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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:	November 28, 2025)	Case No.: PSH-26-0018
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)	

Issued: May 27, 2026

Administrative Judge Decision

Diane L. Miles, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information 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 that he hold a security clearance. In June 2025, the Individual notified his employer that from May 14, 2025, to June 11, 2025, he received treatment for alcohol addiction, and that before he began treatment, he was consuming "20 shots" of alcohol daily. Exhibit (Ex.) 5 at 17.² In September 2025, the Individual notified his employer that from July 22, 2025, to August 29, 2025, he was enrolled in an inpatient program for alcohol addiction. Ex. 7.

Due to the security concerns raised by the Individual's alcohol misuse, the Local Security Office (LSO) referred the Individual for an evaluation by a DOE-contractor psychologist (DOE Psychologist), who conducted a clinical interview of the Individual on September 15, 2025, and

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

² The DOE's exhibits were combined and submitted in a single, 150-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

issued a report (the Report) of his findings. Ex. 11. Also on September 15, 2025, as part of the evaluation, the Individual underwent alcohol testing, in the form of a Phosphatidylethanol (PEth) test,³ the result of which was positive at a level of 231 ng/mL. *Id.* at 40. The DOE Psychologist concluded that, based upon a medical doctor’s interpretation of the Individual’s PEth test result, the Individual was consuming alcohol “at a significantly high rate that is problematic.” *Id.* at 41, 46–47. Based on his evaluation of the Individual, and the results of the Individual’s PEth test, the DOE Psychologist opined that the Individual met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for diagnoses of Substance Use, Severe (Alcohol), and Major Depression, without adequate evidence of rehabilitation or reformation. *Id.* at 41–42. The DOE Psychologist also opined that the Individual’s diagnoses could impair his judgment, stability, reliability, or trustworthiness. *Id.*

In October 2025, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) and Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id.* at 5.

The Individual requested an administrative hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened on April 28, 2026, pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from five witnesses: the Individual, the Individual’s friend, the Individual’s Alcoholics Anonymous (AA) sponsor, the manager (house manager) of a sober living home at which the Individual resides, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-26-0018 (Tr.). Counsel for the DOE submitted 14 exhibits, marked as Exhibits 1 through 14. The Individual submitted six exhibits, marked as Exhibits A through F.

II. The Summary of Security Concerns

A. Guideline G (Alcohol Consumption)

Under Guideline G, “excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern under Guideline G include “habitual or binge consumption of alcohol to the point of impaired judgment” and a “diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder.” *Id.* at ¶ 22(c)–(d). In invoking Guideline G, the LSO cited the Individual’s admission, during his psychological evaluation, that from May 14, 2025, to June 11, 2025, and from July 22, 2025, to August 29, 2025, he was hospitalized for alcohol detoxification and treatment because he was consuming “20 shots” of alcohol daily. Ex. 1 at 5. The LSO also cited

³ The Report indicates that “PEth accumulates when ethanol binds to the red blood cell membrane. The PEth level reflects the average amount of alcohol consumed over the previous 28–30 days as red blood cells degrade and enzymatic action removes PEth.” Ex. 11 at 47. A PEth level “greater than 200 ng/mL indicates Heavy Consumption of alcohol (at least 4 drinks/day several days/week).” *Id.*

the DOE Psychologist’s opinion that the Individual met sufficient *DSM-5-TR* diagnostic criteria for a diagnosis of Substance Use, Severe (Alcohol), without adequate evidence of rehabilitation or reformation. *Id.*⁴ The aforementioned information justifies the LSO’s invocation of Guideline G.

B. Guideline I (Psychological Conditions)

Guideline I states that certain “emotional, mental, and personality conditions” can impair one’s judgment, reliability, or trustworthiness. Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern under this guideline include: “an opinion by a duly qualified mental health professional that the individual has a condition that may impair [their] judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). In invoking Guideline I, the LSO cited the opinion of the DOE Psychologist, who opined that the Individual met sufficient *DSM-5-TR* diagnostic criteria for a diagnosis of Major Depression, and that this condition could impair the Individual’s judgment, stability, reliability, or trustworthiness. Ex. 1 at 5. The aforementioned information justifies the LSO’s invocation of 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 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.* § 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

In May 2025, the Individual was experiencing “emotional lows” and isolation, and he was missing work because of his consumption of alcohol. Tr. at 87. On May 9, 2025, he admitted himself to an inpatient alcohol detoxification program at a hospital. Ex. 10 at 30–31; Ex. 11 at 37. On May 14,

⁴ The LSO also cited the results of the Individual’s September 15, 2025, PEth test, which was positive at a level of 231 ng/mL. Ex. 1 at 5. While the Individual’s September 15, 2025, PEth test result informed the DOE Psychologist’s opinion, it does not present a security concern in and of itself.

