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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: January 20, 2026	)	Case No.:	PSH-26-0049
	)		
	)		

Issued: August 14, 2026

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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. In 2025, the DOE Local Security Office (LSO) learned that the Individual voluntarily sought treatment for alcohol use in May of that year. Exhibit (Ex.) 4 at 21.[2] As a result, the LSO requested a DOE-consultant psychologist (DOE Psychologist) to evaluate the Individual. Ex. 6. Based on the information gathered by the LSO, including a June 2025 report produced by the DOE Psychologist (Report), the 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. Ex. 1. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guidelines G and I 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. The Director of the Office of Hearings and Appeals appointed me as the

[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] References to the LSO exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

Administrative Judge in this matter, and I subsequently conducted an administrative review hearing on June 16, 2026. At the hearing, the Individual provided his own testimony and the testimony of a work colleague and a federal program manager. Transcript of Hearing, OHA Case No. PSH-26-0049 (Tr.). The LSO presented the testimony of the DOE Psychologist. *Id.* The Individual submitted nine exhibits, marked Exhibits A through I.[3] The LSO submitted nine exhibits, marked Exhibits 1 through 9.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated, the LSO cited 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. Ex. 1.

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." Adjudicative Guidelines at ¶ 21. The SSC cites that the DOE Psychologist concluded in the June 2025 Report that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders*, *Fifth Edition*, *Text Revision*, (DSM-5-TR) for a diagnosis of Alcohol Use Disorder (AUD), Severe, in Early Remission, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5.[4] The LSO's allegation that the Individual's diagnosis by a duly qualified mental health professional demonstrates excessive alcohol consumption justifies the LSO's invocation of Guideline G. Adjudicative Guidelines at ¶ 22(d).

Guideline I provides that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. The SSC cites that the DOE Psychologist concluded that the Individual met the DSM-5-TR diagnostic criteria for Bipolar II, Moderate, with Anxious Distress (Bipolar II), and Posttraumatic Stress Disorder (PTSD), and that these conditions could impair the Individual's judgment, reliability, or trustworthiness. Ex. 1 at 5. The LSO's allegation that the Individual's diagnoses demonstrate he has a mental condition that can impair his judgment, reliability, or trustworthiness justifies the LSO's invocation of Guideline I. Adjudicative Guidelines at ¶ 28(b).

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

[3] Exhibits A–H are were provided in a single .pdf exhibit workbook. They will be referenced by the exhibit letter and page number within the combined workbook.

[4] The SSC also provided the results of a clinical alcohol test, described in greater detail below, which does not itself establish a security concern.

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 began receiving mental health treatment in 2022 while serving in the military. Ex. 6 at 48. That year, he was diagnosed with anxiety. *Id.* at 49. This negatively impacted his career, he reported having suicidal thoughts as a result, and he was subsequently hospitalized for approximately five weeks and prescribed medication. *Id.*; Tr. at 50. While hospitalized, he was diagnosed with Persistent Depressive Disorder and "possible" PTSD. Ex. 6 at 48; Ex. 5 at 25.

In early 2024, he was hospitalized again as a result of his behavior which included punching a windshield while intoxicated because he was experiencing extreme stress due to a number of personal circumstances. Ex. 6 at 48; Tr. at 48–50 (testifying that he "smacked the windshield" but not disputing it was reported as a punch or that he may have described it to the DOE Psychologist as a punch). Another service member observed his actions and reported them to the Individual's military commander. Tr. at 48. As a result, the Individual went into inpatient treatment and was treated for PTSD, Major Depressive Disorder (MDD), and Anxiety Disorder. *Id.* at 49–50 (indicating that he had also been diagnosed with MDD with Suicidal Ideation). Although the Individual reported this hospitalization as voluntary in his September 9, 2025, responses to the LSO's Letter of Interrogatory (LOI), he testified that his commander required him to enter the program. *Id.* at 53 (testifying that his commander would have ordered him to enter if he had refused); *see* Ex. 5 at 25 (LOI responses); *see also* Tr. at 51–52 (testifying that a social worker whom he had been seeing had "urg[ed]" him "for weeks" to check himself into inpatient treatment for his PTSD). He ultimately left the inpatient program against medical advice and subsequently enrolled in the military's twelve-week outpatient Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program in spring 2024, which included clinical testing to ensure he maintained abstinence. Tr. at 55–56. The military doctors diagnosed the Individual with AUD. Ex. 6 at 62. At the time, he did not intend to remain abstinent because he was in denial that he had a problem, and he started consuming alcohol within months of exiting the program. Tr. at 57–58. The Individual testified that he learned during ADAPT what his "triggers were in terms of alcohol abuse:" he would consume alcohol to "numb the pain" of his feelings. *Id.* at 57; *see also* Ex. 6 at 62, 140–42 (reporting in March 2025 that he "drink[s] when [he] gets upset" and would "take [alcohol] like medicine").

In May 2025, he was hospitalized again after coming to the emergency room in a "crisis situation." Tr. at 62–63. Although he again reported this hospitalization as being voluntary in his LOI responses, he was required to stay under threat of being held against his will if he refused. *Compare id.* at 63 (testifying that he was "really stressed" when he arrived and "it got to the point where [medical staff said they were] going to put [him] on a medical hold") *and id.* at 64 (testifying that he was threatened with being placed in a straitjacket if he did not follow the medical staff's instructions) *with* Ex. 5 at 25 (describing his admission as voluntary).[5]

The DOE Psychologist evaluated the Individual in June 2025, which included a review of his medical files. Ex. 6. She diagnosed the Individual with Bipolar II Disorder, Moderate, with Anxious Distress and PTSD after endorsing these diagnoses in his medical records. *Id.* at 64–66. She also noted that the Individual met the Bipolar II criteria for a past hypomanic episode and a major depressive episode and reported that medications targeting Bipolar II improved his mood stabilization even though he had also experienced "severe breakthrough symptoms[.]" *Id.* at 64–66; Tr. at 97–98. The DOE Psychologist also noted that the "list of criteria for the diagnoses" of PTSD and Bipolar II have "some overlap." Ex. 6 at 67. She also diagnosed him with AUD after concluding the Individual's history of alcohol use demonstrated an inability to control how much he consumes when upset, multiple unsuccessful attempts to stop or moderate drinking, cravings for alcohol, a negative impact on his work and marriage, and tolerance. *Id.* at 62. She opined that his substance use and psychological conditions "have for a long period of time . . . impaired [his] judgment, stability, and trustworthiness." *Id.* at 66–67. Consequently, the DOE Psychologist recommended the following to address his conditions. *Id.* at 66. For the AUD, she recommended abstinence and a twelve to sixteen-week intensive outpatient treatment program (IOP) that includes both group and individual therapy components; weekly aftercare for six months; or, as an alternative to an IOP, Alcoholics Anonymous (AA) attendance four times a week for twelve months; and abstinence for the treatment period as evidenced by monthly Phosphatidyl ethanol (PEth) laboratory tests.[6] *Id.* at 67. The DOE Psychologist testified that the Individual's relapse after the ADAPT program indicated that he needed more intensive treatment. Tr. at 106–07. For Bipolar II, she recommended "medication management (which he is receiving), individual supportive and psychoeducational counseling, [] family/significant others inclusion in some counseling sessions . . . [for] a minimum of six months of the counseling, and ongoing medication management." Ex. 6 at 66–67.

On the hearing date, the Individual established that he had been seeing a psychiatrist (Psychiatrist) monthly regarding substance abuse since February 2026. Tr. at 77. He also attended "a few AA meetings" starting in January 2026 but did not provide any documentation of his attendance to corroborate his testimony. *Id.* He acknowledged that he is an alcoholic. *Id.* at 78. He also testified

[5] The record also includes the Individual admitting that he misstated the truth when answering other questions in the LOI. One example is the Individual's testimony regarding his negative response to an LOI question asking whether anybody had every expressed concerns regarding his mental health. Tr. at 68. He admitted that his medical providers, his commander, and his wife had all expressed concern regarding the same. *Id.* at 68–69. He also acknowledged that his report in the LOI that he had only previously had thoughts of self-harm without associated intent was untrue given he had in the past had a specific plan to end his life while experiencing extreme stress. *Id.* at 69–70.

[6] "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. 6 at 83.

that he stopped consuming alcohol in February 2026 and has no desire to consume alcohol in the future. *Id.* at 82, 84. He identified lack of sleep as a trigger for alcohol use because it precipitates mental health symptoms that he would have previously self-medicated by using alcohol. *Id.* at 83. He also testified that he had been receiving ongoing medication management since 2024, and during the visits he and the provider discuss his mental status and other issues beyond medication management. *Id.* at 88. However, he testified that he had not received individual therapy for his mental health in the "few months" immediately preceding the hearing. *Id.* While he acknowledged his diagnoses of PTSD and Depression, he did not accept the diagnosis of Bipolar II. *See, e.g.*, Ex. A at 4 (personal statement).

There are three PEth test results in the record subsequent to the DOE Psychologist's evaluation. Ex. D; Ex. J. Those tests were administered in February, April, and June 2026, respectively. Ex. D; Ex. J. The February test was positive at the detection threshold of 20 ng/mL. Ex. D at 15. The remaining two tests were negative. *Id.* at 17–21; Ex. J. He also testified that his last panic attack occurred approximately three weeks prior to the hearing while at work and he successfully addressed it by taking a walk. Tr. at 85–86. He also successfully resolved an impending panic attack in April 2026 by taking medication. *Id.* at 87. The Individual's colleague testified that the Individual is very trustworthy and reliable. *Id.* at 13. The Individual's federal program manager also testified that the Individual is a very efficient and competent at his job, performs well under stress, and voluntarily disclosed to him that his clearance had been suspended. *Id.* at 24–25, 27.

The Psychiatrist provided a written opinion, dated June 5, 2026, stating that the Individual's "issues with drinking in the past have resolved over the last eight months." Ex. I at 1. He also reported that the Individual's PEth tests have "proven his ability to abstain from alcohol . . . ." *Id.* He opined that the Individual's symptoms are "well known in the military setting" as PTSD and "not Bipolar II," and that the medication management and psychotherapy the Individual is currently receiving can successfully manage the condition and "[are] capable of minimizing and aborting" the "[PTSD] episodes." *Id.* at 2. The Psychiatrist concluded by stating "[the Individual] has remained engaged in treatment, compliant with medications and lab work and is highly motivated . . . . His prognosis is excellent." *Id.*

The DOE Psychologist testified that Bipolar II, by definition, presents the risk of mood swings where "logic is no longer there" and the person is "driven by their emotions" such that judgment and therefore decision making are impaired. Tr. at 99. The DOE Psychologist also responded to the Psychiatrist's conclusion that she had misdiagnosed the Individual. *Id.* at 102. The DOE Psychologist explained that she relied upon the medical history provided in the Individual's records, which demonstrated the Individual's psychological distress was related to his separation from the military and marital troubles, which were interpersonal and identity issues, and therefore more consistent with Bipolar Disorder than exclusively PTSD. *Id.* at 103. She also described that there was significant evidence that the Individual had experienced major depressive episodes as well as "hypomanic episodes" characterized by lack of sleep, racing thoughts, difficulty concentrating, and engagement in "risk behavior." *Id.* at 98–99; *see also* Ex. 6 at 53, 107 (medical records from May 16, 2025, indicating a diagnosis of Bipolar Disorder with Anxious Distress).

Finally, the DOE Psychologist testified that the monthly meetings with the Psychiatrist did not meet her recommendation for substance abuse treatment since they did not include a group component, which would provide psychoeducational benefits. Tr. at 107. After considering that

the Individual did not have PEth test results covering the entire period from March to June, she gave him the benefit of the doubt regarding his claimed period of sobriety but concluded he "still . . . needs intensive treatment" and relapse prevention skills. *Id.* at 109–10. The DOE Psychologist also expressed concern that the Individual had not received individual treatment for the preceding months. *Id.* at 110. She testified that the Individual had not yet demonstrated rehabilitation or reformation from his AUD and that his prognosis was currently fair. *Id.* at 111 (also testifying that it would be "good to excellent" if he "follows through" with the recommended IOP or AA). Regarding his Bipolar II and PTSD, she testified that if he accepted the Bipolar II diagnosis and focused on treating the associated symptoms he would have a good prognosis, but there remains an ongoing risk that the Individual will experience compromised judgment as a result of his psychological conditions. *Id.* at 113, 116.

V. ANALYSIS

A. 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 the Individual's history of alcohol use and relapse, his failure to demonstrate participation in an IOP or group treatment, and

the lack of a significant, documented period of abstinence.[7] 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. While the Individual acknowledged his pattern of maladaptive alcohol use by testifying that he does have a problem with alcohol, as I concluded in the preceding paragraph, the AUD remains unresolved. While he has attended individual therapy, he has not participated in group treatment nor participated in AA or remained abstinent for the period recommended by the DOE Psychologist. Thus, his actions fail to meet the recommendations outlined by the DOE Psychologist and I conclude that he has not demonstrated sufficient evidence of action to overcome his maladaptive alcohol use. Moreover, I do not conclude that he has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations because he has only provided evidence that he has maintained abstinence for a relatively short period.

I next find that ¶ 23(c) does not apply to resolve the concern because the Individual has a history of receiving treatment through the ADAPT program and subsequently relapsing.

Lastly, ¶ 23(d) does not apply because the Individual has not successfully completed a treatment program or required aftercare. The record reflects that the Individual's current treatment is not of sufficient scope or intensity to satisfy the DOE Psychologist's recommendations, and I am persuaded by the DOE Psychologist's conclusion that the Individual's prognosis is only fair given that he would benefit from additional treatment.

B. 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;

[7] In reaching my conclusion, I reject the Psychiatrist's opinion that the Individual has resolved his "alcohol issues." There is no information in Psychiatrist's letter to indicate how that provider determined the alcohol issues had been resolved, and I am skeptical of the provider's reliance on the two negative PEth test results to conclude that the Individual had thereby "proven his ability to abstain from alcohol."

(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 Bipolar II presented risk that the Individual's judgment would be compromised even with his current treatment regimen. While the Psychiatrist opined that the symptoms the Individual experiences are associated with PTSD, there is no explanation of how or why that provider ruled out Bipolar II, and there is no dispute that the Individual has had acute mental health episodes that included suicidal ideation and multiple involuntary hospitalizations during which he had been previously diagnosed with Bipolar Disorder and MDD. I therefore find sufficient evidence to conclude that the Individual likely meets the criteria for Bipolar II in addition to PTSD based on the DOE Psychologist's opinion and therefore analyze the mitigation conditions as they pertain to Bipolar II given that the criteria of the two conditions overlap, and the DOE Psychologist emphasized that that condition presents significant risk of compromised judgment.

I conclude that the Individual's Bipolar II is not readily controllable with treatment in light of the DOE Psychologist's conclusion that the Individual's condition will continue to present a risk of compromised judgment even with his present treatment and given that the Individual has experienced significant critical events that resulted in hospitalization despite being under the care of mental health providers. 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 been receiving treatment for PTSD, it does not comport with the DOE Psychologist's recommendations for treatment given the diagnosis of Bipolar II and the risk that the Individual will experience compromised judgment. I do not conclude that the Individual has received a favorable prognosis because I am persuaded by the DOE Psychologist's opinion that the Individual has a fair prognosis. I therefore also conclude that ¶ 29(c) does not apply to resolve the concern because I conclude that the DOE Psychologist's opinion does not demonstrate the Individual's condition is 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 II 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 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