***The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.**

United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: January 23, 2026	)	Case No.: PSH-26-0052
	)	
	)	

Issued: July 23, 2026

Administrative Judge Decision

Andrew Dam, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (the Individual) to hold 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 be restored.

I. BACKGROUND

The Individual holds access authorization in connection with his employment with a DOE contractor. Exhibit (Ex.) 1 at 6.[2] In September 2025, the Individual self-reported to the Local Security Office (LSO) that he sought out treatment for alcohol use after an emergency room visit for alcohol-related heart palpitations. Ex. 6 at 24–25; Ex. 7 at 32–33. Based on the Individual's self-report, the LSO referred the Individual for an evaluation with a DOE consultant psychologist (DOE Psychologist). Ex. 5 at 22; Ex. 9 at 43.

The DOE Psychologist, among other things, reviewed the Individual's personnel records; conducted a clinical interview with the Individual on October 22, 2025; and referred the Individual

[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 Local Security Office (LSO) combined its exhibits into a single, Bates-stamped PDF workbook. This Decision references these exhibits by the exhibit number and the Bates stamp page number.

to a laboratory for a same-day Phosphatidyl Ethanol (PEth)[3] test. Ex. 9 at 44, 47 (DOE Psychologist's Report). During the evaluation, the Individual reported having engaged in multiple, years-long episodes of heavy alcohol consumption, including self-described binge consumption of alcohol wherein he consumed as much as "15 beers and a pint of tequila" per occasion. *Id.* at 45. The DOE Psychologist opined that the Individual met sufficient diagnostic criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate, pursuant to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision (DSM-5-TR)*, and that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 47–48.

Based on the DOE Psychologist's diagnosis and the Individual's alcohol-related hospitalization, the LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information creating substantial doubt regarding his eligibility for access authorization. Ex. 1 at 5–8. In the Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.* at 5. The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 10.

The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The DOE submitted twelve exhibits (Ex. 1–12). The Individual submitted fifteen exhibits (Ex. A, A1, A2, and B–M).[4] There were no objections to the exhibits. The Individual testified and offered the testimony of four other witnesses: (1) the Individual's clinical therapist (Therapist); (2) the Individual's Alcoholics Anonymous (AA) sponsor (Sponsor); (3) the Individual's friend (Friend); and (4) the Individual's father (Father). Transcript of Hearing, OHA Case No. PSH-26-0052 (hereinafter cited as Tr.) at 11–12. The DOE counsel stipulated the Therapist's expertise in clinical therapy. *Id.* at 12. The DOE offered the DOE Psychologist as its sole witness, and the Individual stipulated the DOE Psychologist's expertise in clinical psychology. *Id.* at 13.

II. THE SECURITY CONCERNS

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. Conditions that could raise security concerns include "alcohol-related incidents away from work . . ."; "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder"; and "diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]" *See id.* at ¶ 22(a), (c)–(d). In citing Guideline G, the LSO cited the DOE Psychologist's findings that the Individual had AUD, Moderate, and that he

[3] The DOE Psychologist explained that "the PEth test detects any significant alcohol use over the past three to four weeks" and, if the Individual were drinking heavily, "then the PEth would also provide some indication of the intensity of his consumption." Ex. 9 at 47. "PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption." *Id.* at 56.

[4] The Individual's exhibits were submitted as separate standalone PDFs. This Decision references these exhibits by the exhibit letter and the PDF page number. The Individual submitted two exhibits labeled "Exhibit K." Therefore, the latter submission, a treatment engagement letter, is hereby designated as Exhibit M.

binge consumed alcohol to the point of impaired judgment. Ex. 1 at 5. Furthermore, the LSO cited to the Individual's self-disclosure that he was hospitalized for alcohol-related palpitations and treated for alcohol withdrawal symptoms. *Id.* Accordingly, there is sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G.

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or granting 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 granting 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 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, the Individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. FINDINGS OF FACT

a. Individual's Background and History of Alcohol Consumption Resulting in his September 2025 Hospitalization

The Individual reported to the DOE Psychologist that he started drinking as a freshman in high school and drank "regularly," meaning "nearly every weekend," throughout high school. Ex. 9 at 45; Ex. 12 at 263 (reporting during an enhanced subject interview that he attended high school from 1995 to 1999). The Individual further reported that his drinking increased to "almost every day, beers and shots" when he was in college. Ex. 9 at 45. After graduating college in 2004 and until 2017, the Individual drank varying amounts "on weekends and in the evenings" with a minimum of "several beers per day" and "more than [several beers] on Fridays and Saturdays." *Id.*

In 2017, the Individual was prompted to try and change his drinking habits when his older brother died from drinking alcohol excessively. *Id.* "[His brother's death] impacted [the Individual] significantly." *Id.* After his brother's passing, the Individual had "some" periods of abstinence or decreased consumption, but over time, he had repeated relapses of binge and excessive drinking episodes. *Id.*

From 2017 to 2024, the Individual drank "not every day . . . but on nights and weekends" and his consumption ranged from a minimum of six beers to a maximum of twelve to fifteen beers and a half pint of liquor. Tr. at 94–95. On January 1, 2024, the Individual stopped drinking for a period of six months. Ex. 9 at 45. His other brother and sister-in-law are sober for the first six months of every year, so he used that as motivation to "see if [he] [could] do the six months on [his] own." Tr. at 96. Because he thought he would be able to manage how much he drank, he resumed drinking again after those six months of sobriety. *Id.* The next year, the Individual stopped drinking from January 1, 2025, until July 12, 2025, when he relapsed because he was disappointed that his nephew—the son of the brother who passed away—canceled their plans. *Id.* This was also around the anniversary of this brother's death. *Id.* at 99–100. The Individual stated that "[he] decided, why not just drink then?" Ex. 9 at 45. The Individual continued to drink after his relapse because "[he had] blown 182 days" of sobriety. *Id.* He drank twelve to fifteen beers and a pint of tequila every weekend for three months. *Id.*

On September 1, 2025, after drinking heavily for three consecutive days, the Individual went to the emergency room for heart palpitations—a symptom of alcohol withdrawal. *Id.* He was discharged the next day and taken directly to a treatment provider where he participated in a five-day detoxification program followed by an inpatient program. *Id.;* Tr. at 103. At intake, the Individual was diagnosed with AUD, with Withdrawal. Ex. 9 at 45. On September 3, 2025, the Individual opted out of inpatient treatment because he felt like "it was not the right program for him at that time" and was subsequently discharged from the program. *Id.* The Individual enjoyed the group sessions and one-on-one meetings with counselors, but he "didn't like the medications that they were giving [him]" which he stated were to "make [him] sleep and rest." Tr. at 118.

At the recommendation of the lead psychologist with the DOE contractor's Occupational Medicine (OM) department, the Individual returned to the same treatment provider and was accepted into the treatment provider's Regular Outpatient Program (ROP), a 12-week program that consists of two 90-minute group meetings and one individual counseling session per week. Ex. 9 at 46.

b. Evaluation by DOE Psychologist and DOE Psychologist's Report and Recommendations

The LSO referred the Individual to the DOE Psychologist for a clinical evaluation, which took place on October 22, 2025. *Id.* at 43. At that point, the Individual had started ROP. *Id.* at 46. The DOE Psychologist reviewed the Individual's personnel file and two PEth test results from September 16, 2025, and October 16, 2025, respectively, and conducted a clinical interview with the Individual. *Id.* at 44, 47. The September 16, 2025, PEth test returned a positive result of 106 ng/mL, and the October 16, 2025, PEth test returned a negative result; both results are consistent with the Individual's self-reported abstinence as of September 1, 2025. *Id.* at 47.