2025, the hospital transferred the Individual to an alcohol treatment center, where the Individual was diagnosed with substance use disorder and received inpatient alcohol treatment until June 11, 2025. Tr. at 87; Ex. 11 at 37, 46; Ex. A. Upon discharge, the alcohol treatment center evaluated the Individual to determine if he should enroll in an Intensive Outpatient Program (IOP), but the alcohol treatment center concluded that he did not need that level of care. Ex. 11 at 37.

In July 2025, the Individual's employer filed an incident report with the LSO, which indicated that the Individual had not appeared for work since July 18, 2025. Ex. 8 at 26. The Individual was absent from work because he had relapsed. Ex. 11 at 37; Tr. 88–89. He believed he resumed drinking because he was bored. Ex. 11 at 37. On August 4, 2025, the Individual returned to the alcohol treatment center, where he received inpatient treatment for alcohol use. *Id.* The alcohol treatment center also diagnosed the Individual with depression. Tr. at 90; Ex. 11 at 37. During this period of treatment, the Individual was prescribed medication to treat his depression and cravings for alcohol. Ex. 11 at 37. He was discharged on August 29, 2025, but he resumed drinking alcohol several days later, due to boredom. *Id.* In September 2025, the Individual entered an IOP, with a “dual diagnosis emphasis.” *Id.* He completed this IOP on October 6, 2025. Tr. at 83–84; Ex. B; Ex. D.

During his September 2025 psychological evaluation, the Individual explained that before he received alcohol treatment, in May 2025, he was consuming “20 alcohol shots daily, which was causing him to miss work.” Ex. 11 at 38. He expressed that he believed he was an alcoholic and that he was seeing a therapist to address his “boredom issues,” which he identified as a trigger for him to drink. *Id.* at 39. He reported that he last consumed alcohol on September 10, 2025. *Id.* at 38. The Individual reported that he was participating in an IOP, four days a week, taking medication for his depression and alcohol cravings, and attending two AA meetings a week. *Id.* at 38, 41. As for his depression, the Individual reported that he felt depressed during his first inpatient stay, in May 2025, but he was not diagnosed with depression until August 2025. *Id.* As part of the psychological evaluation, on September 15, 2025, the Individual underwent PEth testing, the result of which was positive for alcohol, at a level of 231 ng/mL. *Id.* at 46–47. A medical doctor interpreting the Individual's PEth test results opined that the result suggested that the Individual consumed between three and five alcoholic drinks per day. *Id.* at 47. The medical doctor also believed the Individual likely continued to consume alcohol to “stave off alcohol withdrawal.” *Id.*

The DOE Psychologist found that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for a diagnosis of Substance Use, Severe (Alcohol), without adequate evidence of rehabilitation or reformation. Ex. 11 at 41. Although the Individual was receiving alcohol treatment, the DOE Psychologist did not believe the Individual had adequate skills and strategies in place to address his alcohol use and maintain his sobriety without “a significant level of treatment.” *Id.* To show adequate evidence of rehabilitation from his Substance Use, Severe (Alcohol), the DOE Psychologist recommended that the Individual continue participating in an IOP and follow the IOP's recommendations for treatment. *Id.* After completing the IOP, the Individual should participate in another outpatient alcohol treatment program, that includes weekly participation in “substance abuse/dual diagnosis outpatient therapy, compliance with medication as directed and participation in a support group such as [AA or Smart Recovery], for a minimum of four months.” *Id.* He believed the Individual should receive treatment for a minimum of one year. *Id.* The DOE Psychologist also recommended that the Individual undergo PEth testing to demonstrate abstinence from alcohol for one year. *Id.* at 41–42.

The DOE Psychologist also diagnosed the Individual with Major Depression. Ex. 11 at 41–42, 44–45. During the evaluation, the Individual reported that he was taking medication for his depression, as directed by his medical provider, and that was receiving dialectical behavior therapy (DBT) in the IOP, as part of his “dual diagnosis treatment.” *Id.* at 38. To show evidence of rehabilitation from his depression, the DOE Psychologist recommended that the Individual “continue to take medication as directed and participate in therapy sessions as directed by his providers specific to dual diagnosis/mood issues.” *Id.* at 42. The DOE Psychologist gave the Individual a prognosis of guarded. *Id.*

At the hearing, the Individual testified that the last time he consumed alcohol was September 22, 2025, six months before the hearing. Tr. at 65, 82. From October 14, 2025, to November 5, 2025, the Individual participated in an IOP, at the alcohol treatment center. Ex. 6 at 20; Tr. at 84; Ex. C. This treatment included alcohol and mental health treatment, relapse prevention, identification of triggers to consume alcohol, and emotional regulation. Tr. at 79, 85. A letter from the alcohol treatment center indicated that the Individual “completed their individualized treatment plan goals and objectives.” Ex. D. The Individual stated that the IOP helped him determine the root of his depression and alcohol use, and that since starting the IOP, he has accepted that he is powerless over alcohol. Tr. at 86.

Since October 2025, the Individual has resided in a sober living house. Tr. at 72, 91–92. The house manager explained that residents of the sober living house are required to abstain from using illegal drugs and alcohol, they are not allowed to bring alcohol into the house, and they must attend individual check-in sessions with the house manager, weekly, and attend two group meetings from AA, Narcotics Anonymous, or some other treatment program, weekly. *Id.* at 30, 41. Residents are also subject to a curfew, and daily breathalyzer and urine testing, administered by the house manager. *Id.* at 30–31, 33–34. The Individual explained that the sober living house provides him with accountability for his abstinence and peer support, and that it makes it easier to avoid cravings for alcohol, due to daily alcohol testing, in the form of breathalyzer tests. *Id.* at 72–73. The Individual submitted breathalyzer and urine testing logs from the sober living house, dated from October 2025 through April 2026, to support his testimony that he never tested positive for alcohol during that period. Ex. C; Ex. E; Tr. at 31–33, 73, 82–83. The house manager stated that he never suspected that the Individual was consuming alcohol while at the sober living house and that the Individual attends all required meetings. Tr. at 31–36. The Individual explained that he knew that the DOE Psychologist recommended that he undergo PEth testing, but that PEth testing is not provided at the sober living house, and he did not consider getting the tests done on his own. *Id.* at 94. He intends to remain in the sober living house until he believes he is well enough to leave, after discussing it with his treatment providers. *Id.* at 73–74, 93–94.

The Individual further testified that he attends AA meetings, three to five times a week, including at the sober living house and with his AA sponsor. Tr. at 68–69. The Individual has had an AA sponsor for approximately nine months. *Id.* at 49–50. He actively works the steps of the program and, as of the hearing, he was on step nine or ten. *Id.* at 68–70 (Individual testifying that he was on step nine); *Id.* at 51 (AA sponsor testifying that the Individual was on step ten). The Individual explained that participating in AA helped him identify that his depression was contributing to his alcohol consumption. *Id.* at 69–70. He stated that he intends to attend AA for the rest of his life and to use the program to become a better person and form better relationships with the people in his life. *Id.* at 71–72, 78–79. The AA sponsor stated that he meets with the Individual three to four

times a week and that the Individual's participation at meetings had increased as he progressed through the program. *Id.* at 53, 61–62.

The Individual also meets with a therapist, bi-weekly, for treatment of alcohol addiction and depression, during which he learns how to identify his triggers to drink alcohol and process his emotions in a healthy way. Tr. at 68, 75–76. Through therapy, the Individual learned his triggers to drink are boredom and isolation, which he now prevents by actively seeking out people to talk to. *Id.* at 76–77. The Individual submitted a letter from his therapist, which indicated that the Individual had been in treatment since 2025, and that the focus of the sessions included “emotional regulation, relapse prevention planning, coping strategies for depression, and building healthy relationships.” Ex. F. The letter also indicated that the Individual's mood had steadily improved, and that he learned cognitive-behavioral therapy techniques to manage his emotions. *Id.* The Individual intends to continue seeing his therapist for as long as he can. Tr. at 92–93. The Individual stated that he will continue to take medication to manage his depression, the dosage of which was recently increased, and that he no longer feels as sad as he used to. *Id.* at 80–81.

The Individual explained that, compared to his prior attempts to get sober, he is more committed this time, and he is more connected to his emotions. Tr. at 81–82, 86. When he is not in treatment, he keeps himself occupied by completing his AA homework assignments, reading, doing puzzles, volunteering at a thrift store, and interacting with other residents. *Id.* at 90–92. He also volunteers at a local detox facility, because he gets to share his story with others. *Id.* at 74–77, 92. Since he has stopped drinking, he occasionally gets cravings for alcohol, but he manages the cravings by contacting his friends and his AA sponsor, and with the help of his alcohol medication. *Id.* at 83. A week before the hearing, he was alone and bored, and he had a craving for alcohol, which he relieved by eating ice cream. *Id.* at 66. As of the hearing date, he was taking the maximum dose of his alcohol medication, and his cravings had decreased in both frequency and intensity. *Id.* at 67–68. He also feels healthier, more emotionally stable, and happier. *Id.* at 77. He considers his AA sponsor, his sober living house, and his friends to be his support system. *Id.*

The DOE Psychologist testified that after listening to the testimony provided during the hearing and reviewing the Individual's exhibits, the Individual had not yet demonstrated rehabilitation or reformation from his Substance Use, Severe (Alcohol). Tr. at 98. He explained that because of the Individual's prior relapses, he needed to show he could abstain from alcohol for at least one year, to show he is rehabilitated. *Id.* at 102. He further explained that 40 to 60 percent of people relapse, by drinking alcohol, within the first year of sobriety, so “time sober is a huge factor in the overall process.” *Id.* at 103. He stated that although the Individual had shown a commitment to alcohol treatment and had made abstaining from alcohol a “very integrative part of his life,” he had only abstained from alcohol for seven months, which is not enough to resolve his Substance Use, Severe (Alcohol). *Id.* at 102–03. He gave the Individual a good prognosis, with a high likelihood of success, if he remains consistent on his treatment plan. *Id.* at 105.

As for the Individual's Major Depression, the DOE Psychologist opined that the Individual continues to have Major Depression, but his symptoms are resolving through his use of medication and therapy. Tr. at 107–08. He explained that the Individual's depression was “facilitating his use of alcohol as a coping mechanism,” and that the Individual is less depressed now than he was during his evaluation. *Id.* at 107. He also noted that the Individual will continue to learn coping mechanisms to combat his depression, and at some point, he will no longer need his depression medication. *Id.* at 107–08. He stated that because the Individual's Major Depression is being

properly treated, and the Individual is following through with that treatment, his depression no longer impairs his judgment, stability, reliability or trustworthiness. *Id.* at 107. He gave the Individual a good prognosis because he had demonstrated that he is following medical advice to mitigate his symptoms. *Id.* at 108.

V. Analysis

A. 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.

As to factor (a), the Individual admitted his maladaptive alcohol consumption continued until September 22, 2025, after his psychological evaluation, and seven months before the hearing. Furthermore, although the SSC cites two instances of the Individual's inpatient treatment, the Individual's history of treatment included entering alcohol treatment four times, in five months, and several relapses. Therefore, the Individual's problematic alcohol consumption did not occur so long ago or so infrequently as to make it unlikely to recur or to not cast doubt on his current reliability, trustworthiness, or judgment. In addition, there is no evidence that the Individual's problematic alcohol consumption occurred under unusual circumstances because he admitted that his trigger to drink alcohol was boredom and isolation. Finally, I am persuaded by the opinion of the DOE Psychologist, that because the Individual has not received sufficient alcohol treatment or abstained from alcohol for one year, he is not yet rehabilitated or reformed from his Substance Use, Severe (Alcohol). Therefore, I cannot conclude that the Individual's problematic alcohol consumption is unlikely to recur, and it continues to cast doubt on his current reliability, trustworthiness, and judgment. Accordingly, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(a) of the Adjudicative Guidelines.

As to factor (b), the Individual has never denied that he had a problem with alcohol. Since May 2025, he has tried to overcome his problematic alcohol consumption by voluntarily entering alcohol treatment programs, only to relapse after he was no longer within the confines of an inpatient facility. Since September 2025, the Individual has made another attempt to address his alcohol consumption by completing two IOPs, which were focused on both his alcohol use and depression, and participating in AA with the support of a sponsor, at least three days a week. The Individual meets with a therapist, bi-weekly, to discuss his triggers to drink alcohol and his depression, and he manages his cravings for alcohol with medication. Finally, the Individual has engaged in his current treatment regimen while residing in a sober living house, the terms of which require that he abstain from alcohol, be subject to daily drug and alcohol testing, adhere to a curfew, and participate in weekly AA meetings and individual check-in meetings, with the house manager. However, considering the Individual's history of relapsing following treatment, I concur with the opinion of the DOE Psychologist, who opined that the Individual's seven months of abstinence is not enough time to demonstrate a clear and established pattern of abstinence to resolve his Substance Use, Severe (Alcohol). *See* 10 C.F.R. § 710.7(c) (requiring consideration of the "likelihood of recurrence" in applying the mitigating conditions). Therefore, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(b) of the Adjudicative Guidelines.

As to factors (c) and (d), as explained above, the Individual has completed two IOPs, was participating in AA, with the support of a sponsor, was seeing a therapist, bi-weekly, and was managing his alcohol cravings with medication. However, the Individual had a history of participating in inpatient alcohol treatment programs and relapsing after being discharged from the programs. Because the Individual has only received alcohol treatment for seven months, which is short of the 12 months of treatment recommended by the DOE Psychologist, he is not yet rehabilitated or reformed from his Substance Use, Severe (Alcohol). Also, he has abstained from alcohol for seven months, which does not establish a pattern of abstinence from alcohol in accordance with the DOE Psychologist's treatment recommendations, which required abstinence for one year. Given the Individual's history of relapse following treatment, and considering that his current period of abstinence has yet to be tested outside of the controlled environment of the sober living house, I harbor significant concerns that the Individual's pattern of relapse will reemerge without the additional time recommended by the DOE Psychologist. *See* 10 C.F.R. § 710.7(c) (requiring consideration of the "likelihood of recurrence" in applying the mitigating conditions). Therefore, I find that the Individual has not mitigated the security concerns related to his alcohol consumption under ¶ 23(c) or ¶ 23(d) of the Adjudicative Guidelines.

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

B. Guideline I

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

- (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.

Adjudicative Guidelines at ¶ 29.

Based on the evidence before me, I find that the Individual has mitigated the security concerns related to his psychological condition under ¶ 29(b) of the Adjudicative Guidelines.

The DOE Psychologist explained that the Individual's depression facilitated his use of alcohol as a coping mechanism. Although the Individual attempted alcohol treatment in May 2025, he was not diagnosed with depression until August 2025. Since August 2025, the Individual has treated his depression by taking medication, as directed by his medical provider, and by participating in bi-weekly therapy sessions. The Individual testified that with his current treatment regimen, he is more emotionally stable and happier. Therefore, I concur with the opinion of the DOE Psychologist, who opined that the Individual is controlling the symptoms of his Major Depression with his current course of treatment and the symptoms of his depression are resolving. I also concur with the opinion of the DOE Psychologist that, because the Individual is following through with his treatment, his Major Depression no longer impacts his judgment, stability, reliability, or trustworthiness. The DOE Psychologist also opined that his prognosis for the Individual was good, a favorable prognosis, because the Individual demonstrated that he is following the advice of his medical providers to mitigate his symptoms.

I conclude that the Individual has voluntarily entered a counseling program to treat symptoms of his Major Depression, he is currently receiving treatment, and he has received a favorable prognosis from the DOE Psychologist, a duly qualified mental health professional. Therefore, the Individual has mitigated the Guideline I concerns. Adjudicative Guidelines at ¶ 29(b).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G and Guideline I of the Adjudicative Guidelines. I further find that although the Individual has successfully resolved the security concerns raised under Guideline I, he has not succeeded in fully resolving the security concerns raised under Guideline G of the Adjudicative Guidelines. 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.

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals