, which included the successful completion of the IOP, regular attendance in aftercare sessions, and individual counseling and psychiatric treatment. *Id.* at 175–76; Ex. 10 at 194. The Administrative Judge, accordingly, determined that the Individual had resolved the Guideline G and J security concerns and that his clearance should be restored. Ex. 10 at 195–96.

Two months after his administrative review hearing, in January 2024, the Individual resumed alcohol consumption, drinking one or two glasses of wine with dinner, once or twice per week. Ex. 11 at 201. This pattern of consumption continued until November 2024, when he began experiencing marital problems and his consumption increased to six 50-mL bottles of vodka, three or four days per week. *Id.* On December 16, 2024, the Individual went to the emergency room for alcohol withdrawal seizures, after spending three days drinking and not eating. *Id.* at 202. The Individual's BAC was measured at .240 g/dL, which according to the psychiatrist who interpreted it, "indicates severe intoxication and tolerance." *Id.* at 216. Upon leaving the emergency room, he was admitted into a detox program for seven days, followed by eight-and-a-half days in residential treatment. *Id.* at 206. Thereafter, he found a new individual therapist (Therapist), who specializes in substance abuse, and returned to the weekly IOP aftercare program. *Id.* at 202–03. The Therapist diagnosed him with AUD, Moderate, and opined that the Individual was demonstrating a "stronger commitment to his recovery" than he had previously. *Id.* at 203. He recommended between six and twelve months of therapy. *Id.*

On February 28, 2025, the Individual was evaluated by another DOE-consultant psychologist (Second DOE Psychologist). Ex. 11 at 200. As part of the evaluation, the DOE Psychologist reviewed the Individual's personnel security file, conducted a two-hour clinical interview, and requested that the Individual undergo a Phosphatidylethanol (PEth) test, which detects recent use of alcohol.<sup>3</sup> *Id.* The Individual's PEth test returned a negative result. *Id.* The Individual had previously undergone a PEth test on of February 21, 2025, which was also negative, and on January 31, 2025, which yielded a result of 60 ng/mL. *Id.* at 238–39; Ex. G; Ex. H. According to the psychiatrist who interpreted the results, the PEth of 60 ng/mL "likely reflected his having tapered (or partly tapered) from alcohol sometime after December 16, 2024." Ex. 11 at 236.

In his clinical interview, the Individual expressed that he uses alcohol "as a coping mechanism," but denied that he had an "alcohol problem." *Id.* at 208. The Second DOE Psychologist opined that the Individual met sufficient criteria under the *DSM-5-TR* for a diagnosis of AUD, Severe, and that at the time of the evaluation, the Individual had not demonstrated rehabilitation or reformation. *Id.* at 208–09. In order to demonstrate rehabilitation, she recommended that the Individual attend another IOP or a structured relapse prevention program, participate in long-term therapy, undergo PEth tests every four to six weeks, and "abstain[] from alcohol for his lifetime." *Id.* at 209–10.

On May 19, 2025, the LSO issued the Individual a letter in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 8–10. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. *Id.* at 6–7.

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<sup>3</sup> "Phosphatidylethanol (PEth) is a whole blood alcohol biomarker. It is detectable for up to four weeks after consuming alcohol." American Family Physician, *Phosphatidylethanol Test for Identifying Harmful Alcohol Consumption*, available at <https://www.aafp.org/afp/2023/0700/diagnostic-tests-phosphatidylethanol-test-alcohol-consumption>. "PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption." Ex. 11 at 214.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 12. The OHA Director appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted sixteen exhibits (Ex. 1–16). The Individual submitted twelve exhibits (Ex. A–L). At the hearing, the Individual testified on his own behalf. Transcript of Hearing, OHA Case No. PSH-25-0153 (Tr.) at 10–41. The LSO offered the testimony of the Second DOE Psychologist. *Id.* at 43–53.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G as the basis for its determination that the Individual was ineligible for access authorization. Ex. 1 at 6. “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 “alcohol-related incidents away from work, such as driving while under the influence, . . . child or spouse abuse, . . . or other incidents of concern”; “habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder”; “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder”; “the failure to follow treatment advice once diagnosed”; 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 this case, according to the LSO, the Guideline G concerns were raised by:

- the conclusions of the First and Second DOE Psychologists that the Individual met sufficient *DSM-5-TR* criteria for a diagnosis of AUD, Severe;
- the Individual’s resumption of alcohol consumption in January 2024, at a rate of six 50-mL bottles of vodka three to four days per week, after assuring DOE that he would abstain;
- the Individual’s admission to the emergency room on December 16, 2024, for alcohol withdrawal seizures;
- the Individual’s November 2, 2022, arrest for Harassment – Strike/Shove/Kick and Domestic Violence while intoxicated with a BAC of .308 g/dL;
- the Individual’s arrest for Underage Possession of Alcohol in October 2003 and August 2004; and
- the Individual’s arrest for DWI in December 2003.

Ex. 1 at 6–7. 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 of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they

must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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. HEARING TESTIMONY

The Individual testified that, after his security clearance was restored in December 2023, he discontinued all alcohol-related treatment. Tr. at 11–12. In January 2024, he resumed alcohol consumption. *Id.* at 12. When asked to explain why he did so, the Individual responded, “I don’t have a good reason. I just did.” *Id.* at 13. At first, the Individual was consuming wine with dinner, but by March 2024, he was drinking one or two 50-mL bottles of vodka “on occasion” after his kids went to sleep. *Id.* at 14–15. Around Thanksgiving, as stress in his marriage increased, he began to consume six 50-mL bottles at a time. *Id.* at 16. The Individual failed to rely on his support system and instead used alcohol to cope with his marital stress. *Id.* at 19. On Friday, December 13, 2024, the Individual called his neighbor, a psychologist, for support. *Id.* at 18. The neighbor recommended that he go to the hospital. *Id.* The Individual then called his mother, who made arrangements to travel by airplane to see him, and on Monday, after she arrived, he went to the emergency room. *Id.* at 21. Over the three days before going to the hospital, the Individual “was drinking at least six [50-mL bottles of vodka] a night.” *Id.* at 21.

In January 2025, the Individual resumed weekly attendance at the IOP aftercare program. *Id.* at 24–25; Ex. F (October 2025 letter from IOP). In February 2025, he began weekly counseling sessions with the Therapist. Ex. E (undated letter from the Therapist stating that they discuss how to maintain sobriety, how to navigate challenges at work, and how to improve as a husband and a father); *see also* Tr. at 36 (Individual testifying, “He’s probably the first therapist that I’ve enjoyed talking to”). The Individual underwent additional PEth tests on April 4 and May 8, 2025, both of which yielded negative results. Ex. I; Ex. J. By June 2025, he made the decision to discontinue his participation in aftercare and reduce his therapy sessions to biweekly, because he “was burnt out on therapy.” Tr. at 25; *see also id.* at 29 (testifying that the biweekly sessions continued up through the date of the hearing). He also declined to undergo any additional PEth tests for the next nine months, before undergoing one final PEth test in March 2026. *Id.* at 29–30; Ex. L (negative result of March 9, 2026 test). When he received the evaluative report from the Second DOE Psychologist in June 2025, the Individual knew he “wasn’t going to be able to meet the recommendations . . .” Tr. at 26. He was not interested in attending another IOP, because it was expensive and would require too much time away from his family. *Id.* at 27. As for why he did not participate in a structured relapse prevention program, the Individual did not believe it would be worth the time and effort. *Id.* at 28. “Honest – I didn’t think that I was going to get my security clearance back after I read that report,” he stated. *Id.*

Recently, the Individual testified, his relationship with his wife has improved. *Id.* He bought her a motorcycle, and they have “bond[ed]” by riding together every day. *Id.* at 19–20. According to the Individual, he remained abstinent for all of 2025. *Id.* at 30. Then, on January 25, 2026, he was at a bar by himself watching football and made the decision to drink one beer. *Id.* at 30. “I was enjoying myself and wanted a beer,” he testified. “So I ordered a beer, and that was that.” *Id.* at 32. The Individual did not inform the Therapist that he consumed alcohol on this date. *Id.* at 36. He did not consume alcohol again for the next two months, up through date of the hearing. *Id.* at 30; Ex. L. As of the hearing, his goal continued to be “100 percent abstinence from alcohol.” Tr. at 31. Nonetheless, he does not have a relapse prevention plan. *Id.* at 31, 34–36. “I’m just living life,” he explained. “I’m extremely busy. . . . I do a lot of parenting duties. Not exactly a game plan of mine to show up drunk to school taking my kids.” *Id.* at 31. When asked if he believes he has a problematic relationship with alcohol, the Individual responded, “At certain times in the past. Yes.” *Id.* at 34.

The DOE Psychologist credited the Individual for his attendance in the IOP aftercare program for six months in early 2025, and was encouraged that the Individual has a “great relationship” with the Therapist. *Id.* at 45–47. Nonetheless, because the Individual had discontinued aftercare in June 2025 and had not participated in another IOP or a structured relapse prevention program, the Individual had fallen short of meeting her recommendations to demonstrate rehabilitation from his AUD. *Id.* at 46–47. Further, the DOE Psychologist was troubled that the Individual had not fully acknowledged the extent of his alcohol problem, particularly in light of its impact on his family, his career, and his physical health. *Id.* at 49, 52. She was also troubled that the Individual had not discussed his January 2026 relapse with his Therapist. *Id.* at 50. As of the hearing, the DOE Psychologist opined, the Individual had not demonstrated rehabilitation or reformation from his AUD, and his prognosis was “guarded” or “fair.” *Id.* at 51–52.

## V. ANALYSIS

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.

Regarding the condition set forth at paragraph (a), the Individual's problematic consumption of alcohol began in 2020. Since that time, the Individual has faced trouble with the law, trouble with his family, trouble with his job, and trouble with his health, all as a result of his alcohol consumption. On two separate occasions – in November 2021 and in January 2023 – he made a commitment to abstinence, only to find himself once again abusing alcohol after extended periods of sobriety. What is more, the Individual made a promise to DOE – including in sworn testimony before an OHA Administrative Judge in November 2023 – that he would not resume alcohol consumption, only to promptly resume regular alcohol consumption for no “good reason.” In light of this history, the lapse of fourteen months since most recent period of alcohol abuse, which ended around December 2024 or January 2025, does not reassure me that it is unlikely to recur. Nor does the infrequency of the behavior. The Individual maintains that his problematic alcohol use occurs only during periods when he faces stress – in particular marital stress – but as the Individual remains married to his spouse, I cannot rule out the possibility that such circumstances will not arise again. Accordingly, I cannot find the Individual has mitigated the Guideline G concerns pursuant to the conditions set forth at paragraphs (a).

Regarding the conditions set forth at paragraphs (b) and (d), the Individual successfully completed an IOP and required aftercare in 2023, only to relapse less than one year later. After this most recent relapse, the Individual has taken some further actions to overcome his problem. He reenrolled in the IOP aftercare program for six months, and he found a Therapist who has treated him for more than one year. Yet, he withheld from the Therapist the fact that he consumed alcohol in January 2026, which raises questions about the openness of their communication and the efficacy of his treatment. The Individual also declined to participate in a structured relapse prevention program as recommended, and he has not, by his own admission, developed a relapse prevention plan. The Individual fails to acknowledge his pattern of maladaptive alcohol use, dismissing it as a “past” problem, rather than one that poses a real and current risk of recurrence. Finally, the Individual has not established a pattern of abstinence in accordance with treatment recommendations. Although he claims his current period of abstinence began around December 2024, the evidence of alcohol testing in the record does not cover the nine-month period spanning from May 2025 through February 2026, during which time he admittedly consumed one beer simply because he “wanted” to. Given the foregoing, the Second DOE Psychologist was unable to make a positive prognosis for the Individual's recovery. The Individual has not mitigated the Guideline G concerns pursuant to the conditions set forth at paragraphs (b) or (d).

The Individual has not satisfied the mitigating conditions of paragraph (c), because he has a history of relapse after treatment. In light of the foregoing, I find the Individual has failed to resolve the concerns raised 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 under Guideline G. 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.

Matthew Rotman  
Administrative Judge  
Office of Hearings and Appeals