The DOE Psychologist assessed that the Individual "readily acknowledges he has a history of problems with alcohol" and had "pursued efforts on his own" before seeking professional intervention, such as journaling and "read[ing] the AA Big Book." *Id.* He also read a "Day-by-Day book of passages and notations that his [F]ather used during his own recovery." *Id.* The Individual's Father consumed alcohol excessively until he entered an inpatient program and became sober in 1988. *Id.* The Individual's family history is a risk factor, and his repeated relapses

are "also warning signs of [the Individual's] vulnerabilities." *Id.*

The DOE Psychologist drew several conclusions from the above. First, the DOE Psychologist determined that the Individual met sufficient criteria for the *DSM*-5-*TR* diagnosis of AUD, Moderate, and "has consumed alcohol to the point of impaired judgment[] given the quantities consumed." *Id.* at 48. Second, the DOE Psychologist found that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* She opined that he could demonstrate rehabilitation by (1) successfully completing the ROP, (2) attending weekly aftercare, and (3) maintaining sobriety corroborated by negative monthly PEth tests—all together for twelve months. The DOE Psychologist further opined that he could "demonstrate reformation" by submitting "monthly negative PEth tests for [eighteen] months." *Id.*

c. Evidence of Sobriety, Individual's Continued ROP Treatment, AA Participation, and Counseling

The Individual submitted monthly PEth test results from samples collected from September 2025 through June 2026. Ex. A; Ex. A1; Ex. A2. The September 2025 PEth test returned a result of 105 ng/mL. Aside from the September 2025 PEth test, every test returned a negative result. *Id.* This corroborates that the Individual remained sober from at least mid-September 2025 through mid-June 2026, a nine-month period.

As recommended by the DOE Psychologist, the Individual attended an ROP for twelve weeks from September 25, 2025, to December 31, 2025. Ex. 9 at 46; Ex. B at 1; Ex. I at 2. The ROP consisted of group sessions twice a week on Tuesdays and Thursdays for an hour and a half, then on Fridays he had one-on-one sessions with the Therapist. Tr. at 121. The Individual testified that it was "an enjoyable experience" and that he "would actually look forward to it during the week." *Id.* at 121–22. He testified that the main thing that has "really helped [him] is to be able to openly discuss his alcohol use disorder[,]" but he has also learned that there are "all kind[s] of resources for people that just raise their hand [and] say 'I have a problem.'" *Id.* at 120.

The Therapist testified that he has known the Individual since September 2025 when he became the Individual's treating clinician through the ROP. *Id.* at 20–21; Ex. B at 1–2; Ex. L at 1. After the Individual's successful completion of the ROP, the Therapist saw the Individual on a weekly basis for the purpose of providing aftercare.[5] Tr. at 125–26; Ex. C at 6; Ex. M at 1. The Therapist left the treatment provider to open his own practice on June 19, 2026, and the Individual initiated care at the Therapist's new practice on June 26, 2026. Ex. L at 1; Ex. M at 1. The Therapist testified that, during their weekly therapy sessions, the Individual "raises difficult material on his own initiative rather than minimizing it, completes between session work, documents his own recovery efforts, and applies what [they] discuss to his daily life." Ex. B at 1. The Therapist observed that over the course of the Individual's treatment he has demonstrated "meaningful behavioral change" by "tak[ing] accountability for past conduct without deflection, identif[ying] internal states and situational risk factors before they escalate, and respond[ing] with planned strategies." *Id.* at 2.

The Therapist and the Individual created an aftercare plan that identified specific ways in which the Individual could use the tools he has developed throughout his recovery to sustain his sobriety.

[5] For the month of June, the Individual and the Therapist met on a biweekly basis. Tr. at 125–26.

Ex. C at 1–3. For example, the Individual set goals to (1) continue weekly therapy sessions, AA sessions, sponsor meetings, and meditations in preparation for his DOE hearing and bring reflections, stressors, and any urges to therapy sessions in order to discuss and process; (2) log continued solace miles between therapy sessions, allow time on the trail for grief, and name what each set of miles is being offered up for; and (3) practice distress tolerance, and clarify what kind of relationship with his significant other is consistent with continued sobriety. *Id.* at 6–7. The Therapist opined that the Individual has a "favorable" prognosis because he "has built and continues to maintain a robust personal recovery framework" and is approaching "his historical highest-risk window of the year . . . with intentional planning rather than avoidance." *Id.* at 7–8.

The Individual started attending AA in January 2026 after completing the ROP. Ex. I at 2. The Individual and his Sponsor were acquaintances because they are distantly related, but from January 2026 to the hearing in June 2026, he has been meeting with Individual every Thursday at 6:00 a.m. to work through the AA program for recovery. Tr. at 43, 53. At the hearing, the Sponsor indicated that the Individual is consistent in meeting with him, is always on time, and appears committed to remaining engaged in AA for the foreseeable future. *Id.* at 43. The Sponsor also testified that the Individual "is very familiar with The Big Book" and has even quoted stories from the book during meetings with the Sponsor. *Id.* at 46–47, 54. When asked whether the Individual had indicated to the Sponsor that he is struggling with sobriety, the Sponsor responded that "by listening to him and talking to him . . . some of the struggles are there, but they're getting less and less hard[] [for the Individual] to deal with." *Id.* at 48.

The Individual testified that "it was very liberating to tell somebody that [he] had a problem" and that seeking help was "probably one of the wisest decisions [he has] ever made in [his] life." *Id.* at 108, 165. He has no present desire to drink because he has "worked too hard to get where [he is] right now to derail any of that." *Id.* at 150. When asked why this time is different than the other times in which he has tried to quit drinking, the Individual stated that he has developed a set of tools to better equip him to maintain sobriety. *Id.* at 141. The Individual shared an example of a tool he developed which is a document he refers to as his "toolbox" that contains over 200 quotes, motivators, and action items that he can refer to when he needs support. *Id.* at 132–33; Ex. D. He also listed members of his support system that he can lean on when things get difficult. Tr. at 132–33. The Individual also shared that, the week prior to the hearing, he was placed in close proximity to another person's alcohol use when his fiancée and partner of nearly twenty years relapsed and developed very serious health issues related to alcohol. *Id.* at 134. He testified that his fiancée's alcohol use is a struggle "but in a way that brings [him] sadness that she can't quit" and "not in a way that would make [him] want to drink." *Id.* at 136.

d. Character Evidence

The Individual's Friend has known the Individual since they were in elementary school together. *Id.* at 61. For the last couple of years, he has seen the Individual at least once a week; however, he has not gone more than two to three weeks without seeing the Individual for the last twenty years. *Id.* at 62. The Friend is approaching nine years of sobriety, and he grew closer to the Individual when they started helping each other with their battles with alcohol. *Id.* at 62–63. During the hearing, the Friend testified that the Individual no longer struggles when "a couple guys drink during the poker nights . . . or fantasy football drafts[] or just meeting multiple guys for dinner"

even though he used to see the Individual consume alcohol at those events in the past. *Id.* at 66.

The Individual's Father testified and recalled when the Individual made the decision to commit to recovery in September 2025. *Id.* at 80–82. He noted that he has been having discussions about sobriety with the Individual for many years, but the Individual never sought treatment prior to September 2025. *Id.* at 74–75. The Father indicated that the Individual's sobriety feels different this time than in previous periods of sobriety because the two of them are "participating together in AA meetings and also sharing much more about the program together" including discussions about the different aspects of AA. *Id.* at 76. The Father testified that since the Individual has been sober, he is "calmer . . . not as nervous or anxious as he used to be before" and has been "more open . . . with [Father] in all aspects of [their] relationship." *Id.* at 78–79. When asked what support seems to make the biggest difference for the Individual, the Father responded that "participation in the AA program . . . spending time with family, and just the sharing of experiences as far as staying sober" had made the biggest difference. *Id.* at 89.

e. Updated DOE Psychologist's Opinion and Testimony

The DOE Psychologist provided her expert testimony after hearing the testimony of the Individual and his witnesses. *Id.* at 152. She revised her diagnosis of the Individual to AUD, Moderate, in early remission.[6] *Id.* at 159. Although the Individual had not yet established the twelve months of treatment and abstinence from alcohol recommended by the DOE Psychologist, she opined that the Individual is "certainly very well on his way." *Id.* at 160. The DOE Psychologist expressed concern that the Individual was heading into an especially difficult time of year due to the late brother's birthday and the anniversary of his death, but she gave the Individual a "very good" prognosis, between "poor" and "very good." *Id.* at 160–61. The DOE Psychologist still recommended that the Individual meet with his therapist weekly rather than biweekly.[7] *Id.* at 157. The DOE Psychologist believed that the Individual demonstrated an understanding of key things like relapse prevention skills, refusal skills, and identification of triggers. *Id.* at 163. Lastly, the DOE Psychologist acknowledged "a real consistency . . . in terms of the witnesses that that [were] heard and the information that [the Individual] presented that support his being thorough, consistent, mindful, and dedicated to his recovery." *Id.* at 158.

V. ANALYSIS

The Individual does not challenge that a Guideline G concern exists in light of his AUD, Moderate, diagnosis. I next turn to the mitigating factors.

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;

[6] "[I]n early remission . . . means at least three months without meeting the [AUD diagnostic criteria under the *DSM-5-TR*], but less than [twelve]." Tr. at 162.

[7] The Individual resumed weekly sessions with the Therapist on June 26, 2026. Ex. M at 1.

(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 first mitigating condition, the Individual's "behavior" or "pattern of maladaptive alcohol use"—specifically binge and excessive drinking—appears to have been a longstanding concern. From the Individual's own description, his maladaptive pattern of consumption started in high school and increased over time. When his brother passed away due to drinking alcohol excessively in 2017, the Individual had short periods of abstinence or decreased consumption, but he was unable to sustain abstinence or decreased consumption over time. The Individual tried to quit drinking on January 1, 2024, and January 1, 2025, but relapsed and resumed consuming alcohol excessively each time. I cannot find the behavior to be "infrequent" given the longstanding pattern. The Individual did not assert that such drinking occurred under "unusual" circumstances, and I cannot find the behavior to have occurred under unusual circumstances given the regularity of the behavior. I also cannot find the behavior to have occurred "so long ago"—when the Individual only became sober on September 1, 2025, less than a year before the hearing, and considering the many years over which this cycle of alcohol use was a problem. Mitigating condition (a) does not apply.

Regarding the second mitigating condition, the Individual has clearly acknowledged his pattern of maladaptive alcohol use, having voluntarily sought treatment and consistently expressed his commitment to long-term recovery. At no point in the record did the Individual minimize his alcohol use or the concerns surrounding his alcohol use. The Individual also provided ample evidence of actions taken to overcome the problem—the completion of the ROP, the ongoing participation in AA by attending groups and meeting with his sponsor, and the development of tools to utilize when challenges present themselves. The Individual lacks time; while he has demonstrated a clear and established pattern of modified consumption for nine months, he is three months shy of meeting the DOE Psychologist's treatment recommendations. Accordingly, mitigating condition (b) does not apply.

Regarding the third mitigating condition, the Individual continues to engage in aftercare by attending weekly AA groups, meetings with his AA Sponsor, and individual counseling with the Therapist, and he successfully completed a 12-week ROP in December 2025. The ROP was the

Individual's first treatment program; therefore, he does not have a history of treatment and relapse. The Individual attended and completed the ROP, comprised of individual and group sessions led by the Therapist, from September 2025 to December 2025 and has continued attending weekly sessions with his Therapist in ROP aftercare since January 2026 with the exception of June 2026 in which the Individual met with the Therapist biweekly. The Individual has attended AA weekly and continues to engage rigorously with his Sponsor. The totality of the Individual's time in treatment and in mutual support groups, which are ongoing, have helped the Individual maintain sobriety since September 1, 2025—a sobriety date that I credit given the Individual's forthcomingness, the PEth testing, and other indicators of the Individual's credibility. Moreover, the DOE Psychologist testified that the Individual was making satisfactory progress and had a "very good" prognosis. I therefore find that the Individual has demonstrated satisfactory progress in a treatment program and mitigating condition (c) applies.

Mitigating condition (d) does not apply, as the Individual continues attending aftercare appointments and has not yet completed a year of ROP and aftercare.

For the aforementioned reasons, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

Above, I found that there existed 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, 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 brought forth sufficient evidence to resolve the security concerns set forth under Guideline G. Accordingly, I find the Individual has demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Andrew Dam
Administrative Judge
Office of Hearings and Appeals