United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: January 13, 2026	)	Case No.: PSH-26-0043
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	)	

Issued: August 10, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (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 granted.

I. Background

The Individual, an applicant for an access authorization, signed and submitted a Questionnaire for National Security Positions (QNSP) in early February 2025. Exhibit (Ex.) 7.[2] In the QNSP, the Individual disclosed that in July 2018, he had been charged with Aggravated Driving While Under the Influence (ADWI).[3] *Id.* at 137–38. He also indicated that in March 2023, he was charged with ADWI and "stopping or parking prohibited in specific places," to which he entered a guilty plea. *Id.* at 140. He acknowledged in the QNSP that his alcohol consumption had "resulted in intervention by law enforcement/public safety personnel[,]" and in doing so, he noted that in February 2021, he was charged with ADWI, but that the matter was ultimately dismissed. *Id.* at 146. He also disclosed in the QNSP that he attended a substance abuse treatment program

[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] This Decision will refer to the PDF page number when citing to exhibits.

[3] The Individual refers to the alcohol-related charges as "DWIs." However, he was charged with ADWIs, and accordingly, ADWI is the term that is used throughout the Decision, irrespective of the Individual's recounting of DWI.

from April 2023 to December 2024, and he ultimately successfully completed the program. *Id.* at 147.

As part of the investigation process, the Individual underwent an Enhanced Subject Interview (ESI), which was conducted by an investigator (Investigator) in April 2025. Ex. 9 at 227. During the ESI, the Individual told the Investigator that on one occasion, he reported to work in an intoxicated state, and he called his then girlfriend for a ride when he realized that he was not fit to work. *Id.* at 229. He was waiting in his friend's car in the parking lot when he was approached by a law enforcement officer. *Id.* The Investigator reached out to the Individual's former employer for more information and ascertained that the Individual was found intoxicated in the parking lot in September 2019, and his employer suspended him without pay in October 2019 as a result of the incident. *Id.* at 243.

The Individual also disclosed to the Investigator that following his July 2018 ADWI, he was sentenced to probation, which included the requirement that he blow into a remote alcohol monitoring device every three hours. *Id.* at 231. In October 2018, the Individual was "arrested . . . for not complying with" the device "when he failed to submit to testing." *Id.* He did, however, eventually complete probation to the satisfaction of the court. *Id.*

As questions remained, the Individual was asked to undergo a psychological evaluation conducted by a DOE-consultant expert (DOE Psychologist) in October 2025. Ex. 5. The DOE Psychologist issued a report (the Report) of her findings in the same month. *Id.* The Individual submitted to a Phosohatidylethanol (PEth) test in conjunction with the evaluation, which yielded a result of 60 ng/mL.[4] *Id.* at 35. In the Report, the DOE Psychologist diagnosed the Individual with Alcohol Use Disorder (AUD), Moderate, in Early Remission without adequate evidence of rehabilitation or reformation. *Id.* at 37.

The local security office (LSO) began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. 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) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of his Employee Assistance Program (EAP) therapist, a Fitness for Duty (FFD) Psychologist employed at the site at which he works, and his wife. *See* Transcript of Hearing, OHA Case No. PSH-26-0043 (hereinafter cited as "Tr.")

[4] "PEth is not a normal body metabolite" and "accumulates when ethanol binds to the red blood cell membrane." Ex. 5 at 35. Further, "[t]he PEth level reflects the average amount of alcohol consumed over the previous [twenty-eight to thirty] days[.])" *Id.* A PEth result "greater than 20 ng/mL corresponds to Medium Alcohol consumption (average [two to four drinks/day several days/week)." *Id.*

The Individual also submitted seven exhibits, marked Exhibits A through G. The DOE Counsel submitted nine exhibits marked as Exhibits 1 through 9 and presented the testimony of the DOE Psychologist.

II. Notification Letter

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. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are "alcohol-related incidents away from work, such as driving while under the influence[,]" "alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition[,]" and "diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]" *Id.* at ¶ 22(a)–(b), (d). Under Guideline G, the LSO alleged that:

1. The DOE Psychologist diagnosed the Individual with AUD, Moderate, in Early Remission, "without adequate evidence of rehabilitation or reformation." Ex. 1 at 5.

2. In March 2023, the Individual was arrested and charged with "ADWI Second Offense." *Id.*

3. In February 2021, the Individual was arrested and charged with "ADWI Second Offense." *Id.*

4. In September 2019, the Individual's coworkers found him intoxicated in the parking lot. *Id.*

5. In October 2018, the Individual was arrested for his failure to comply "with remote alcohol monitoring Soberlink by failing to submit to alcohol testing." *Id.*

6. In July 2018, the Individual was arrested and charged with ADWI First Offense. *Id.*

The LSO's invocation of Guideline G is justified.

