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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: October 14, 2025)	Case No.: PSH-26-0005
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Issued: June 5, 2026

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position.”¹ For the reasons set forth below, I conclude that the Individual’s security clearance should be restored.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position that requires a security clearance. Derogatory information was discovered regarding the Individual’s alcohol consumption. The Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing her that she was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding her eligibility to continue holding 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 the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of one witness and testified on her behalf. The LSO presented the testimony of a DOE-contractor psychologist (the Psychologist) who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-26-0005 (hereinafter cited as “Tr.”). The LSO submitted eleven exhibits, marked as Exhibits 1 through 11 (hereinafter cited as “Ex.”). The Individual submitted twenty-four exhibits, marked as Exhibits A through X.

¹ Under the regulations, “[a]ccess authorization’ means 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). Such authorization will also be referred to in this Decision as a security clearance.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning her eligibility for a security clearance. That information pertains to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that “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:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, 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;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) 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;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

Id. at ¶ 22.

The LSO alleges the following:

- In January 1990, the Individual was arrested and charged with Driving Under the Influence (DUI);

- In September 2002, the Individual was arrested and charged with DUI;
- In July 2013, the Individual was arrested and charged with misdemeanor DUI;
- In February 2025, the Individual was admitted to the hospital following a 48-hour relapse during which she drank alcohol “uncontrollably;”
- In June 2025, the Psychologist diagnosed the Individual with Alcohol Use Disorder, moderate, recurrent, in early remission, and opined that the Individual had not shown adequate evidence of rehabilitation or reformation.

Ex. 1 at 5.²

The Individual has been arrested for DUI three times, which falls under concerning condition (a) of Guideline G. She has been recently admitted to the hospital due to alcohol consumption, which is an incident of concern also under concerning condition (a). The Individual also received a diagnosis of Alcohol Use Disorder from a duly qualified psychologist, which falls under concerning condition (d). Accordingly, the LSO’s security concerns under Guideline G are 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 entire process is a conscientious scrutiny of a number of variables known as the “whole person concept.” Adjudicative Guidelines at ¶ 2(a). The protection of the national security is the paramount consideration. 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 her 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.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

² DOE exhibit page numbers will be cited using the Bates stamp in the top right corner of the documents.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

In 1990, the Individual was riding in a vehicle with a friend who was pulled over by the police. Ex. 8 at 44. Both were intoxicated and the Individual was arrested alongside her friend. *Id.* The Individual did not appear in court, but was required to complete a driver's course. *Id.* In 2002, the Individual was arrested for DUI after drinking at a bar with friends, but the charge was lowered to reckless driving and she served one year of probation. *Id.* In 2013, the Individual drank alcohol to the point of intoxication at home and then drove to a drug store. *Id.* She was pulled over and charged with DUI. *Id.* The charge was reduced to reckless driving, and the Individual completed one year of probation with driver's license suspension and had an interlock device installed in her vehicle for one year. *Id.* Shortly after that, the Individual began substance abuse treatment. *Id.* She became abstinent from alcohol in 2014. *Id.* She attended an intensive outpatient program (IOP) for alcohol use and attended Alcoholics Anonymous (AA) regularly. *Id.* at 44, 46. She relapsed briefly early in her sobriety, which helped her understand that she needed to work the 12 Steps of AA fully. *Id.* at 44. She obtained a sponsor and became active in her AA community. *Id.* While in a difficult relationship with another AA member, the Individual had "isolated relapses" during which she consumed alcohol on a single occasion. *Id.* When she eventually ended the relationship in 2024, she also lost her AA community because her ex-boyfriend "turned their mutual friends against her." *Id.* at 45. She attempted to attend alternate AA meetings, but the ex-boyfriend would find out and show up at those meetings. *Id.* She eventually stopped attending AA meetings altogether. *Id.* Her mental health deteriorated, and she began taking medication prescribed by her doctor for depression. *Id.* She left her home only to go to work and began losing weight. *Id.*

One night, in February 2025, the Individual felt overwhelmed and hopeless and turned to alcohol to cope. Ex. 8 at 45. She started by having one drink, but soon began drinking "uncontrollably." *Id.* When she tried to stop, she felt incapable of abstaining and had suicidal thoughts. *Id.* In mid-February, the Individual texted her daughter that she had attempted suicide, though she did not later recall actually having attempted to kill herself. *Id.* The daughter contacted a suicide hotline, who contacted the police; the police conducted a welfare check on the Individual. *Id.* She was transported to an emergency room then transferred to an inpatient treatment facility where she was treated for depression, anxiety, and alcohol relapse. *Id.* She was discharged a few days later. *Id.* The Individual began attending AA again and reconnected with her sponsor. *Id.* at 46. According to the Individual, she did not return to alcohol consumption after being admitted to the treatment facility. *Id.*

The Individual was referred to the Psychologist for an evaluation, which included a clinical interview, a laboratory test, and psychological testing. Ex. 8. The Psychologist wrote a report of the evaluation, in which she opined that the Individual met sufficient *Diagnostic and Statistical Manual for Mental Disorders, Fifth Ed., Text Revision*, diagnostic criteria for a diagnosis of Alcohol Use Disorder, moderate severity, recurrent, in early remission. *Id.* at 51. The Psychologist wrote that the Individual had not shown adequate evidence of rehabilitation or reformation. *Id.* at 51. She recommended that, to show such evidence, the Individual abstain from alcohol for at least twelve months, undergo PEth testing monthly to support claims of abstinence, attend three AA or

other recover group meetings per week (at least one in-person with documentation of attendance), work the steps of the recovery program (with a sponsor if that is part of the program), and attend individual counseling regarding stress, substance use, and relationships (frequency to be determined by the counselor). *Id.* at 52.

The Individual began “Prolonged Exposure” therapy in August 2025 and completed sixteen sessions (typically weekly), finishing the treatment in January 2026. Ex. B at 1. A letter from the therapist explained the method: “This treatment is systematic, has a specific protocol, and teaches individuals to gradually approach trauma-related memories, feelings, and situations.” *Id.* The therapist wrote that the Individual attended her appointments, was engaged, completed her homework assignments, and was compliant with the protocol. *Id.* at 2. She wrote that while initial psychological assessments indicated that the Individual had symptoms of Post-traumatic Stress Disorder (PTSD), by the time she completed the treatment protocol, the Individual scored low enough on the same tests that no PTSD diagnosis was indicated. *Id.* The therapist wrote that the Individual showed significant insight into the relationship between unresolved childhood trauma and her substance use. *Id.* Over time, the Individual’s level of distress in response to triggering stimuli reduced such that she experienced little to no distress. *Id.* The therapist offered to continue therapy with the Individual to help her learn “healthier mental, emotional, and behavioral habits,” and the Individual agreed. *Id.* They continued to meet about once a week immediately after that and continued meeting on a weekly basis through the hearing date. *Id.*; Tr. at 116.

In November 2025, while still working through the Prolonged Exposure protocol, the Individual was evaluated by an alternate psychologist (Individual’s Psychologist), who also diagnosed her with Alcohol Use Disorder, moderate severity, in remission. Ex. A at 4. In his report, he noted that the Individual had been following the Psychologist’s recommendations and opined that the Individual should continue attending AA meetings. *Id.*

The Individual submitted into evidence the results of eleven PEth tests, all negative, taken about every four weeks from August 15, 2025, through May 4, 2026. Exs. K–T, Y. DOE submitted the result of a June 3, 2025, PEth test the Individual underwent as part of the Psychologist’s evaluation, which also was negative. Ex. 8 at 57. She also submitted AA attendance sheets showing that she attended a meeting, about half in person and half online, every two to three days from June 22, 2025, through April 22, 2026. Ex. V. She submitted screenshots showing that she was in an active text message group chat with her sponsor and her sponsor’s other sponsees. Ex. W.

At the hearing, the Individual testified that her sobriety date was February 19, 2025. Tr. at 11, 83. She intended to remain sober permanently and testified that as long as she continued with her recovery activities, she would be able to abstain. *Id.* at 43, 92–93. She was taking the drug Naltrexone to help her stay sober. *Id.* She testified that, while she did not experience cravings for alcohol and likely would be fine without the drug, she wanted to stay on it because it wouldn’t hurt but could help. *Id.* at 75–76, 82–83. She did not discuss Naltrexone in AA (though she had told her sponsor privately) because some attendees frowned on the use of a medication to aid in sobriety, but she had the prescription and felt that there was no reason not to keep taking it. *Id.* at 75–76, 82. She noted that the AA medallions for one and five years of sobriety say “to thine own self be true” on the back, so she did not feel like dogmatic adherence to what others in AA thought was a requirement for staying sober. *Id.* at 82. The Individual had a period of about two months

when he insurance provider refused to pay for the medication, but she appealed that decision and has had steady coverage ever since. *Id.* at 30. She testified that she did not experience alcohol cravings during the time she did not have access to Naltrexone. *Id.* at 76.

The Individual testified that she had been with the same sponsor for four or five years. Tr. at 11–12. She testified that she called her sponsor as soon as she left the treatment facility after her 2025 relapse. *Id.* at 56. She testified that the sponsor advised her to go to an AA meeting immediately and meet with her soon to begin working on the 12 Steps again. *Id.* The Individual testified that they began by making a list of things that led to her relapse. *Id.* By the time of the hearing, the Individual was working on the 4th and 5th Steps, which included making an inventory of the ways she had harmed other and then sharing it with others. *Id.* at 56–57. The Individual stated that she did not accept the AA chips for certain lengths of sobriety because she knows that relapse can happen after a long period of sobriety: “You know, because you just got today.” *Id.* at 57. The Individual still attended multiple AA meetings every week, even chairing some of them, and had an arrangement with her supervisor to accommodate her meeting schedule. *Id.* at 47, 58, 61. The Individual noted that she would never date someone in AA again because the group was her safe space. *Id.* at 84–85.

The Individual testified that she was still seeing her Prolonged Exposure therapist weekly, now working on setting boundaries and avoiding co-dependent relationships. Tr. at 12. Initially, they had worked on past trauma, identifying abandonment and anxiety as major issues for the Individual. *Id.* at 13, 36. Early on, the treatment involved the Individual identifying a traumatic memory, recording herself describing it, listening to the recording daily, and recording data on how she felt. *Id.* at 38. The therapist then gave the Individual assignments in which she would recreate some of the circumstances of those memories, such as sitting in a certain restaurant with her back to the door or walking through a mall. *Id.* at 38–39. The Individual would then record data on how anxious she felt during the activities. *Id.* at 39. The Individual was also taking the prescription drug Effexor to help with her broader anxiety issues. *Id.* at 43. Over time, her anxiety lessened to a point where she can function normally without fear or paralysis. *Id.* at 37, 39, 69. She described feeling lighter and testified that she was finally able to do simple tasks like going to a gas station, which had been an emotional and psychological struggle for her in the past. *Id.* at 39. She added that, while AA continued to be very helpful for her, the therapy helped her in a way AA could not: “[F]ear doesn’t keep you sober. Action does.” *Id.* at 39, 43. The Individual intended to continue attending therapy long-term. *Id.* at 71–72. The Individual did not participate in therapy between getting sober in 2014 and relapsing in 2025. *Id.* at 80.

The Individual had a large community of “sobriety sisters,” meaning women with the same sponsor as her. Tr. at 32. She testified that she had strong support in that community and could call some of those women in addition to her sponsor if she needed support. *Id.* at 48–49. The Individual had also begun fostering kittens and had built strong relationships in that community as well. *Id.* at 25–26, 28. She hiked, did yoga, attended charity events, and went antiquing with friends. *Id.* at 28. She had a robust social life that did not involve alcohol and described it as “start[ing] to live life again instead of just hiding out in my apartment.” *Id.* at 27–28, 46, 49–50. The Individual also testified that she had diversified her social systems so that she had multiple friend groups, not just friends from AA. *Id.* at 69–70, 71.

The Individual's Psychologist initially saw the Individual in November 2025 but stopped so she could pursue the Prolonged Exposure treatment. Tr. at 104. He saw her again twice in February 2026. *Id.* He had seen significant improvement in the Individual's mental health after the Individual completed the Prolonged Exposure treatment, as opposed to what he had observed when meeting with her before she began that treatment. *Id.* at 97. He testified that the treatment was "obviously working" and that her progress "speaks well for recovery." *Id.* After listening to the Individual's hearing testimony, he believed she had made real changes in her life. *Id.* at 98. He testified that the Individual's Alcohol Use Disorder was now in sustained remission. *Id.* He testified that the Prolonged Exposure therapy was a specific form of treatment not intended to go on indefinitely, and he described the Individual's ongoing therapy as "consolidation of the gains." *Id.* at 100. He gave the Individual a good prognosis for her Alcohol Use Disorder based in part on how quickly she restarted recovery after relapsing and how she built new connections in AA and other places. *Id.* at 100–01. He agreed with the Individual about recovery being about more than just AA meetings and he testified that she had "demonstrated all the things that you would want someone to demonstrate if they're in recovery." *Id.* at 101. He also gave her a good prognosis for her mental health and emotional stability issues. *Id.* at 114. The Individual's Psychologist testified that the Individual was now able to sit with feelings without acting on them, denying them, or suppressing them, which he characterized as a major accomplishment. *Id.* at 103. He believed the Individual had addressed some of the root causes of her alcohol use. *Id.* at 114.

The Psychologist testified that the Individual had demonstrated adequate rehabilitation and reformation. Tr. at 119–20. She testified that the Individual had complied with all of her recommendations. *Id.* at 120. She testified that Alcohol Use Disorder is a relapsing disease and the risk of relapse is always there. *Id.* at 120–21. She noted that the Individual's 2025 relapse occurred when there was a disruption in the Individual's only sobriety support system, but now the Individual had reengaged and intentionally diversified her resources. *Id.* at 122. She believed the Individual had "a very good chance of not having any more relapses, given what she's learned from her previous experiences." *Id.* at 122–23. Using a home renovation metaphor, she described the Individual as having been "stripped down to the studs and rebuilt." *Id.* at 123. The Psychologist believed the Individual's Prolonged Exposure treatment had helped her face the trauma that was the root of her alcohol problem. *Id.* at 124–25. She believed that the Individual could now face those difficult feelings, which she believed "always increased the robustness of recovery." *Id.* at 125. The Psychologist believed the Individual's changes were long-standing. *Id.*

The Psychologist gave the Individual a good prognosis. Tr. at 125. In support of this, she cited the Individual's maintenance of sobriety for over a year and her intrinsic motivation to remain sober, the Individual's ability to make decisions for her recovery based on the advice of multiple sources (e.g. Naltrexone use) rather than conforming to the general consensus of AA, and the Individual's deep support system. *Id.* at 125–26. She noted that the Individual was not hiding the fact that she was in recovery, which allowed her myriad communities to support her sobriety. *Id.* at 126–27. Furthermore, she was encouraged by the Individual's continued therapy and appreciated the objective data the therapist's testing before and after the Prolonged Exposure therapy had provided. *Id.* at 127–28. The Psychologist believed the Individual had gone above and beyond her expectations for addressing mental health issues. *Id.* at 128. She added, "this is one of those times where I feel really fortunate to have an opportunity to witness somebody really flourishing from a very difficult experience." *Id.* at 131.

V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. “Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security.” Adjudicative Guidelines at ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO’s security concerns have been mitigated such that restoring the Individual’s clearance is not an unacceptable risk to national security.

Conditions that may mitigate Guideline G concerns 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; or
- (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. Mitigating conditions (b) and (d) apply.

The Individual admitted that she had a problem with alcohol long before her relapse and does not appear to have denied it at any point since then. Indeed, her acceptance that she suffered from alcoholism allowed her to quickly return to sobriety and get the help and support she needed to maintain abstinence. She submitted documentary evidence of abstinence from alcohol (PEth tests)

and evidence demonstrating that she had attended AA meetings as recommended by the Psychologist. She also testified about the trauma work she had done and how it strengthened her recovery. She testified that she is continuing therapy and taking medication to protect the sobriety she has worked so hard for. Both testifying psychologists gave her a good prognosis. These actions were taken to overcome her alcohol problems and I find that she has both provided sufficient evidence of those actions and demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations.³ Accordingly, mitigating condition (b) applies.

The Individual completed the Prolonged Exposure treatment, which both testifying psychologists found to be a transformative and beneficial program for her. She continued regular therapy weekly after completing the Prolonged Exposure treatment. As stated above, her PEth tests provide physical evidence of abstinence from alcohol, and her testimony about her sobriety, her struggles, her support system, and her intentions are strong indicators that her pattern of abstinence is clear and established. Accordingly, mitigating condition (d) applies.

VI. CONCLUSION

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guideline G of the Adjudicative Guidelines. I further find that the Individual has succeeded in fully resolving those concerns. Therefore, I conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals

³ While the Individual's PEth tests cover a period of time slightly less than the recommended year, she had a previous negative PEth test about two months before she began her regular testing, she testified to abstaining from alcohol since February 2025, and the Psychologist testified that the Individual had successfully adhered to her recommendations. Accordingly, the less than one year of PEth test results does not disturb my conclusion that she has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations.