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-26-0075
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	)	

Issued: September 8, 2026

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXX (hereinafter referred to as "the Individual") for access authorization under the Department of Energy's (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] For the reasons set forth below, I conclude that the Individual's security clearance should not be restored.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position which requires that he hold a security clearance. Derogatory information was discovered regarding the Individual's alcohol consumption. The Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to continue holding 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 the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of one witness—his former supervisor—and testified on his own behalf. *See* Transcript of Hearing, OHA Case No. PSH-26-0075 (hereinafter cited as "Tr."). The LSO presented the testimony of the DOE psychologist (Psychologist) who had evaluated the Individual. *See id.* The LSO submitted eleven exhibits, marked as Exhibits 1 through 11 (hereinafter cited as "Ex."). The Individual submitted two exhibits, marked as Exhibits A and B.

[1] Under the regulations, "'[a]ccess authorization' means 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). Such authorization will also be referred to in this Decision as a security clearance.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guideline G of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that "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:

> (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
>
> (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
>
> (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
>
> (d) Diagnosis by a duly qualified medical or mental health professional (*e.g.,* physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
>
> (e) The failure to follow treatment advice once diagnosed;
>
> (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
>
> (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

Id. at ¶ 22.

The LSO alleges that in January 2026, the Psychologist evaluated the Individual and, in a January 21, 2026, report, concluded that the Individual met sufficient *Diagnostic and Statistical Manual-Fifth Edition-Text Revision (DSM-5-TR)* criteria for a diagnosis of Alcohol Use Disorder, Moderate, that his pattern of alcohol use was habitual to excess, and that there was not adequate

evidence of rehabilitation or reformation. Ex. 1 at 5.[2] These allegations fall under conditions (c) and (d) of Guideline G. Accordingly, the LSO's security concern under 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 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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines at ¶ 2(a). The protection of the national security is the paramount consideration. 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.* at § 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 drinking regularly after he turned twenty-one in 2023 in order to "get away" and experience a more relaxed state of mind. Ex. 8 at 33. He reported that he developed a pattern of consuming two or three alcoholic beverages per day on weekdays and four or five on weekends, usually while alone. *Id.* He later clarified that the beverages he had described as beers were sixteen-ounce malt beverages containing ten percent alcohol by volume, each equivalent to approximately 2.3 standard drinks. *Id.* at 35. Accordingly, five of those beverages were equivalent to more than eleven standard drinks. *Id.* He soon realized that he had an issue with alcohol, particularly after his mother commented on how often she saw him consuming alcohol. *Id.*

In August 2024, the Individual requested an appointment with a DOE site psychologist because he was concerned about his drinking. Ex. 8 at 33. At the appointment, he reported consuming up to five drinks per day on weekends and one or two drinks per day during the week, but stated that he

[2] DOE exhibit page numbers will be cited using the Bates stamp in the top right corner of the documents.

had stopped drinking and begun attending Celebrate Recovery, a peer-support program. *Id.* at 33. The site psychologist did not consider the reported pattern sufficient to diagnose an alcohol use disorder or raise a security concern and encouraged the Individual to continue attending the peer-support program. *Id.* The Individual attended weekly meetings and abstained from alcohol for about three months with the intent to eventually return to controlled, occasional drinking. *Id.*

After the three months of abstinence, he attempted controlled drinking, consuming one or two drinks occasionally. Ex. 8 at 33. He was able to maintain this level of drinking for a few months but eventually resumed daily drinking. *Id.* At some point, he briefly returned to the Celebrate Recovery and resumed abstinence.[3] *Id.* at 33–34. The Individual later told the Psychologist that he remained abstinent for six months before resuming alcohol consumption on November 14, 2025. *Id.* at 34. *Contra.* Ex. 5 at 19 (incident report stating typical alcohol consumption of two to three beers per month prior to November 18, 2025, with no start date given for this pattern). However, he later testified that during that period he had consumed "a couple" alcoholic beverages per month and had abstained only from becoming highly intoxicated. Tr. at 61, 64–65, 75–77. He acknowledged that he had told the Psychologist that he had been abstinent during that period and stated that he must have mistakenly used the term "abstinent," when he really meant that he had not become highly intoxicated. *Id.* at 76–77. He also ultimately testified that he was not attending Celebrate Recovery in November 2025 and that he had stopped attending at some point between May and November because he believed that he "had it beat" and would be fine. *Id.* at 73–75. The Individual was unable to recall when he had resumed or stopped attending Celebrate Recovery during the earlier periods of attempted abstinence. *Id.* at 62–65.

During the weekend beginning November 14, 2025, the Individual invited friends to stay at his newly purchased home and drank heavily over several days, at times consuming alcohol after waking to relieve hangover symptoms. Ex. 8 at 34. On November 17, he called in sick to work and continued drinking. *Id.* The Individual began feeling guilt and shame because of the amount of alcohol he had recently consumed. *Id.* He began to feel severely depressed, experienced suicidal thoughts, and formulated a plan to end his life involving a loaded firearm he had. *Id.* After speaking with his sister, he called a suicide-prevention hotline, which prompted law enforcement to conduct a welfare check. *Id.* Hospital records state that officers found him asleep with a loaded firearm on the bed and that he was intoxicated; the Individual told the Psychologist that when the officers arrived, he was asleep on a couch and that the firearm was not near him. Ex. 5 at 21–22; Ex. 8 at 34.

Law enforcement transported the Individual to a local hospital, where records reflected that "his blood alcohol was 279."[4] Ex. 5 at 22; Ex. 8 at 34. He was assessed to be a danger to himself, and at the hospital's recommendation, he voluntarily entered inpatient behavioral-health treatment on November 18. Ex. 5 at 21–23; Ex. 8 at 36. He was discharged on November 22, 2025. *Id.* The inpatient facility diagnosed him with major depressive disorder, severe and recurrent, and mild Alcohol Use Disorder. Ex. 5 at 22–23. The provider prescribed psychiatric medication for the Individual and recommended outpatient mental health treatment following discharge, a recommendation he followed. *Id.*; Ex. 8 at 34.

[3] The Individual was unable to give even a general timeframe for this. Tr. at 63–65.

[4] It is likely that this refers to a blood alcohol concentration (BAC) of .279.

After the Individual reported the hospitalization to a supervisor, his employer restricted his access to the DOE facility. Ex. 7 at 28; Ex. 8 at 31. He was referred to the Psychologist for a substance abuse evaluation, which occurred on January 6, 2026. Ex. 8 at 31. The Individual told the Psychologist that he believed alcohol had exacerbated his anxiety and depressed mood and that he had abstained from alcohol since November 18, 2025. *Id.* at 34. He further told her that he intended to abstain from alcohol indefinitely. *Id.* As part of his evaluation, the Individual submitted to a Phosphatidylethanol (PEth)[5] test, which returned a negative result. *Id.* at 35. In her subsequent report, the Psychologist diagnosed the Individual with Alcohol Use Disorder, Moderate, based on his consumption of alcohol in greater amounts or for longer than intended, unsuccessful efforts to control his alcohol use, craving, and use of alcohol to relieve or avoid withdrawal symptoms. *Id.* at 36. She concluded that the Individual's pattern of alcohol use was "habitually to excess ('excess' defined by bringing his BAC to a level of legal intoxication and 'habitually' in this case being several times per week)." *Id.* at 38. The Psychologist also concluded that the Individual did not have an emotional, mental, or personality condition, apart from Alcohol Use Disorder, that impaired his judgment, stability, reliability, or trustworthiness. *Id.* at 37–38. She noted that the Individual had no history of formal substance-abuse treatment, although he had attended Celebrate Recovery on multiple occasions during the preceding two years. *Id.* at 35.

The Psychologist determined that the Individual had not demonstrated adequate rehabilitation or reformation because he had stopped drinking less than two months before the evaluation and was not then participating in a recovery program. Ex. 8 at 36, 38. To show rehabilitation, she recommended that the Individual abstain from alcohol for at least twelve months, undergo monthly PEth testing throughout that period, and attend at least one documented mutual-support recovery meeting (such as Alcoholics Anonymous (AA) or Celebrate Recovery) each week while working with a sponsor or otherwise following the program's guidelines. *Id.* at 38.

In his March 5, 2026, hearing request, the Individual confirmed that he last consumed alcohol on November 17, 2025. Ex. 2 at 10. He stated that he had attended weekly Celebrate Recovery meetings since January 2026 and had obtained negative PEth results. *Id.* Prior to the hearing, the Individual submitted into evidence negative PEth results from specimens collected on February 18, March 20, April 14, and May 22, 2026. Ex. A. He also submitted attendance records documenting his participation in Celebrate Recovery meetings about once per week from January 8 through July 9, 2026. Ex. B.

At the hearing, the Individual testified that his last date of alcohol consumption was still November 17, 2025. Tr. at 38–39. He testified that he had continued monthly PEth testing through July and intended to continue testing for the full twelve-month period. *Id.* at 39–41. Results for his June and July tests were not in the record at the hearing; the Individual testified that he expected those results to be negative and attributed their absence to difficulty obtaining them from the laboratory. *Id.* He also testified that he had continued attending Celebrate Recovery weekly, including a meeting the

[5] A PEth test measures a blood sample for levels of an alcohol byproduct. *Direct Ethanol Biomarker Testing: PETH*, Mayo Clinic Laboratories, https://news.mayocliniclabs.com/2022/09/13/direct-ethanol-biomarker-testing-peth-test-in-focus/ (last visited July 31, 2026). The test can detect alcohol consumption in the two to four weeks preceding the test. *Id.*

day before the hearing, and intended to continue attending. *Id.* at 41–42. The Individual testified that neither the PEth testing nor the recovery meetings were requirements imposed by the DOE site's occupational medicine provider; he continued them in response to the Psychologist's recommendations and voluntarily kept the site psychologist informed of his testing and attendance. *Id.* at 54–55.

The Individual testified that, after several months of weekly Celebrate Recovery attendance in 2026, he also began attending a separate Wednesday 12-Step group at the same church where he attended the Celebrate Recovery meetings. Tr. at 42–44. By the hearing, he had attended the Wednesday group for approximately one month and spent roughly two hours per week working in its workbook. *Id.* at 69–73. He was working on an inventory and did not have a formally designated sponsor, although the group leader and several accountability partners provided support. *Id.* at 42–43, 69–73. The Individual was unable to name the first three steps and acknowledged that he could devote more effort to the workbook. *Id.* at 69-73.

The Individual described his current recovery as different from his earlier attempts because he had decided that he wanted to stop drinking, whereas during his earlier attempts he still wanted and craved alcohol. Tr. at 44–46. He testified that he had developed a support network whose members he could contact when struggling. *Id.* at 46–47. When his grandfather died over the weekend prior to the hearing, he considered calling a member of that network for help coping with the loss but did not consider drinking. *Id.* at 15, 47. He kept no alcohol in his home and testified that he had remained abstinent while on a beach trip where others were drinking and while spending an evening with former drinking companions who became intoxicated. *Id.* at 48–50. The Individual testified that he intended never to consume alcohol again. *Id.* at 50.

The Individual's previous supervisor had known the Individual since about 2022. Tr. at 9–10. He was involved in Celebrate Recovery and testified that he saw the Individual around six times per week, including at work and at Celebrate Recovery meetings. *Id.* at 10. He believed the Individual was doing well and was taking sobriety seriously. *Id.* at 10–14. He described himself as an "accountability partner" for the Individual. *Id.* at 10, 15. He testified that the Individual would call him when he was struggling, including with non-alcohol related issues such as grief. *Id.* at 15. He attested to the Individual's attendance and participation in weekly meetings since January 2026. *Id.* at 16. He contrasted the Individual's current participation with his earlier attendance, testifying that this time, Individual helped set up and tear down meetings, volunteered to read before the group, was working the 12 Steps, and reached out to other participants. *Id.* at 12–17. The previous supervisor was confident that the Individual would be able to remain sober. *Id.* at 17–18.

After reviewing the Individual's exhibits and listening to the testimony at the hearing, the Psychologist updated her opinion. She acknowledged that the Individual had approximately eight and one-half months of reported abstinence, short of the twelve months she had recommended, and that the Individual had only submitted four post-evaluation PEth results. Tr. at 81–82. The Psychologist nevertheless believed that the Individual had demonstrated adequate rehabilitation or reformation and that his prognosis for continued sobriety was good. *Id.* at 82–87, 90. She testified, "I feel like [the Individual] started his process of recovery before this incident actually even happened." *Id.* at 82. She cited his efforts to address his drinking before the November incident, his current participation in Celebrate Recovery and the additional 12-Step study group, his use of

accountability and support resources, and his ability to cope with difficult events without alcohol. *Id.* at 82–87. She considered his current participation in Celebrate Recovery adequate even though he did not have a formal sponsor. *Id.* at 92–94.

The Psychologist testified that the Individual would still be considered in early remission because he had not yet reached twelve months without meeting diagnostic criteria for Alcohol Use Disorder, and she explained that twelve months provides greater confidence against relapse because it encompasses holidays, anniversaries, and other potential triggers. Tr. at 87, 94. She attributed the Individual's difficulty answering some timeline questions at the hearing to nervousness and a lack of memory rather than intentional deception. *Id.* at 83, 88–90.

V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. "Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security." Adjudicative Guidelines at ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

Conditions that may mitigate Guideline G concerns 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. None of the mitigating factors apply.

Regarding condition (a), the Individual had a serious alcohol-involved incident in which he nearly lost his life less than one year ago. This incident occurred after multiple attempts to abstain from alcohol or limit himself to controlled drinking. It is recent and occurred as part of a pattern of alcohol use in which the Individual consumed alcohol despite trying to abstain. Even the Individual's quotidian alcohol use often included binge drinking, so I cannot find that the November incident was an isolated event. The Individual's alcohol use was not far in the past, minimal, or something that occurred under unique circumstances. It still casts doubt on his judgment, reliability, and trustworthiness. Condition (a) does not apply.

Regarding condition (b), while the Individual acknowledges his problem with alcohol and has taken some steps to overcome it, he has not presented evidence sufficient to demonstrate a clear and established pattern of abstinence in accordance with treatment recommendations. The Individual was not able to provide evidence of abstinence for several months of his claimed period of abstinence, including the two months right before the hearing. I cannot be certain that the Individual is not hiding alcohol use, as he has a history of relapse with slow buildups to high levels of alcohol consumption. I am also required to take into consideration "[t]he nature, extent, and seriousness of the conduct" at issue, which in this case involves handling a loaded firearm while intoxicated, consuming alcohol in the morning to avoid hangover symptoms, binge drinking for multiple consecutive days, multiple relapses despite attending Celebrate Recovery, and suicidal ideation connected to continued alcohol use. 10 C.F.R. § 710.7(c). These behaviors are serious, in some cases matters of life and death. The missing PEth tests are a source of unresolved doubt. The Individual's lack of knowledge about the 12 Steps he claims to be working is another source of unresolved doubt. Even if I consider the months without PEth documentation as sober months, the Individual falls short of the year it would take for him to be considered in sustained, rather than early, remission from his Alcohol Use Disorder. The Psychologist stated that one year of abstinence would give greater confidence in the Individual's continued sobriety. As such, I struggle to understand the Psychologist's confidence in lasting change in this instance. Regardless, the standard in these proceedings is higher than the typical medical standards of care because *all* doubt must be resolved. *See* 10 C.F.R. § 710.7(a) ("Any doubt as to an individual's access authorization eligibility shall be resolved in favor of the national security."). While I applaud the Individual's work in maintaining some documented sobriety and acknowledge the Psychologist's favorable opinion, the evidence does not support a finding the Individual has demonstrated a clear and established pattern of abstinence at this time sufficient to mitigate the extremely serious behaviors that led the Individual to this hearing. Condition (b) does not apply.

Regarding condition (c), the Individual has no history of formal treatment. However, the Psychologist's recommendations did not include formal treatment. The spirit of condition (c) is that an individual has succeeded where they have failed in the past because they engaged with treatment for the first time. Even if I considered Celebrate Recovery to be a treatment program—

which I do not, in large part due to the absence of mental health professionals and formal group or individual counseling—the Individual is not new to Celebrate Recovery. He has a history of relapse after attending that program. I find that condition (c) does not apply because the Individual has not attended counseling or a treatment program, but even if I accept his 12—Step work as "treatment," condition (c) would still not apply because he has a history of treatment and relapse.

Regarding condition (d), as previously noted, the Individual has not completed a treatment program and aftercare. Even if Celebrate Recovery were to be considered treatment, the Individual has not presented sufficient evidence for me to find that he has demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations, as stated above. Condition (d) does not apply.

For the foregoing reasons, I find that the Individual has not mitigated the Guideline G security concerns.

VI. CONCLUSION

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guideline G of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should not restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals