United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: March 18, 2026	)	Case No.: PSH-26-0076
	)	
	)	

Issued: August 14, 2026

Administrative Judge Decision

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (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 him to hold an access authorization. Exhibit (Ex.) 1 at 6.[2] In October 2025, the Individual submitted a Personnel Security Information Report (PSIR) reporting that he was seeking outpatient counseling because he "felt that [he] was having too many alcoholic drinks . . . at home" and that he was consuming eight alcoholic beverages "[s]everal times per week."[3] Ex. 6 at 23. Subsequently, the Local Security Office (LSO) asked the Individual to undergo a psychological evaluation in January 2026, by a DOE-consultant psychologist (DOE Psychologist), which resulted in a finding that 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] References to the Local Security Office's (LSO) exhibits are to the exhibit number and the PDF page number from the LSO's exhibit notebook.

[3] At several points in the hearing, the Individual and at least one of his witnesses asserted that the Individual's outpatient counseling was not treatment, and, therefore, he was not required to report it. Tr. at 61, 137. I make no finding on that matter except to note that whether the Individual was required to report that counseling is irrelevant to this proceeding.

met sufficient *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition-Text Revision* (*DSM-5-TR*) criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. Ex. 7 at 34. The DOE Psychologist also stated that the Individual's consumption of alcohol constituted binge drinking and habitual intoxication. *Id.*

The LSO subsequently issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 6–8. In a 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. 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 LSO submitted eleven exhibits (Ex. 1–11). The Individual submitted four exhibits (Ex. A–D). The Individual presented four witnesses and also testified on his own behalf. Hearing Transcript, OHA Case No. PSH-26-0076 (Tr.). The LSO presented the DOE Psychologist as its sole witness. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised the security concerns, relates to security risks arising from excessive alcohol consumption. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include: "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." *Id.* at ¶ 22(c)–(d). In citing Guideline G, the LSO relied upon the DOE Psychologist's diagnosis of AUD, Moderate. Ex. 1 at 5. The LSO also cited the Individual's statement that he felt he was consuming too many alcoholic drinks at home and his admission that he was regularly consuming six to eight drinks several times a week. *Id.* The aforementioned allegations justify the LSO's invocation of Guideline 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 restoring 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).

An 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). An individual is afforded a full opportunity to present evidence supporting their eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 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

The Individual has been seeing his Psychiatrist (Psychiatrist) for mood management and psychotherapy on about a monthly basis since December 2020. Tr. at 188. The Individual described this treatment as "wide ranging." *Id.* at 170. In late 2024 or early 2025, a close friend of the Individual's participated in an inpatient alcohol treatment program. *Id.* at 18. That friend was "hiding alcohol around his house," "lying about his alcohol use," getting "to the point of blacking out," and "having bad hangovers." *Id.* at 17, 118. According to the Psychiatrist, the Individual explained this situation to the Psychiatrist and was curious about how his own alcohol use could impact the work that he was doing with his Psychiatrist. *Id.* at 189–90. The Individual and his Psychiatrist discussed the Individual's concerns about his own alcohol use on several occasions, and, although the Psychiatrist did not have concerns about the Individual's alcohol consumption, the conversation continued to come up at their sessions. *Id.* at 198. Because the Individual did not seem satisfied with his Psychiatrist's conclusion that the Individual did not have issues with alcohol, the Psychiatrist suggested that the Individual talk to a colleague of his who was a certified alcohol/drug counselor (Alcohol Counselor). *Id.* at 118–19, 199.

The Individual began seeing the Alcohol Counselor in fall of 2025.[4] Ex. 6 at 22–23. He reported these sessions in a PSIR that he completed on October 13, 2025. *Id.* at 22. In the PSIR, the Individual checked a box indicating that he was reporting "Drug/Alcohol Treatment" and reported that he "felt that [he] was having too many alcoholic drinks too often at home." *Id.* at 22–23. When asked to "[d]escribe [his] current/previous alcohol intake (i.e., how many beers, shots, or glasses of wine have you normally consumed in one sitting, and how often did you consume this amount?)," he said "8. Several times per week." *Id.* at 23. At the hearing, the Alcohol Counselor stated that at that time the Individual had reported to him that he was consuming "six to eight beers during the week . . . and then on average more than that on the weekends."[5] Tr. at 97. The Individual later reported to the DOE Psychologist that, at the time he submitted the PSIR, he was consuming "six to eight cans of beer per day during the work week" and "eight to ten cans per day on weekends." Ex. 7 at 28. He told her that the beer he was consuming was typically a twelve-

[4] At the hearing, the Alcohol Counselor clarified that under ethics guidelines of his state, his alcohol counseling certification allows him to "assess" patients but not "diagnose" them. Tr. at 104.

[5] The Alcohol Counselor testified that he does not conduct alcohol testing on his clients; rather he relies on their self-reports. Tr. at 97.

ounce can of six-to-seven-percent alcohol by volume India Pale Ale, which is more alcohol by volume than is contained in a standard drink. *Id.* at 28–29. The Individual testified at the hearing that when he was filling out the PSIR he should have stated that he consumed "up to eight" drinks rather than eight drinks but he had put down the higher number out of "a desire to be transparent." Tr. at 162, 166.

The Individual signed up for ten sessions with the Alcohol Counselor, with a goal of examining "whether his alcohol consumption was affecting the progress he was making in his psychiatric care." *Id.* at 79–80. The Alcohol Counselor stated that it "was not explicitly stated that [the Individual] had a drug/alcohol problem" or that the Individual "was seeking treatment to abstain." *Id.* at 80. The Alcohol Counselor testified that while working with the Individual, he focused on education and helping the Individual to be intentional and aware with his alcohol consumption. *Id.* at 81. Ultimately, the goal of the counseling was not abstinence but "to educate him on what a substance use disorder of alcohol entailed, to improve his awareness around his drinking, to challenge his thoughts about when and where and why he was drinking, and . . . to see a decline in the amount that he was drinking." *Id.* at 82. The Alcohol Counselor explained that while treating the Individual, he identified a few concerns that he would say are "on the spectrum of a substance use disorder." *Id.* at 84. For example, when he would set "reachable and attainable goals" for the Individual, like decreasing his alcohol consumption during the week, he would ask if the Individual found meeting the goal difficult, and the Individual would report finding it difficult. *Id.* The Alcohol Counselor testified that although he did not diagnose the Individual, he was "treating him as if he had . . . a mild substance use disorder." *Id.* Ultimately, the Alcohol Counselor believed that the Individual made "behavioral changes" as a result of their ten sessions, but he did not feel that the ten hours of work they completed was sufficient for him to determine if any of the symptoms or concerns he had seen had been resolved. *Id* at 84–86. After completing the sessions with the Alcohol Counselor in late January of 2026, the Individual reported to the Alcohol Counselor that he was not consuming alcohol during the week, but he was still consuming alcohol on the weekends. *Id.* at 91, 97. When asked if binge consumption was a concern when he assessed the Individual, the Alcohol Counselor said yes.[6] *Id.* at 103–04.

The Individual was evaluated by the DOE Psychologist on January 7, 2026. Ex. 7 at 38. In the evaluation, the Individual reported to the DOE Psychologist that it took him approximately four to five beers to feel intoxicated, and about twice a month, he consumed more than eight cans of beer. *Id.* at 30. The DOE Psychologist reported that at the evaluation he responded "yes" when asked if he thought he had a problem with alcohol. *Id.* She also reported that he described "his drinking pattern" as "one of intermittent binge drinking." *Id.* As part of his evaluation, the Individual underwent a Phosphatidylethanol (PEth) test[7] on January 7, 2026. *Id.* at 49. The PEth test came

[6] The Alcohol Counselor noted two definitions of binge drinking, consuming "fifteen beers in a week" and, from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), consuming enough alcohol in one sitting to have a blood alcohol content that is at or above 0.08. Tr. at 103–04; *but see Understanding Binge Drinking*, NIAAA https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/binge-drinking (last accessed Aug. 14, 2026) (defining binge drinking as "a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 . . . in about two hours").

[7] "PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy ethanol consumption." Ex. 7 at 49. "The PEth level reflects the average amount of alcohol consumed over the previous 28–30 days." *Id.* at 47.

back positive at a level of 266 ng/mL. *Id.* A PEth level "greater than 200 ng/mL is Heavy Alcohol Consumption" and consistent with definitions of "heavy drinking" from NIAAA and World Health Organization definitions of "'High to Very High Risk' drinking." *Id.* at 47 (citing William Ulwelling & Kim Smith, *The PEth Blood Test in the Security Environment: What it is; Why it is Important; and Interpretative Guidelines*, J. OF FORENSIC SCI., July 2018); *see also* Tr. at 203 (Psychiatrist's testimony that a PEth of over 200 ng/mL was "consistent with chronic heavy drinking").

After the Individual completed the evaluation, the DOE Psychologist issued a report in which she concluded that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, and he had reported a pattern of binge drinking and habitual intoxication, which results in impaired judgment. Ex. 7 at 34. Specifically, she explained that she believed he met the following criteria for AUD: he (1) "spent a great deal of time using alcohol"; (2) "experienced cravings"; (3) "developed a high tolerance"; and (4) "continued alcohol use despite the knowledge of the negative impacts it was having on his physical and mental health." Ex. 7 at 29–30. In support of these conclusions, among other things, the DOE Psychologist noted that the Individual reported that his mood was "better" when he did not consume alcohol. *Id.* at 30. She also noted that he had been advised to cut down on alcohol consumption by his general practitioner due to fatty liver disease. *Id.* She also explained that "[f]rom a clinical standpoint, a referral to alcohol counseling from a medical provider does constitute a recommendation to cut back on alcohol consumption." *Id.* In order for the Individual to show rehabilitation, the DOE Psychologist stated that the Individual should: (1) complete an outpatient chemical dependency program that meets for at least three months and includes regular laboratory testing; and (2) "control[] his drinking for a total of at least twelve months." Ex. 7 at 34; *see also* Tr. at 244 (explaining she recommended "controlled drinking" because of her impression that the Individual's wife would not be supportive of abstinence). In order to demonstrate reformation, she recommended that the Individual provide twelve months of negative PEth tests to show that "he can control his drinking." *Id.*

The Individual had a follow up session with the Alcohol Counselor in March or April 2026. Tr. at 92. The session was largely about how issues with his security clearance might impact his behavior around alcohol or act as a trigger. *Id.* at 93.

In June 2026, the Psychiatrist ordered several lab tests for the Individual, including a PEth test. *Id.* at 201. That PEth test came back positive at a level of 91 ng/mL. Ex. D at 20. PEth levels between 20 ng/mL and 200 ng/mL are consistent with significant consumption of alcohol. William Ulwelling & Kim Smith, *The PEth Blood Test in the Security Environment: What it is; Why it is Important; and Interpretative Guidelines*, J. OF FORENSIC SCI., July 2018.

At the hearing, the Individual testified that he did not believe he had a problem with alcohol, he did not believe he was an alcoholic, and he did not believe that he displayed any maladaptive behaviors around alcohol. Tr. at 157, 174, 181. The Individual stated that when he told the DOE Psychologist that he had a problem with alcohol and that he engaged in intermittent binge drinking, he was "acknowledging" that his behavior met definitions provided to him by the Alcohol Counselor about binge drinking because he "didn't want anyone to . . . come to some conclusion that I'm trying to deny any kind of . . . issues." *Id.* at 156. He also clarified that he told her he does not "identify in any way as an alcoholic." *Id.* at 157. When asked what he considers to be

"intoxication," the Individual stated that he would consider a person intoxicated if they were unable to safety operate a motor vehicle "or at least being close to it." *Id.* at 167. The Individual testified that he believes the last time he was intoxicated was when he was in college. *Id.* at 168.

The Individual explained that after completing his initial ten sessions with the Alcohol Counselor, he only consumes alcohol on the weekends. *Id.* at 122. As an example, he explained that on a weekend he might go to the yacht club his family belongs to with his wife and children, where they would have lunch and he and his wife might have "a couple of drinks" while his children are playing. *Id.* After they get home, he might have "two or three beers" as they are making or having dinner. *Id.* at 123. After spending more time with his family and putting the children to bed, he and his wife "will have a little bit of a social time where [they'll] have a couple of drinks." *Id.*

The Individual disputed several of the DOE Psychologist's findings, saying that he "[doesn't] agree that [he] spend[s] a great deal of time using alcohol" because he is not "sitting down and, you know, just drinking four or five beers as fast as [he] possibly can." *Id.* at 145. He stated he did not recall "telling [the DOE Psychologist] that [he] experienced cravings." *Id.* at 146. The Individual testified that he did not recall using the term "hangover" in his discussion with the DOE Psychologist and said that he recalled describing "feeling differently" the day after consuming alcohol rather than the symptoms he would associate with a hangover. *Id.* at 149–50.

He testified that in 2022, he had been diagnosed with fatty liver disease, and his general practitioner and another doctor advised him to "reduce the amount that you eat and reduce the amount that you drink." *Id.* at 147. He said after receiving those recommendations he "reduced the amount that [he] ate, and [he] made some changes maybe, but not much to the amount that [he] dr[a]nk" and that he had resolved the issue. *Id.* Regarding the impact of alcohol on his mental health, the Individual testified that those concerns were the reason he sought the counseling from the Alcohol Counselor, and he had found that counseling to be "very effective." *Id.* at 149. He also disagreed with the DOE Psychologist's statement that he had "recognized that his mood was better when he did not drink." *Id.* at 155. He said that he attributed the changes to his mood to his sessions with the Alcohol Counselor rather than the reduction in his alcohol consumption at that time. *Id.*; *see also id.* at 175 (explaining that he did not believe alcohol had any impact on his mental or physical health).

He stated that he did not follow any of the DOE Psychologist's recommendations because he "wasn't under the impression that [he] was starting from the position of requiring rehabilitation" and "it was never recommended to [him]." *Id.* at 177–79; *see also id.* at 174 ("I've never had a professional tell me . . . that I had a problem with alcohol, and I never had a professional tell me that I need to seek treatment for alcohol"). He went on to explain that he did not believe the information provided in the DOE Psychologist's report constituted any kind of recommendation to him because they did not have a doctor-patient relationship. *Id.* at 179 ("I asked her if she owed me any clinical diligence or due, and she said no, my only duty is not to you as a patient but to the Department of Energy").

The Individual denied that the Psychiatrist ever suggested that he should enter treatment for his alcohol use "or seek some sort of help from a program." *Id.* at 172; *see also id.* at 198–99 (Psychiatrist explaining he suggested the Individual see the Alcohol Counselor "in an effort to

inquire, is there a problem" when the Individual kept returning to his concerns about his alcohol use).

The Psychiatrist testified that he did not believe the Individual met the DSM-5-TR diagnostic criteria for AUD. *Id.* at 192–95 (going through the diagnostic criteria). He also testified that he did not have any concerns about the Individual's "current pattern" of alcohol use. *Id* at 230. The Psychiatrist also stated that he believed that it would take more alcohol than average to make the Individual intoxicated because he is very tall and weighs somewhere around three hundred pounds. *Id.* at 232. He further stated that he does not have any concerns about the Individual's trustworthiness or good judgment. *Id.* at 210.

At the hearing, the DOE Psychologist indicated that she still had concerns about the Individual's alcohol consumption, saying "[h]is drinking was problematic in January when I saw him, and although it is reduced, it continues to be problematic today." *Id.* at 256–57. The DOE Psychologist explained that, in her view, the drinking behavior the Individual described at the hearing still constituted "drinking to excess." *Id.* at 256. She testified that after observing all of the hearing, she would make the same diagnosis of the Individual as she had after her initial evaluation. *Id.* at 257. When asked about her process for determining whether the Individual met certain criteria for AUD, the DOE Psychologist explained that she used a "semi-structured interview format" and "ask[ed] him questions about his drinking behavior." *Id.* at 261. She said she did not ask him verbatim if he experienced symptoms like cravings; rather, she asked questions regarding the Individual's drinking behavior and then used her clinical judgment to determine if his answered corresponded with the diagnostic criteria for AUD. *Id.* at 261–62.

V. ANALYSIS

Guideline G

An individual may be able to mitigate security concerns under Guideline G through the following conditions:

> (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 maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;
>
> (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
>
> (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of

> modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

As an initial matter, the Individual did not attempt to mitigate the security concerns raised by the LSO. Instead, he provided evidence aimed at proving that he does not have AUD and does not binge drink or habitually consume alcohol to the point of impaired judgment. Based on my review of the evidence, I find that the LSO's security concerns were adequately founded. First, both the Alcohol Counselor and the DOE Psychologist testified that the Individual reported to them that prior to the start of his counseling with the Alcohol Counselor, he would regularly consume between eight and ten cans of beer per day on weekends. Ex. 10 at 28; Tr. at 103. The type of beer that the Individual described consuming contained more alcohol than a standard drink, meaning that his peak consumption was likely even higher. This self-reported consumption provided sufficient basis for the LSO to infer that the Individual engaged in habitual consumption of alcohol to the point of impaired judgment as OHA has defined that term. *See Personnel Security Hearing*, OHA Case No. PSH-13-0112 at 5 (2014) (defining habitual consumption of alcohol to the point of impaired judgment as intoxication on an at least monthly basis and citing a string of cases in which OHA accepted at least monthly intoxication as indicative of habitual consumption of alcohol to the point of impaired judgment); *Personnel Security Hearing*, OHA Case No. PSH-24-0004 at 4, n4 (2024) (accepting approximately monthly intoxication as habitual consumption of alcohol to the point of impaired judgment). Next, two professionals, the Alcohol Counselor and the DOE Psychologist, testified that the Individual had described behavior that met a definition of binge drinking in their judgment. The Individual himself acknowledged that, at the very least, he had been told that his consumption met a definition of binge drinking. The Individual has not provided sufficient evidence to overcome this credible testimony. It may be true that, at the time of the hearing, the Individual was no longer binge consuming alcohol, but, as discussed below, he did not provide sufficient evidence for me to make that finding.

As to the DOE Psychologist's diagnosis of AUD, Moderate, I find that her use of clinical judgment to diagnose the Individual was reasonable. For example, the DOE Psychologist explained that while she did not directly ask the Individual if he had cravings, she used her interview to ask him questions about his alcohol use and based on his answers, made determinations about whether the information he volunteered matched with any of the diagnostic criteria. These actions were a reasonable use of her clinical judgment within her field of expertise. Regarding other factors, the Individual testified he did not remember directly telling the DOE Psychologist that he had endorsed any of the diagnostic criteria. However, the DOE Psychologist was not required to directly ask the Individual about the diagnostic criteria to come to her conclusion, and the Individual's own descriptions of his behavior at the hearing made it clear why she did not. For example, although the Individual testified that he did not believe he spent a great deal of time using alcohol, other portions of his testimony painted a different picture. *See* Tr. at 122–23 (describing having "a couple of drinks" at lunch while out with his family, then "two or three beers" at dinner, and then "a couple drinks" with his wife after his kids are in bed). While the Psychiatrist's testimony disputing the AUD diagnosis was reasonable, he did not provide sufficient support for his conclusions to overcome the rationale provided by the DOE Psychologist. Even if he had, the

concerns about the Individual's habitual and binge consumption of alcohol would remain and lead me to the same conclusion in this Decision.

Finally, I remain concerned by the Individual's lack of insight into why the DOE might find his own descriptions about his alcohol use troubling. Although he testified that he reduced his alcohol consumption and provided some documentation to that effect, he did not appear to understand why his self-reported use of alcohol, regardless of the DOE Psychologist's diagnosis, might raise concerns for the DOE. The PEth test that the Individual completed in connection with his evaluation with the DOE Psychologist was positive at 261 ng/mL, a level that the Individual's own Psychiatrist stated showed "chronic heavy drinking." Tr. at 203. This result occurred at a time when the Individual reported that he had significantly reduced his alcohol consumption.

Regarding mitigating factor (a), the Individual's own account of his alcohol consumption indicated that his heavy, maladaptive alcohol use occurred under ordinary circumstances for an extended period of time. While the Individual claims to have reduced his alcohol consumption, this purported behavioral change is recent and not supported by sufficient corroborating evidence. Consequently, I cannot conclude when, if ever, the Individual modified his maladaptive alcohol consumption. Therefore, I find the Individual has not mitigated the security concern pursuant to mitigating factor (a).

As to mitigating factor (b), the Individual denied having any kind of problem with alcohol or maladaptive behaviors around alcohol. Moreover, the DOE Psychologist opined that the Individual had not taken sufficient steps to address his alcohol misuse. He did not demonstrate a clear and established pattern of modified alcohol consumption or abstinence. The single PEth test that he provided may suggest that he was consuming less alcohol in the month before the hearing than he had been in the month before the DOE Psychologist evaluated him, but one test is not sufficient to demonstrate a clear and established pattern of modified consumption. *See Personnel Security Hearing*, OHA Case No. PSH-26-0058 (2026) (finding that one PEth test was not sufficient to establish a pattern of sobriety).

The Individual has not mitigated the security concerns pursuant to mitigating factor (c). At the time of the hearing, the Individual was not participating in counseling or a treatment program related to alcohol use. While he does not have a history of treatment and relapse, without being actively involved in treatment or counseling related to his alcohol use and a positive report from that treatment or counseling, I cannot say that the security concerns are resolved under mitigating factor (c).

Finally, the Individual has not mitigated the security concerns pursuant to mitigating factor (d). As discussed above, the Individual repeatedly testified that his sessions with the alcohol counselor were not treatment. Regardless of whether this assertion is correct, I also cannot say he has demonstrated a clear and established pattern of modified consumption or abstinence.

Accordingly, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

VI. CONCLUSION

In the above analysis, I found that there was 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, 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 security concerns set forth in the Summary of 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.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals