United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)		
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Filing Date: February 23, 2026	)	Case No.:	PSH-26-0102
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	)		

Issued: July 22, 2026

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXX (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 a security clearance. Exhibit (Ex.) 2 at 1. In April 2026, the DOE Local Security Office (LSO) informed the Individual by letter (Notification Letter) that it possessed reliable information that created substantial doubt regarding his eligibility to possess a security clearance. *Id.* at 1. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO identified information related to the Individual's problematic alcohol use and related hospitalizations, mental health diagnoses, and failure to disclose reportable information on security forms. *Id.* at 1–14. The Notification Letter therefore informed the Individual that the LSO possessed information that raised security concerns under Guidelines E, G, and I of the Adjudicative Guidelines. *Id.*

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. The Director of the Office of Hearings and Appeals appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative review

[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.

hearing on June 10, 2026. Transcript of Hearing, OHA Case No. PSH-26-0102 (Tr.) at 2. At the hearing, the Individual provided his own testimony. *Id.* at 4. The LSO presented the testimony of the DOE Psychologist. *Id.* The Individual submitted three exhibits, marked Exhibits A through C. The LSO submitted twelve exhibits, marked Exhibits 1 through 12.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated, the LSO cited Guideline E (Personal Conduct), Guideline G (Alcohol Consumption), and Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the bases for concern regarding the Individual's eligibility for a security clearance.[2] Ex. 2.

Guideline E provides that "[c]onduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information." Adjudicative Guidelines at ¶ 15. "Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes." *Id.* The SSC cited that the Individual admitted that he failed to timely report two hospitalizations pursuant to DOE Order 472.2A: one in August 2025 related to his mental health, and one in May 2025 when he was prescribed medication to address alcohol withdrawal symptoms. Ex. 2 at 4–5. The LSO's allegation that the Individual deliberately concealed information concerning his hospitalizations by not reporting it as required by DOE Order 472.2A demonstrates questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations and justifies the invocation of Guideline E.[3] Adjudicative Guidelines at ¶ 16(b).

Guideline G provides that "[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." *Id.* at ¶ 21. The SSC cited that the Individual was arrested for Driving Under the Influence (DUI) in March 2013; he was hospitalized in 2024 due to alcohol consumption; and that the DOE Psychologist concluded in her March 2025 Report that the Individual habitually consumed alcohol to the point of impaired judgment and met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders*, *Fifth Edition*, *Text Revision*, for a diagnosis of Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. Ex. 2 at 5–11. The LSO's allegations that the Individual engaged in alcohol-related incidents away from work, habitually consumed alcohol to the point of impairment, and was diagnosed by a duly qualified mental health professional with AUD,

[2] Part 710 requires the Administrative Judge to "make specific findings based upon the record as to the validity of each instance of derogatory information contained in the notification letter and the significance which the Administrative Judge attaches to it." 10 C.F.R. § 710.27(c). In this case, the SSC cites information that I conclude does not constitute derogatory information because it does not, standing alone, "tend to establish the validity and significance of one or more areas of concern" under the Adjudicative Guidelines. *Id.* § 710.7(d). Instead, the information merely provides context for other information that establishes a security concern. That information which I have concluded does not present security concerns is referenced by its location in the SSC: I.4; II.2–4, 6(b)–(e), 7(a), 7(c)–(d), 8(a)–(e), 8(g)–(j); and III.1(c)–(e), 2(a), 3(c)–(e), 4(a)–(b).

[3] DOE Order 472.2A, Personnel Security, Attachment V-Reporting Requirements: "The following occurrences/actions must be reported to the appropriate CPSO [Cognizant Personnel Security Offices] immediately, but in no event later than three (3) working days after the occurrence: . . . any alcohol-related treatment . . . [and] [h]ospitalization for mental health reasons . . . ." DOE O 472.2A, Attach. 5 ¶ 6(e), (g).

demonstrate excessive alcohol consumption and justify the LSO's invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a), (c)–(d).

Guideline I provides that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." *Id.* at ¶ 27. "A formal diagnosis of a disorder is not required for there to be a concern under this guideline." *Id.* The SSC cited that the Individual has been diagnosed with Bipolar I (Bipolar) disorder by different mental health professionals, including the DOE Psychologist in March 2025, the Individual was involuntarily hospitalized in 2024 due to a manic episode due to his Bipolar disorder, and the DOE Psychologist diagnosed him with Borderline Personality Disorder (BPD). Ex. 2 at 11–13. The LSO's allegation that the Individual's diagnoses and his involuntarily hospitalization demonstrate he has a mental and personality condition that can impair his judgment, reliability, or trustworthiness justifies the LSO's invocation of Guideline I. Adjudicative Guidelines at ¶ 28(b)–(c).

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 Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his or her 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.

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

The Individual was diagnosed with depression when he was approximately thirteen years old. Tr. at 108. There is no dispute that he has been diagnosed with AUD, Bipolar disorder, BPD, and Attention Deficit Hyperactivity Disorder (ADHD). *Id.* at 18.

The Individual was arrested in 2013 for DUI. *Id.* at 19. He did not consider his alcohol use to be a problem until his wife expressed concern regarding his alcohol use in 2022 after his consumption

increased during the COVID pandemic; as a result, he started attending Alcoholics Anonymous (AA) and attempted sobriety. *Id.* at 20. He stopped attending AA after approximately six months and instead attempted, unsuccessfully, to consume alcohol moderately using the "Sinclair method," which he described as taking medication that reduces the impact of alcohol so that the "brain loses the reward from [alcohol.]" *Id.* at 21–22.

He has a therapist and a psychiatric nurse practitioner who prescribes him psychotropic medication. *Id.* at 34. He has been seeing both since approximately 2022. *Id.* at 63; Ex. C. In May 2024, he was involuntarily hospitalized. Tr. at 24. The Individual has little recollection of his work day leading up to the hospitalization, but later determined that he had gone to a restaurant bar after work, which he alleged "must have overserved [him]." *Id.* When he arrived home, he recalls being in a "manic state" and arguing with his wife, which scared her, and she called law enforcement. *Id.* at 25. When they arrived, they asked the Individual to go to the hospital, which he agreed to because he did not want to upset his wife. *Id.*

The Individual's hospitalization lasted seven days. *Id.* at 28–29. The staff diagnosed him with Bipolar disorder, AUD, and BPD. Ex. 11 at 3. The Individual cannot recall all of the events of the hospitalization, but he was highly intoxicated and recalled that police and orderlies had to restrain him because he became aggressive. Tr. at 27–28, 30. The Individual testified that screening at the hospital determined his Blood Alcohol Concentration (BAC) was .28 g/100 mL, which made him realize that he must be an alcoholic because he "should have been in a coma." *Id.* at 30. As a result, he requested that his psychiatric nurse practitioner prescribe him Antabuse, a medication that would make him physically ill if he consumed alcohol, as a failsafe if he ever considered consuming alcohol again as a result of his Bipolar disorder. *Id.* at 31, 92. He testified that his manic episode was caused by his use of the psychotropic medication phentermine and that the phentermine also resulted in his use of alcohol leading up to the hospitalization. *Id.* at 33. As a result, he stopped taking it. *Id.* at 35. However, he also testified that his psychiatric nurse practitioner felt that his use of alcohol impacted the efficiency of the phentermine. *Id.* at 34.

After returning home from the hospital in 2024, he checked in with his therapist and psychiatric nurse practitioner. *Id.* At that time he attempted to abstain from alcohol but relapsed at the end of July 2024, which implies he chose to suspend his use of Antabuse. Ex. 11 at 4. As a result of the relapse, he sought and started receiving treatment from an addiction specialist to address his misuse of alcohol. Tr. at 37, 42; Ex. B (letter from addiction specialist). The addiction specialist disagreed with his use of Antabuse, and the Individual testified that they agreed to disagree.[4] Tr. at 37. The addiction specialist's treatment program consisted of regular meetings, which he started in August 2024 and claimed that he attended for a year, however there is no corroborating evidence regarding his length of attendance. *Id.* at 38–39, 41.

Prior to his completion of the program, in December 2024, he relapsed after experiencing a "hard holiday" as a result of being apart from his wife given that they essentially separated after his May 2024 hospitalization. Tr. at 42–43. The Individual has a history of attempting to remain sober and then relapsing. Tr. at 43; Ex. 11 at 5 (DOE Psychologist reporting that the Individual stated he had a combined period of one to two years of sobriety over his life despite numerous attempts to reduce or abstain from alcohol consumption). After the December relapse, he again attempted to remain sober, but in April or May 2025, after his evaluation with the DOE Psychologist, he convinced

[4] The Individual testified that "some" providers consider it dangerous for a person with AUD to use Antabuse and that this particular provider did not believe in using medication as a punishment for consumption. Tr. at 38.

himself that he could consume alcohol moderately. Tr. at 44–46. He soon lost control, and his daily consumption reached upwards of sixteen beers a day. *Id.* Fearing that he might die as a result, he decided to schedule a dental surgery on June 18, 2025, for his next attempt at sobriety because he knew he would have to refrain from consuming alcohol immediately prior, and he took Antabuse as soon as his surgery was complete. *Id.* at 46–47, 52.

As referenced earlier, the DOE Psychologist evaluated the Individual in March 2025. Ex. 11 at 1. The result of the testing she conducted supported the Individual being diagnosed with Bipolar disorder, BPD, and AUD. *See, e.g.*, Ex. 11 at 3, 10–11 (reporting that he endorsed eight of ten symptoms for BPD and eleven symptoms of hypomania along with confirming a past episode of mania); *see also* Tr. at 109 (DOE Psychologist referring to the 2024 hospitalization as being the result of a "full-blow manic episode"). The DOE Psychologist also concluded that the Individual met sufficient criteria for a diagnosis of AUD, moderate, in early remission, and opined that he had used alcohol habitually and to excess historically despite a number of negative consequences. Ex. 11 at 13. In order to demonstrate rehabilitation from the AUD, she opined that the Individual should remain abstinent for at least one year given his history of relapse. *Id.* at 12. The DOE Psychologist also concluded that the diagnosis of Bipolar disorder poses an inherent risk to his judgement, stability, reliability, and trustworthiness, and the risk is augmented by his diagnoses of BPD and AUD. *Id.* at 12. She explained that Bipolar disorder has the potential to cause a significant defect in judgment and reliability and noted that the Individual failed to avoid hospitalization in 2024 despite receiving psychiatry and psychotherapy services. *Id.* at 13–14. The DOE Psychologist concluded that each of the Individual's conditions "adds to [his] risk profile . . . ." *Id.* at 14. Therefore, she recommended that he should continue his outpatient treatment to address his mental health and AUD. *Id.* at 13.

In May 2025, the Individual was hospitalized. Ex. 7 at 8. He did not report this as required of a clearance holder. Tr. at 49–50. At the hospital, he was prescribed medication to treat the alcohol withdrawal symptoms he was experiencing. Ex. 7 at 8. He explained that he did not know who to report to but realized that he should have reported to security personnel because it was alcohol related. Tr. at 50.

In August 2025, the Individual was again hospitalized as the result of the impact a new psychotropic medication had on his serotonin. *Id.* at 53–54. He did not report this hospitalization to security because it was not the result of alcohol use and resulted from his reaction to prescribed medication. *Id.* at 54. At the hearing, he testified that he would report all future hospitalizations. *Id.* at 80. He did not disclose either hospitalization until January 2026. Ex. 7 at 1, 6.

Regarding his AUD, the Individual testified that he accepted the diagnosis and regrets not learning how to address his problem sooner. Tr. at 91. The Individual testified that he has been focusing his current therapy on discovering the root of his alcohol use, and he takes Antabuse daily. *Id.* at 32, 55. He testified that he consumes nonalcoholic beer in lieu of alcohol and that the day of his surgery, June 18, 2025, is his sobriety date. *Id.* at 48, 56. He also explained that through therapy he has developed tools to support his abstinence such as self-reflection, breath exercises, and working on recognizing triggers and separating himself from situations that may challenge his sobriety. *Id.* at 57. He intends to remain sober indefinitely and rely upon Antabuse's physical deterrence should his Bipolar symptoms impair his decision making. *Id.* at 58. He testified that he realizes that he used to drown his emotions with alcohol and has learned to accept his emotions.

Id. He testified he has a friend he can contact if he ever feels the urge to consume alcohol, and he and his wife, who he considers a trigger, are separated.[5] *Id.* at 58–59.

He testified that, as of the hearing date, he was satisfied with his medication regimen's management of his psychological conditions. *Id.* at 66, 70. While he confirmed that he had been diagnosed with BPD, he disagreed with that diagnosis and provided a May 2026 letter from his psychiatric nurse practitioner that demonstrates that that provider had not diagnosed him with BPD. *Id.* at 67–68; Ex. C (noting medication management for Bipolar disorder, alcohol dependence, and ADHD). He continues to see his therapist every two weeks. Tr. at 75. He no longer receives treatment from the addiction specialist after completing treatment, but he can always go back as needed. *Id.*; Ex. B (May 15, 2026, letter from addiction specialist provider that the Individual successfully completed the program "with the option of continuing care/therapy if needed"). He visits with his psychiatric nurse practitioner typically every quarter for medication management. Tr. at 78. He testified that he is happy, healthy, and making good headway. *Id.*

At the hearing, the DOE Psychologist testified that the Individual's claimed abstinence represented just shy of one year of sobriety and therefore did not constitute sustained remission. *Id.* at 106. However, the DOE Psychologist expressed concern that the Individual had stopped receiving "substance specific treatment" from the addiction specialist and therefore did not benefit from continuing accountability which the DOE Psychologist opined would be an important piece in the Individual's AUD recovery, especially given the Individual's history of treatment interrupted by instances of relapse and mood instability. *Id.* at 107. The DOE Psychologist found it questionable whether the Individual's treatment regimen was adequate to mitigate the risk of future relapse because the Individual's therapy did not appear to specifically address his alcohol use or relapse prevention. *See id.* at 108, 123, 134. The DOE Psychologist testified that Bipolar disorder is a "severe and persistent mental illness to the point that it can be fully debilitating . . . . if not well managed." *Id.* at 115–16. She "strongly recommended [the Individual participate in] ongoing support and treatment specific to substance use" given that his Bipolar disorder puts him at risk of poor judgment regarding alcohol use and the risk of relapse puts him at risk of destabilized mood given his Bipolar disorder *Id.* at 106. Thus, the DOE Psychologist recommended that the Individual participate in individual therapy specifically focused on relapse prevention or participate in substance use specific treatment. *Id.* at 126, 134 (describing the preferred frequency as weekly). She testified that the Individual presented a relatively high risk that he will experience compromised judgment as a result of his Bipolar diagnosis, such as a hypomania event that would require some kind of treatment response. *Id.* at 130–32, 138. For example, something as prosaic as poor sleep could present a period of destabilization for the Individual even as he attempts to address his condition through therapy and medication. *Id.* at 131.

Furthermore, the DOE Psychologist expressed concern that the Individual continued to demonstrate poor insight into how "severely impairing [Bipolar] can be." *Id.* at 117. The DOE Psychologist was also concerned by the Individual's use of Antabuse as an insurance policy against relapse, which the DOE Psychologist interpreted as representing "difficult[y] . . . anticipat[ing] a destabilization." *Id*. And the DOE Psychologist was concerned that the Individual demonstrated a lack of accountability evinced by the Individual's testimony regarding being overserved at the restaurant prior to his 2024 hospitalization and blaming his failure to report his hospitalizations on not knowing how to report security issues. *Id.* at 118. Lastly, the DOE Psychologist was concerned

[5] The Individual explained that they have reached the mutual conclusion that they are better friends than spouses. Tr. at 59.

by the Individual's judgment to use a surgery to stop alcohol consumption instead of reengaging with the addiction specialist treatment provider. *Id.* The DOE Psychologist believed that the Individual's actions represented impaired decision making. *Id.*

Lastly, the DOE Psychologist explained that the symptoms of ADHD, Bipolar, and BPD overlap and it is difficult to differentiate the diagnoses, especially when substance use, *i.e.* alcohol, is involved. *Id.* at 115. She opined that the Individual's Bipolar disorder diagnosis is the most significant given it is a "severe and persistent mental illness" and ADHD and BPD "kind of contribute to or are part and parcel" of Bipolar disorder. *Id.*

V. ANALYSIS

A. Guideline E Considerations

Conditions that can mitigate security concerns based on personal conduct include the following:

(a) The individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;

(b) The refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;

(c) The offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(d) The individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;

(e) The individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;

(f) The information was unsubstantiated or from a source of questionable reliability; and

(g) Association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17.

I conclude that none of the above mitigating conditions apply to resolve the Guideline E concerns. The concerns are derived from the Individual's failure to timely report his hospitalizations that resulted from alcohol use and mental health concerns, and there is no evidence in the record that the Individual made prompt effort to correct this failure. He was hospitalized in August 2025 and May 2025 and did not disclose these events until his January 2026 LOI. Therefore, ¶ 17(a) does not apply to resolve the concerns.

Paragraph 17(b) does not apply to resolve the concerns because there is no evidence the Individual's conduct was contributed to by the advice of another.

I further conclude that ¶ 17(c) does not apply for the following reasons. Deliberately failing to disclose hospitalizations related to problematic alcohol consumption or a diagnosed mental health condition that could form the basis of a security concern is not minor. Furthermore, the fact that he engaged in the conduct twice within a three-month period does not weigh in favor of finding that it should be mitigated by relative infrequency. Lastly, I find that the concerns are not resolved due to "unique circumstances." The record indicates that the Individual decided not to report his August 2025 hospitalization because it was not the result of alcohol use and he did not realize it should have been reported. However, he also failed to report his May 2025 hospitalization, which he admitted was related to alcohol consumption. If his explanation were true, it stands to reason that he would have reported his May 2025 hospitalization. I am therefore dubious of this testimony and also reject his testimony that he did not know who to report the issue to. His failure of effort is not a unique circumstance.

Next, I conclude that ¶ 17(d) does not apply to resolve the concerns. Although the Individual acknowledged his behavior at the hearing, there is no indication that his conduct resulted from his various diagnosed conditions or that he is receiving counseling that addresses why he chose to not disclose his hospitalizations.

Lastly, ¶ 17(e)–(g) do not apply because the behavior outlined in the SSC does not indicate the Individual is particularly vulnerable to exploitation, manipulation, or duress; the information contained in the SSC has not been demonstrated to be unreliable; and the allegations do not relate to association with persons involved in criminal activity.

B. Guideline G Considerations

Conditions that can mitigate security concerns based on alcohol consumption include the following:

(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.

I conclude that none of the above mitigating conditions apply to resolve the Guideline G security concerns. I find that ¶ 23(a) does not apply because I do not conclude that the passage of time, frequency of the conduct, or circumstances are such that the concerning conduct is unlikely to recur. In reaching my conclusion, I am persuaded by the DOE Psychologist's opinion that the Individual has not rehabilitated or reformed from his AUD based on his failure to continue substance abuse specific treatment during his period of claimed abstinence, which is particularly important in the Individual's case given his historic struggles with relapse. Furthermore, the absence of any clinical testing for alcohol use combined with the Individual's failure to previously report adverse information prohibits me from reliably determining the period of time, if any, that has passed since his maladaptive alcohol use. I also agree with the DOE Psychologist that the decision to use surgery and Antabuse to force him to abstain demonstrates questionable judgment. Since the AUD is unresolved, I do not conclude that his behavior is unlikely to recur and he has not resolved the resultant concern regarding his reliability, trustworthiness, and judgment.

Second, I find that ¶ 23(b) does not apply. The Individual technically acknowledged his pattern of maladaptive alcohol use by testifying that he does have a problem with alcohol, however, as I concluded in the preceding paragraph, the AUD remains unresolved. The actions he has taken to overcome the problem fall short of the treatment recommendations of the DOE Psychologist, and it is not clear that his therapy directly addresses his AUD. Furthermore, while he does claim to have remained abstinent for the past year, he has not provided any corroborating evidence to support that allegation, which would go a long way towards corroborating the same given his pattern of relapse—including during treatment.

For the reasons cited above, including that the Individual relapsed in December 2024 and in April or May 2025 while receiving treatment with the addiction specialist, I conclude that ¶ 23(c) does not apply to resolve the concern.

Lastly, ¶ 23(d) does not apply because he has not successfully completed a treatment program or required aftercare that is in line with the recommendations of the DOE Psychologist or demonstrated a period of abstinence consistent with the DOE Psychologist's recommendations.

C. Guideline I Considerations

Under Guideline I, the following relevant conditions can mitigate security concerns associated with a psychological condition:

(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.

I find that none of the mitigating conditions apply to resolve the concerns. I first note that the DOE Psychologist opined that the symptoms of Bipolar disorder, BPD, and ADHD overlap, and concluded that the Individual's conditions, especially Bipolar disorder, presented a high risk that his judgment would be compromised even with his current treatment regimen. I agree with the DOE Psychologist that the Individual demonstrates poor insight into the risk presented by Bipolar disorder. The DOE Psychologist focused her testimony on the interplay between AUD and Bipolar disorder and that each condition augments the risk presented by the other condition. Thus, my following findings must be viewed from the perspective that the Individual's unresolved AUD increases the risk that the Individual will experience destabilizing Bipolar symptoms.

I will also consider the Individual's psychological conditions together in my analysis given that the symptoms of his conditions overlap. Thus, if the more "severe" condition of Bipolar disorder remains unresolved, I cannot say the risk presented by BPD or ADHD are resolved, especially considering it is not clear that the LSO alleges that the ADHD and BPD, standing alone, present a concern.

I conclude that the Individual's Bipolar disorder is not readily controllable with treatment in light of the above considerations and the DOE Psychologist's persuasive conclusion that the Individual's condition will continue to present a high risk of compromised judgment because it is a severe and persistent mental illness that can be fully debilitating if not well managed. Thus, ¶ 29(a) does not apply to resolve the concern.

I further find that ¶ 29(b) does not apply to resolve the concern because while the Individual has entered a counseling or treatment program for Bipolar disorder, it is not clear that his condition is amenable to the treatment regimen he has undergone given the DOE Psychologist's opinion that he continues to present a high risk of experiencing Bipolar symptoms. The Individual has not received a favorable prognosis from the DOE Psychologist, nor do the letters from his treatment providers indicate he has a favorable prognosis. Accordingly, I conclude that ¶ 29(c) does not apply to resolve the concern because I agree with the DOE Psychologist that the Individual's condition is not under control or in remission or has a low probability of recurrence.

Given my above findings, I further conclude that ¶ 29(d) and ¶ 29(e) do not apply to resolve the concerns. The Individual's Bipolar disorder is not temporary or resolved, and the risk presented by the condition persists.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline E, Guideline G, and Guideline I of the Adjudicative Guidelines. After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of 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. 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.

James P. Thompson III
Administrative Judge
Office of Hearings and Appeals