III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all 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 eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

Following the March 2023 arrest, the Individual was required to participate in his employer's FFD program. Ex. E. The FFD Psychologist conducted his initial intake, and subsequently "passed" him along to a fellow FFD therapist to interface with the Individual on a regular basis. *Id.*; Tr. at 34–35. The FFD Psychologist found the Individual to be "honest in his report of his drinking, stating that he tended to binge drink on weekends, and" further found that the Individual admitted that he had "called in sick at least once due to 'over doing it' the night before." Ex. E. The Individual told the FFD Psychologist he had stopped drinking alcohol following the March 2023 arrest, "and planned to continue doing so due to his commitment to his job and his marriage, as his wife had just given him an 'ultimatum' regarding his drinking." *Id.*

As it was required by the FFD program, the Individual completed treatment following the 2023 incident. He completed a twelve-week "basic" intensive outpatient treatment program (IOP) and went on to complete a second IOP, which lasted twenty-four weeks, with the same recovery and treatment organization in October 2023.[5] Ex. E; Ex. F; Ex. 7 at 147; Tr. at 36, 41. The treatment program would "consistently" report back to the FFD program regarding the Individual's progress, and the FFD Psychologist noted that the Individual was described as "an active participant in groups and gained valuable insight into his patterns of drinking." Ex. E. As part of the FFD program, the Individual was required to attend a six-week alcohol education course conducted by his employer's EAP, which he also completed. *Id.* During his participation in the FFD program, the Individual was subject to weekly, "unannounced testing of his alcohol use, via both breathalyzer and" urine tests, all of which were negative. *Id.* The Individual's FFD "evaluation was closed" and it was recommended that he return to work. *Id.*; Tr. at 35–36.

Following the completion of the FFD program, and prior to the psychological evaluation, the Individual consumed alcohol in September 2025. Tr. at 54, 78. The Individual's alcohol consumption was for the purpose of celebrating his birthday, and the Individual and his wife testified that he has not consumed alcohol since that time. *Id.* at 54.

The DOE Psychologist recommended in her October 2025 Report that the Individual should be abstinent for the span of at least one year, participate in a "Structured Relapse Prevention (SRP) program," like an intensive outpatient treatment program or Alcoholics Anonymous (AA), participate in a "structured course of individual therapy[] with a counselor who has specific

[5] The FFD Psychologist made the recommendation that the Individual attend the first and second IOP. Tr. at 35–36.

training in substance abuse or relapse prevention[,]" and submit to PEth testing "every four to six weeks[.]" Ex. 5 at 37.

The Individual began attending a self-managed recovery program in January 2026, and attended eight meetings from January 2026 through May 2026. Ex. A. The Individual also began voluntarily submitting to monthly PEth tests in January 2026, and he submitted five negative PEth tests that were taken from January 2026 through June 2026. Ex. D.

The Individual approached the FFD Psychologist in January 2026 to seek "support in maintaining long term abstinence following a decision to consume alcohol on his birthday in September 2025[.]" Ex. E. He also sought assistance because in January 2025, he had engaged in self-harm while in a heavily intoxicated state. *Id.*; Tr. at 17–18. The Individual was accordingly referred to a therapist with the EAP. Ex. E. He began seeing the EAP therapist in January 2026, and at the time of the June 2026 hearing, the Individual had attended six meetings.[6] Ex. B; Tr. at 16. The EAP therapist wrote a late May 2026 letter on behalf of the Individual which indicated that the Individual has "a committed desire to address concerns and challenges related to alcohol and his marriage." Ex. B. In the time the Individual has been attending therapy sessions with his EAP therapist, he "has gained significant insights and has deepened his efforts and commitment to abstain from alcohol while . . . working to improve communication with his wife and family of origin[.]" *Id.* At the hearing, the EAP therapist also testified that the Individual "participated actively" and "let down the guard of fear or mistrust to understand that this is an opportunity to heal[.]" Tr. at 21. He feels that the Individual is "getting to a place where . . . [he is] ready to address not only the [alcohol] abuse," but what caused the alcohol abuse. *Id.* at 22–23. The EAP therapist has noticed differences in the way the Individual is able to navigate stressors that would generally have caused him to drink alcohol in the past. *Id.* at 26. The EAP therapist noted that he intends to move the Individual into longer-term therapy with another therapist. *Id.* at 23, 29.

The Individual's wife unequivocally stated that he has been abstinent from alcohol since his September 2025 relapse. Ex. C; Tr. at 55. Further, she stated that the Individual "does not want to drink" and that his desire to abstain from alcohol has "been his primary focus." Tr. at 51. The Individual wants to be a good role model for his children, which is a primary motivation for staying sober. *Id.* at 52. The couple does not keep alcohol in their home, and she confirmed that the last time she saw him consume alcohol was the day of his birthday. *Id.* at 55–56. She explained that the Individual "has learned a lot more about . . . being able to be more communicative and more open about his feelings[,]" allowing him to better cope with stressors. *Id.* at 58.

When asked particulars about his sobriety date, the Individual denied that he had "started [consuming alcohol] again" regularly in September 2025 and stated that he just "had some drinks" on one occasion. *Id.* at 78. He did, however, admit that he had not completed a year of sobriety, as recommended by the DOE Psychologist. *Id.* at 79. He also confirmed in his testimony that he tries to attend the self-managed recovery program "every Monday," unless class is cancelled. *Id.* at 80. He explained that since attending the self-managed recovery program, he has learned about ways

[6] Each session with the EAP therapist takes about forty-five to sixty minutes to complete and the EAP offers the Individual a total of eight session per calendar year with the therapist. Tr. at 16, 23, 29. During their sessions, they discuss the reason why the Individual was in the FFD program, why he consumes alcohol, and ways to change his behavior. *Id.* at 16–17, 20–21. The EAP therapist has not diagnosed the Individual with any condition. *Id.* at 23.

to cope with stressors, and he has discussed his triggers and how hobbies can assist in his recovery. *Id.* at 82. His family is supportive of him, and it "[does not] phase [him]" to be around his family when they drink. *Id.* at 82–83, 90. He explained that when he was drinking, he chose to continue drinking alcohol under stressful circumstances despite the harm it caused him because he did not "have . . . help back then." *Id.* at 84. He conceded that he had a problem with alcohol, but now, his primary motivation for staying sober is his daughter. *Id.* at 84–85. He spends more time with his wife now, he wants to keep his job, he works overtime, and he wants to remain healthy, opting to go to the gym on a daily basis. *Id.* at 85–86. He explained that he would like to continue seeing the EAP therapist and that his support system consists of his family. *Id.* at 88–89. The Individual does not have any interest in consuming alcohol in the future. *Id.* at 91.

At the hearing, the DOE Psychologist testified that the Individual still had a diagnosis of AUD, the severity of which she upgraded to Severe, but that he was in Early Remission. *Id.* at 111. She acknowledged that the Individual was "learning to deal with . . . underlying" issues, and his motivations had changed. *Id.* at 113–14. Further, she perceived that he had learned how to cope with stressors and had a support system in place. *Id.* at 114–15. However, as not enough time had passed since the last time the Individual consumed alcohol, he had not shown adequate evidence of rehabilitation or reformation. *Id.* at 111–13. The DOE Psychologist confirmed that the insufficient duration of time was particularly important in light of the fact that the Individual had experienced "significant alcohol[-related] events" approximately every two years. *Id.* at 112–13.

V. Analysis

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.

The record indicates that since 2018, the Individual has been involved in an alcohol-related incident approximately every two years. Accordingly, pursuant to 10 C.F.R. Part 710.7(c), I must consider "the likelihood of continuation or recurrence" of the behavior that gave rise to the concerns stated in the SSC. Although the Individual stopped consuming alcohol following his 2021 incident as a sign of commitment to his family, he subsequently resumed drinking. After resuming his alcohol consumption, he then prudently participated in two IOPs. However, he chose to jeopardize his progress in September 2025, by consuming alcohol to celebrate his birthday. His wife was not happy with his decision, and he did not find the experience particularly enjoyable.

The fact that he consumed alcohol in September 2025 is concerning for a number of reasons. First, it makes me question how much he learned and received benefit from the IOPs. Presumably, he would have learned about the danger alcohol poses to him following weeks of therapy. Second, he chose to drink despite knowing that it would upset his wife, and any commitment that he had made to her and his family did not deter him. If the Individual was willing to put aside the progress that he had made to engage in alcohol consumption, which had historically resulted in poor decisions and entanglement with law enforcement, then I cannot be assured that the behavior outlined in the SSC is unlikely to recur. At the very least, the decision to consume alcohol in September 2025 evidenced poor judgment. As it stands now, the Individual has less than twelve months of abstinence, and he has only submitted five negative PEth tests. Consequently, I agree with the DOE Psychologist's hearing testimony which concluded that the Individual had failed to show adequate evidence of rehabilitation or reformation.

The Individual last consumed alcohol less then twelve months ago, despite having previously attended two IOPs, and he has a years-long patterns of poor alcohol-related behavior. I accordingly cannot conclude that 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. Mitigating factor (a) has not been satisfied.

The Individual had acknowledged his maladaptive alcohol use and has taken some action in the last six months – namely, by his participation in a self-managed recovery program and EAP therapy sessions – to overcome this problem. Nonetheless, as the Individual has not remained abstinent for the recommended continuous twelve months and has not provided PEth tests evidencing twelve months of abstinence, I cannot conclude that he has established a pattern of abstinence consistent with treatment recommendations made by the DOE Psychologist. This is particularly concerning in light of the Individual's history of treatment and relapse. Therefore, mitigating factors (b) and (d) have not been met.

The Individual has made the laudable choice to participate in therapy, and his therapist did testify that he is making appropriate progress. However, the Individual has a history of attending and completing two IOPs, followed by a relapse in September 2025. Because mitigating factor (c) requires "no previous history of treatment and relapse," I cannot conclude that the Individual has met the requirements of mitigating factor (c).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, 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 not brought forth sufficient evidence to resolve the Guideline G concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that granting 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 granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals