United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: June 17, 2026	)	Case No.: PSH-26-0133
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Issued: August 14, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXX (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 was granted access authorization in 2002 in connection with his employment by a DOE contractor. Transcript of Hearing, OHA Case No. PSH-26-0133 (Tr.) at 92. On February 15, 2023, the local security office (LSO) received a Personnel Security Information Report (PSIR) from the Individual in which he disclosed that he had been hospitalized for alcohol-related treatment and that he consumed six to sixteen alcoholic drinks daily. Exhibit (Ex.) 14 at 167–68.[2] The Individual received inpatient treatment for alcohol misuse for one month, and provided documentation to the LSO indicating that clinicians at the inpatient facility had diagnosed him with "Severe Alcohol Use Disorder [(AUD)]" and directed him that he "must abstain from drinking alcohol." Ex. 10 at 119.

[1] The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

[2] The LSO submitted its exhibits in a single PDF. This Decision cites to exhibits by reference to the exhibit number and the pages in the order in which they appear in the PDF without regard to their internal pagination.

In June 2023, the Individual underwent a psychological evaluation with a DOE-contracted psychologist (DOE Psychologist). Ex. 8 at 103. The DOE Psychologist subsequently issued a report of the evaluation (Report) in which he opined that the Individual met sufficient criteria for a diagnosis of AUD under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision* (*DSM-5-TR*). *Id.* at 105. The DOE Psychologist opined in the Report that the Individual "cannot drink alcohol" and "need[ed] to continue . . . complete abstinence indefinitely." *Id.* at 106.

On December 12, 2025, the LSO received a PSIR from the Individual indicating that he had reentered inpatient treatment for alcohol misuse. Ex. 7 at 93. The Individual further disclosed that he had consumed alcohol to the point of intoxication daily over the prior year. *Id.* at 94.

The LSO 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 3–5. 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 6–8.

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 (OHA) appointed me as the Administrative Judge, and I conducted an administrative hearing in July 2026. The LSO submitted fourteen exhibits (Ex. 1–14) and the Individual submitted six exhibits (Ex. A–F). The Individual testified on his own behalf. Tr. at 3, 10. The LSO did not call any witnesses to testify.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 6–8. "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. The SSC cited the Individual's diagnosis of AUD by the DOE Psychologist and the clinicians who provided the Individual with inpatient treatment, the Individual's consumption of alcohol against treatment recommendations after being diagnosed with AUD, and the Individual's admission to consuming alcohol to intoxication on an approximately daily basis. Ex. 1 at 6–8. The LSO's allegations that the Individual habitually consumed alcohol to the point of impaired judgment, was diagnosed with AUD by a duly qualified medical or mental health professional, and consumed alcohol against treatment recommendations after a diagnosis of AUD justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(c)–(d), (f).

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 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 his or her 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

A. Individual's Alcohol Misuse and First Inpatient Treatment

From 2006, when the Individual married his then wife, to 2019, the Individual's wife expressed concerns on multiple occasions regarding his alcohol consumption, which was often six to eight alcoholic beverages per sitting on weekends. Tr. at 15–18; *see also id.* at 19 (indicating that the Individual's mother also expressed concerns to him based on a family history of alcoholism). The Individual did not perceive that his consumption of alcohol was problematic because he consumed alcohol socially, did not experience cravings for alcohol, and sometimes abstained from alcohol for periods of several months. *Id.* at 16, 19–20. In 2019 the Individual and his wife began experiencing serious marital difficulties and the Individual turned to alcohol to cope with the negative emotions he experienced. Ex. 8 at 104; Ex. 12 at 156; Tr. at 15. Beginning around this time, the Individual consumed approximately six beers nightly on weeknights and twelve to fifteen beers nightly on weekends.[3] Ex. 8 at 104; Ex. 12 at 156. The Individual continued consuming alcohol in this manner for approximately four years. Ex. 8 at 104; Ex. 12 at 156. The Individual and his wife separated in February 2022 and were divorced in February 2023. Ex. 8 at 104. During this period, the Individual was subjected to numerous random breath alcohol tests at the DOE site where he worked. Tr. at 30–31. The Individual never tested positive for alcohol in the workplace, though he sometimes took leave on mornings on which he believed he was at risk of testing positive due to his alcohol consumption the prior night. *Id.* at 31–32.

In February 2023, the Individual presented at a hospital to "detox from drinking alcohol" after consuming twelve beers the prior day. Ex. 12 at 161. According to the Individual he went to the

[3] The Individual testified that he did not begin consuming alcohol daily until 2022. Tr. at 28. Considering that the Individual described his 2019 drinking frequency as "a daily event" in response to a 2023 letter of interrogatory and admitted in his hearing testimony that his drinking accelerated in connection with his marital problems in 2019, I conclude that the Individual's began consuming alcohol daily in 2019. Ex. 12 at 156; Tr. at 26. However, even if the Individual's alcohol consumption did not reach daily frequency until 2022, it would make no substantive difference to my decision.

hospital because he "want[ed] a change in life" but was aware that the effects of withdrawal "could be deadly" and "fe[lt] like [he] had [no] choice but to go to the ER." *Id.* at 156; *see also* Tr. at 38–39 (testifying that he was motivated to address his alcohol consumption because his then-girlfriend, whom he would eventually marry, raised concerns about the volume of his alcohol consumption). However, the Individual resumed consuming alcohol after being discharged from the hospital. Ex. 8 at 104; *see also* Tr. at 47–48 (testifying that he relapsed after finding beer in the refrigerator of a camper he was cleaning out). The Individual was hospitalized again to detoxify from alcohol in March 2023 and was diagnosed with "Alcohol Abuse" by the clinicians at the hospital. Ex. 8 at 104; Ex. 12 at 130.

After being discharged from the hospital in March 2023, the Individual entered inpatient treatment at an alcohol treatment facility. Ex. 10 at 119. The Individual remained at the inpatient facility for one month, wherein he received treatment that included group counseling and cognitive behavioral therapy (CBT). *Id.* at 125. The Individual successfully completed the treatment program and was discharged in April 2023. *Id.* Upon discharge, the Individual was advised that he had been diagnosed with AUD, Severe, and that he "must abstain from drinking alcohol" and attend "support group meetings daily." *Id.* at 119.

B. Psychological Evaluation by the DOE Psychologist

In June 2023, the Individual met with the DOE Psychologist for a psychological evaluation. Ex. 8 at 103. During the evaluation, the Individual described having identified triggers that led him to consume alcohol and techniques he used to manage the triggers. *Id.* at 104. He also reported attending Alcoholics Anonymous (AA) meetings weekly, meeting with a counselor at least monthly for substance use counseling, and pursuing various forms of self-care to support his abstinence from alcohol. *Id.* at 105. The Individual reported having abstained from alcohol since prior to his March 2023 hospitalization, and alcohol testing conducted at the request of the DOE Psychologist was negative, corroborating his claimed abstinence from alcohol. *Id.* at 105–06.

The DOE Psychologist issued his Report on July 22, 2023, wherein he determined that the Individual met sufficient criteria for a diagnosis of AUD, in early remission, under the *DSM-5-TR*. *Id.* at 105. He opined that the Individual's prognosis was "good" in light of his proactive efforts to obtain treatment, compliance with treatment recommendations, and commitment to abstinence from alcohol. *Id.* at 106. In order for the Individual to sustain his recovery, the DOE Psychologist opined that he "needs to continue on his current trajectory of complete abstinence indefinitely; he cannot drink alcohol." *Id.*

C. Individual's Relapse and Second Inpatient Treatment

The Individual's employer required him to attend weekly AA meetings and to undergo breath alcohol screenings for one year following his completion of the inpatient program. Tr. at 56–58; *see also id.* at 12 (Individual testifying that, while he did attend the weekly AA meetings, he did not "work the program" or have a sponsor). In March 2024, around the time he completed the one year of monitoring required by his employer, the Individual relapsed and resumed consuming alcohol. *Id.* at 89; Ex. 4 at 86; *see also* Tr. at 63–64 (testifying that a temporary separation from his second wife may have precipitated his relapse). The Individual's alcohol consumption quickly

escalated, and he consumed ten to twelve beers daily from March 2024 to December 2025. Ex. 4 at 86; Tr. at 64.

On December 8, 2025, the Individual was admitted to inpatient treatment for detoxification from alcohol and rehabilitative treatment. Ex. 4 at 76, 79; *see also* Tr. at 68 (Individual testifying that he was "tired of being controlled" by urges to consume alcohol and structuring his life around alcohol consumption). Among other things, the Individual received individual counseling, CBT, group therapy, and relapse prevention planning during his participation in the program. Ex. 4 at 76. The Individual successfully completed the inpatient program and was discharged on January 9, 2026. *Id.*

The Individual was admitted to another inpatient treatment program on January 12, 2026. *Id.* at 83–84. As part of this program the Individual once again received individual and group counseling, CBT, and relapse prevention planning services. *Id.* The Individual successfully completed the program and was discharged on February 20, 2026. *Id.* In March 2026, the Individual's employer referred him for a substance abuse evaluation as part of assessing his fitness for duty (FFD). Ex. 3 at 73. In a report to the FFD program dated March 31, 2026, a clinician recommended that the Individual receive aftercare in the form of weekly continuing care with a counselor for one year, weekly support group meetings for three years, and approximately monthly alcohol testing for three years. *Id.* at 72.

D. Individual's Recent Efforts to Address His Alcohol Misuse

At the direction of his employer, the Individual has attended AA meetings and support group meetings approximately twice weekly since April 2026. Ex. B (attendance records); Ex. C (attendance records); Ex. D (attendance records); Tr. at 10 (Individual testifying that attendance had been "imposed on [him]" by his employer). The Individual characterized the support group meetings as "more for people that get in trouble for alcohol or drug abuse" but stated that it was "still good for [him] to sit in . . . ." Tr. at 11. In a letter she authored on July 30, 2026, the counselor who runs the support group meetings stated that the Individual accepts that he is an alcoholic who cannot consume alcohol and is "eager to accept any guidance." Ex. E at 1. The Individual has an AA sponsor with whom he speaks once weekly. Tr. at 82; *see also* Ex. F (letter from AA sponsor). However, he and his sponsor have not yet begun working the AA steps. Tr. at 87. The Individual was also prescribed Naltrexone, a medication that controls urges to consume alcohol. *Id.* at 75; Ex. E at 1. The Individual's employer has required him to undergo random breath alcohol and urine drug testing for one year. Tr. at 85; *see also* Ex. A at 1 (documentation indicating that the Individual underwent a random drug test in April 2026 but which did not state the result).

The Individual testified that he has not consumed alcohol since before entering treatment in December 2025. Tr. at 88. He represented that he is committed to abstaining from alcohol and does not believe that he can drink alcohol again safely. *Id.* at 12, 87.

V. ANALYSIS

Guideline G

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; or,

(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 Individual's alcohol-related issues are longstanding and do not appear to be associated with any unusual circumstances. As of the date of the hearing, less than six months had passed since the Individual's release from inpatient treatment. Considering the Individual's history of relapse following treatment and nearly one year of abstinence, this limited passage of time is not sufficient for me to conclude that he is unlikely to relapse again. Accordingly, the first mitigating condition is inapplicable. *Id.* at ¶ 23(a).

The Individual has acknowledged his pattern of maladaptive alcohol use and has taken action to address the problem. It is positive that the Individual has obtained an AA sponsor and is supporting his abstinence with Naltrexone. However, I found concerning his testimony regarding having AA attendance "imposed" on him by his employer, as well as the fact that he is not working the steps of the AA program. To the extent that he is not committed to AA and sees participation as something he is forced to engage in rather than a support to his recovery, he is likely to struggle to maintain his abstinence when he is no longer subject to monitoring by his employer just as he did when he relapsed in 2024. To that end, the Individual relapsed in 2024 after about one year of abstinence almost immediately after his employer stopped monitoring him.

The Individual was recommended to abstain from alcohol for life by numerous clinicians and was recommended to undergo alcohol testing for three years as part of the substance abuse evaluation related to FFD. In this instance, the Individual claims to have established about seven months of abstinence from alcohol, including time spent in inpatient treatment where he did not have to exercise willpower or utilize tools to support his abstinence because it would have been virtually

impossible for him to have consumed alcohol. However, he has not corroborated his abstinence after release from inpatient treatment through alcohol testing or testimony from witnesses knowledgeable about his behavior. Considering that the Individual could have easily evaded his employer's random alcohol testing as he did during his heaviest periods of drinking, there is insufficient evidence to corroborate his claimed period of abstinence from alcohol. Furthermore, the Individual's claimed period of abstinence is shorter than that preceding his previous relapse. While there is not a specific recommendation from a clinician in the record as to the period for which the Individual should demonstrate abstinence to show that his AUD is controlled, it is apparent from the recommendations for lifetime abstinence, recommendation for three years of alcohol testing, and the Individual's own history of abstinence and relapse, that a period of seven months of abstinence from alcohol is insufficient. Thus, the Individual has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. For these reasons, the second mitigating condition is inapplicable. *Id.* at ¶ 23(b).

The Individual's prior relapse following treatment precludes the application of the third mitigating condition. *Id.* at ¶ 23(c). As to the fourth mitigating condition, the aftercare recommendation provided through the substance abuse evaluation as part of the Individual's FFD assessment indicated that aftercare should continue for three years. Clearly, the Individual has not yet satisfied that recommendation. Moreover, as stated above, he has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. Accordingly, the fourth mitigating condition is also inapplicable. *Id.* at ¶ 23(d).

Considering that the Individual has not demonstrated the applicability of any of the mitigating conditions, I find that he 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 relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. 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.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals