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United States Department of Energy
Office of Hearings and Appeals

In the Matter of:	Personnel Security Hearing	)	
		)	
Filing Date:	March 24, 2026	)	Case No.: PSH-26-0082
		)	
		)	

Issued: September 4, 2026

Administrative Judge Decision

Diane L. Miles, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. Background

The Individual is employed by a DOE Contractor, in a position that requires that he hold a security clearance. The Individual has held a DOE security clearance since approximately 2007. Exhibit (Ex.) 14 at 127–28.[2] On September 13, 2025, the Individual underwent three breath alcohol tests (BAT) at his place of employment, the results of which were positive for alcohol consumption above his employer's limit of 0.020 g/210L. Ex. 9 at 43. At 8:09 a.m., the Individual's blood alcohol concentration (BAC) was recorded at 0.030 g/210L, at 8:26 a.m., the Individual's BAC was recorded at 0.025 g/201L, and at 8:29 a.m., the Individual's BAC was recorded at 0.033 g/210L. Ex. 10 at 53.

[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 DOE's exhibits were combined and submitted in a single, 389-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

In December 2025, the Local Security Office (LSO) issued a Letter of Interrogatory (LOI) to the Individual requesting additional details about his alcohol consumption. Ex. 11. In the LOI, the Individual reported that the evening before the BATs, he consumed two double vodka drinks and three, 3.5-ounce, whiskey drinks. *Id*. at 59. He also reported that the last time he consumed alcohol was on September 12, 2025, the date before his positive BATs at work. *Id*. at 65.

Due to the security concerns raised by the Individual's alcohol consumption, the LSO referred the Individual for an evaluation by a DOE-contractor psychologist (DOE Psychologist), who conducted a clinical interview of the Individual on January 22, 2026, and issued a report (the Report) of his findings. Ex. 12. During the evaluation, the Individual reported that before his positive BATs, he consumed two double vodka drinks and three, 3.5-ounce, whiskey drinks, but he did not feel intoxicated before going to work. *Id*. at 75. He also reported that in 2023, he sought alcohol treatment from a medical provider with the U.S. Department of Veterans Affairs (VA), and that since receiving treatment from the VA, he had experienced depression and anxiety related to his alcohol use. *Id*. at 76. Based on his evaluation of the Individual, the DOE Psychologist concluded that the Individual was a binge[3] and habitual[4] consumer of alcohol to the point of impaired judgment and met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (*DSM-5-TR*) for a diagnosis of Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. *Id*. at 83–84. The DOE Psychologist also opined that the Individual met sufficient *DSM-5-TR* criteria for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD), Combined Presentation, Moderate, and Post-Traumatic Stress Disorder (PTSD), both of which were conditions that could impair the Individual's judgment, stability, reliability, or trustworthiness. *Id*. at 84–85.

In March 2026, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 7–9. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption), Guideline E (Personal Conduct), and Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id*. at 5–6.

The Individual requested an administrative hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened on July 15, 2026, pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from five witnesses: the Individual, the Individual's wife, the Individual's Alcoholics Anonymous (AA) sponsor, the Individual's psychologist, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-26-0082 (Tr.). Counsel for the DOE submitted 15 exhibits, marked as Exhibits 1 through 15. The Individual submitted seven exhibits, marked as Exhibits A through G.

II. The Summary of Security Concerns

[3] The Report indicates that the DOE Psychologist used the phrase "binge drinking" to denote "either the consumption of alcohol to a level of intoxication that is markedly and episodically higher than what is typical for [the Individual] or a pattern of consuming five or more drinks during a single occasion." Ex. 12 at 73.

[4] The Report indicates that the DOE Psychologist defined "habitual" alcohol consumption as that which "occurs frequently and regularly (that is, more often than monthly)." Ex. 12 at 95.

A. Guideline G (Alcohol Consumption)

Under Guideline G, "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 under Guideline G include "alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition," "habitual or binge consumption of alcohol to the point of impaired judgment," and a "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." *Id*. at ¶ 22(b)–(d). In invoking Guideline G, the LSO cited the Individual's three positive BATs, taken by his employer on September 13, 2025, and his admission, in his LOI, that before his three positive BATs, he consumed two vodka drinks and three, 3.5-ounce, whiskey drinks. Ex. 1 at 5. The LSO also cited the DOE Psychologist's opinion that the Individual was "a binge consumer of alcohol and a habitual consumer of alcohol to the point of impaired judgment," and that he met sufficient *DSM-5-TR* diagnostic criteria for a diagnosis of AUD, Moderate, without adequate evidence of rehabilitation or reformation. *Id*. The aforementioned information justifies the LSO's invocation of Guideline G.

B. Guideline E (Personal Conduct)

Under Guideline E, "[c]onduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information." Adjudicative Guidelines at ¶ 15. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern is "deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative." *Id.* at ¶ 16(b). DOE Order 472.2A requires that individuals maintaining a DOE access authorization must report treatment for drug or alcohol abuse. DOE O 472.2A at Attachment 5. In invoking Guideline E, the LSO cited the Individual's failure to report his alcohol-related treatment received in 2023, while in possession of a DOE security clearance, within three days, as required by DOE Order 472.2A. Ex. 1 at 5. The LSO's invocation of Guideline E is justified.

C. Guideline I (Psychological Conditions)

Guideline I states that certain "emotional, mental, and personality conditions" can impair one's judgment, reliability, or trustworthiness. Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern under this guideline include: "an opinion by a duly qualified mental health professional that the individual has a condition that may impair [their] judgment, stability, reliability, or trustworthiness." *Id*. at ¶ 28(b). In invoking Guideline I, the LSO cited the opinion of the DOE Psychologist, who opined that the Individual met sufficient *DSM-5-TR* diagnostic criteria for diagnoses of PTSD and ADHD, and that both conditions could impair the Individual's judgment, stability, reliability, or trustworthiness. Ex. 1 at 6. The aforementioned information justifies the LSO's invocation of Guideline I.

III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting 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.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

At the hearing, the Individual testified that in 2023, he sought alcohol treatment at a VA facility because he was unable to control his stress and he knew that his alcohol consumption was part of the reason why. Tr. at 55–56. At this time, he knew he was a "functional alcoholic." Ex. 12 at 76. He recalled that the VA facility offered him inpatient alcohol treatment, but he declined it because of the consequences he believed such treatment would have had on his employment with a DOE Contractor. *Id*. Instead, he received outpatient alcohol treatment at the VA facility. *Id*. The Individual understood that he was required to report his alcohol treatment at the VA to the DOE, but he did not report his treatment because he was afraid to admit that he could not "control things" in his life. Tr. at 56–57. He believed if he completed treatment with the VA and did not report it to the DOE, he could handle it on his own and no one would know anything about it. *Id*. at 57. He explained that the VA's treatment program involved reading pamphlets once a week and discussing what participants had learned. *Id*. He stated that the VA program provided information about alcohol consumption that he considered to be "common sense." *Id*. He recalled discussing his anxiety and to being prescribed medication for anxiety and depression. *Id*. at 77.

After the Individual's positive BATs, his employer required him to undergo an evaluation by an occupational psychologist. Ex. 11 at 61. The evaluation occurred on September 29, 2025, two weeks after his positive BATs. Ex. 11; Tr. at 124. During this evaluation, the Individual told the psychologist that he was participating in AA to address his alcohol consumption. Tr. at 124. The psychologist recommended that the Individual abstain from alcohol. *Id*. at 87–88. The Individual's employer also recommended that the Individual undergo random alcohol testing while at his work site. *Id*.

The Individual believed that he started attending AA on September 15, 2025, the Monday following his positive BATs. Tr. at 93. The Individual initially attended AA meetings twice a week, but as of the hearing, he attends meetings once a week, on Monday evenings. *Id*. His AA sponsor testified to the Individual's consistent attendance at the Monday AA meetings. *Id*. at 41, 47. He was initially embarrassed to attend meetings, but he later felt excited to listen to other participants discuss how they managed their alcohol consumption. *Id*. at 68. He stated that he worked through the 12 steps and recalled having to admit that there was "a higher power, there's consequences for your actions, and you do need to make things right." *Id*. at 69. When the Individual was asked what step of the AA program he was on, he stated that every "branch of AA" runs their meetings differently and he has not followed the steps of the program in chronological order. *Id.* at 94–96. The Individual and his AA sponsor testified that the Individual worked through all 12 steps of the AA program. *Id*. at 49, 95–96. The AA sponsor stated that AA participants can sign an attendance sheet for each meeting. *Id*. at 47–48. The Individual did not submit documentation of his attendance at AA because he never asked to sign an attendance sheet when he arrived for meetings. *Id*. at 93–94.

The Individual's AA sponsor also testified that he and the Individual spoke every week and that he believed the Individual accepted that he had a problem with alcohol. Tr. at 42. He stated that the Individual chaired several AA meetings. *Id*. at 43–44. The Individual's wife was aware of the Individual's attendance at AA meetings, and his work with his AA sponsor. *Id*. at 30. She explained that she believed the Individual enjoyed the AA meetings because they provided him with an outlet to talk to other people about their struggles with alcohol. *Id*. at 17–18.

During his January 2026 psychological evaluation, the Individual told the DOE Psychologist that the evening before his positive BATs, he consumed two vodka drinks, totaling four ounces of vodka, and three glasses of whiskey, at "3.5 oz. per drink." Ex. 12 at 75. The following morning, he did not feel intoxicated and he accepted a request to work overtime. *Id*. While preparing his lunch, he cut his left index finger "to the bone." *Id*. He called a secretary at his employer to notify them that he would be arriving late, the secretary suggested to the Individual that he may not want to come into work, but he declined the suggestion. *Id*. He admitted to the DOE Psychologist that although he did not feel intoxicated the morning of the tests, after he cut his finger, he realized that he was still under the influence of alcohol and his decision to work "reflected poor judgment." *Id*. He acknowledged that he consumed alcohol to manage his stress. *Id*. at 75–76. He denied consuming alcohol since his positive BATs, on September 13, 2025. *Id*. at 76. He stated that he did not drink alcohol on workdays, but he would consume five or more drinks per sitting on the days he did drink. *Id*. at 83. At times, the Individual expressed an intent to abstain from alcohol, but other times, he expressed that he could control his drinking. *Id*. On December 3, 2025, the Individual enrolled in an intensive outpatient treatment program (IOP). Tr. at 124. He reported to the DOE Psychologist that he was currently attending an IOP and that he was attending AA meetings one to two nights per week. Ex. 12 at 77.

On January 22, 2026, as part of the evaluation, the Individual underwent alcohol testing, in the form of a Phosphatidylethanol (PEth) test,[5] the result of which was negative for alcohol. Ex. 12 at

[5] The Report indicates that PEth is made "when ingested alcohol reaches the surface of the red blood cell and reacts with a compound in the red blood cell membrane. Because nothing but ethyl alcohol can make PEth in the red blood cell, the PEth test is 100% specific for alcohol consumption." Ex. 12 at 80. A PEth test result "exceeding 20 ng/mL is evidence of 'moderate to heavy ethanol consumption.'" *Id*.

80–81. The DOE Psychologist noted that when combined with the negative results of PEth tests the Individual took on December 9, 2025, and December 29, 2025, the Individual demonstrated that he had not consumed a measurable amount of alcohol within the previous "83 days (2.7 months)." *Id*. at 80. However, before he chose to abstain from alcohol, he was consuming alcohol to intoxication more than once a month and his previous pattern of consumption was habitual and "consistent with binge drinking to the point of impaired judgment." *Id*. at 83–84.

The DOE Psychologist found that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for a diagnosis of AUD, Moderate, without adequate evidence of rehabilitation or reformation. Ex. 12 at 83. He believed the Individual had taken steps toward rehabilitation by enrolling in an IOP and abstaining from alcohol. *Id*. at 84. To show adequate evidence of rehabilitation from his AUD, Moderate, the DOE Psychologist recommended that the Individual continue participating in his current IOP and receive aftercare support for six months. *Id*. The DOE Psychologist also recommended that the Individual undergo PEth testing to demonstrate abstinence from alcohol "for the duration of the IOP and aftercare." *Id*. If the Individual chose not to continue with the IOP, the DOE Psychologist recommended that the Individual "actively participate in [AA] (or another evidence-based treatment approach such as SMART, Motivation Enhanced Therapy, or 12-Step Facilitation Therapy) for 12 months," including working with a sponsor, showing evidence of working the 12-Step program and documented attendance at four AA meetings a week. *Id*. The Individual would also need to submit monthly, negative, PEth test results for the duration of his participation in AA. *Id*. As evidence of reformation from his AUD, Moderate, the Individual could abstain from alcohol for 18 months, supported by monthly PEth testing. *Id*.

The Report indicated that while receiving alcohol treatment at the VA facility, in 2023, the Individual was diagnosed with PTSD, but he "disputed the diagnosis and it was removed" from his VA record. Ex. 12 at 77. The Individual explained that while in the military, his reserve unit was sent overseas, but he remained home because his wife was pregnant. *Id*. at 78. After the reserve unit returned home, two of his unit members committed suicide, and he has experienced "persistent survivor guilt" since their deaths. *Id*. at 78. The Individual also reported receiving physical abuse from a parent during his childhood. *Id*. The Report also indicates that during the evaluation, the Individual endorsed experiencing "distressing memories," "distressing dreams," "negative self-beliefs," and "difficulty concentrating." *Id*. at 78–79. The DOE Psychologist found that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for a diagnosis of PTSD. *Id*. at 84. At the hearing, the DOE Psychologist explained that experiencing "traumatic triggers" and having a negative self-evaluation of oneself could cause the Individual to question the decisions he has made, so his PTSD was a mental condition which could impair his judgment, reliability, stability, or trustworthiness. Tr. at 139–40. He believed that the Individual would "likely benefit from a comprehensive evaluation and treatment by mental health professional with expertise in PTSD with a focus on childhood trauma and on survivor guilt." Ex. 12 at 82.

The Report also indicated that the Individual had a history of experiencing ADHD symptoms, including "difficulty attending to details, making careless mistakes," and "difficulty sustaining attention." Ex. 12 at 81. The Individual also endorsed symptoms of hyperactivity, including fidgeting, "difficulty waiting for others to finish speaking," and "difficulty engaging in quiet activities." *Id*. The DOE Psychologist opined that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for a diagnosis of ADHD, Combined Presentation, Moderate, a condition which could impair his judgment, reliability, stability, or trustworthiness. Ex. 12 at 81, 84; Tr. at 139. The DOE Psychologist believed that the Individual would "likely benefit from a comprehensive

evaluation and treatment by mental health professionals with expertise in adult ADHD, including consideration of both pharmacological and behavioral/psychotherapeutic interventions." Ex. 12 at 82. As for a prognosis, the DOE Psychologist opined that the Individual used alcohol to control his symptoms of ADHD and PTSD, and should the Individual seek appropriate treatment for both disorders, his prognosis would be positive. *Id*. at 85. If the Individual declined to seek appropriate treatment for his ADHD and PTSD, his prognosis would be poor. *Id*.

The Individual explained that he attended the IOP four days a week, from 6:00 p.m. to 9:00 p.m. Tr. at 87–89. During the IOP, he attended group meetings, during which the participants discussed how their week was going and their struggles with addiction or sobriety. *Id*. at 89. The group meetings also included instructions on the skills the participants could use to decrease their anxiety and reliance on alcohol. *Id*. The Individual described how he learned to slow down his response to questions and to answer them in his head before expressing his answer. *Id*. The Individual also participated in individual counseling sessions, either every month or every six weeks, with his psychologist, who was also the IOP's Program and Clinical Director. *Id*. at 90, 128. He explained that his psychologist would question him about the stressors he experienced since their last session and whether he was using the tools he learned during the group sessions to manage his stress. *Id*. at 90. The Individual learned that he was not the only person struggling with their alcohol consumption, that everyone has stressors, and that he needed to be able to utilize tools to manage his stressors. *Id*. at 58–59. He also learned that he could not hold in his stress and anger. *Id*. at 65. The Individual could not recall undergoing alcohol testing as part of the IOP. *Id*. at 90. The Individual completed the IOP on February 5, 2026. *Id.* at 69–70, 90; Ex. 6.

The Individual's wife stated that she recalled the Individual telling her that he enjoyed attending the IOP meetings and that he realized he was not the only person who was struggling with their alcohol consumption. Tr. at 21. She stated that the Individual was more "levelheaded" since participating in the IOP. *Id*. She believes the Individual does not intend to consume alcohol in the future. *Id*. at 28.

The Individual's psychologist testified that the Individual was diagnosed with AUD, Moderate, at the start of the IOP. Tr. at 110. He stated that at the start of the IOP, the Individual was quiet and a bit guarded around his personal life. *Id.* at 112. After three or four weeks elapsed, the Individual became more comfortable and his participation increased. *Id*. at 112, 125. The Individual also formed one-on-one bonds with other group members and sought guidance from group leadership when he had questions during the program. *Id*. at 125. He described the Individual's level of participation as "moderate to high level." *Id*. at 112. He opined that the Individual was on his way to being in sustained remission from his AUD, Moderate. *Id*. at 120.

After completing the IOP, on February 11, 2026, the Individual started attending the IOP's aftercare program, which consists of group sessions every Wednesday, for one hour, and individual therapy sessions with his psychologist every four to five weeks. Tr. at 90–92, 100, 111–12. He recalled that during his therapy sessions, he discusses stressors he experienced and what made him happy the prior week. *Id*. at 73–74. He is not tested for alcohol as a part of the aftercare program. *Id*. at 91–92. The aftercare program teaches the Individual that he can manage his stress without consuming alcohol, by being more patient and improving his communication with others. *Id*. at 92, 101. The Individual's psychologist stated that the Individual has been very supportive of other participants in the aftercare program, like a mentor, and other participants trust him. *Id*. at 113. As of the date of the hearing, the Individual was still attending this aftercare program. *Id*. at 93.

The Individual stated that it does not affect him to be around others who are drinking alcohol. Tr. at 74. He stated that the last time he consumed alcohol was on September 12, 2025, and that he does not intend to drink again. *Id*. at 82, 84. The Individual's wife stated that she had not seen the Individual consume alcohol since his positive BATs in September 2025. *Id*. at 16. She also stated that during the 2026 Fourth of July holiday, she and the Individual attended an event where others were consuming alcohol during which she did not observe the Individual consume alcohol. *Id*. at 25–26. The Individual submitted evidence he took nine PEth tests, between December 2025 and July 2026, the results of which were negative for alcohol consumption. Ex. A at 3–14; Ex. F at 1–2; Ex. 7 at 34–35.[6] The Individual also submitted evidence that from September 2025 to June 2026, he took seven BATs at his work site, the results of which were negative for alcohol consumption. Ex. B at 1–7.

Regarding his ADHD, the Individual explained that he had not received treatment for the disorder, and that he had been able to control his symptoms while at work and at home. Tr. at 85, 101. He spoke to another therapist at the IOP about his ADHD diagnosis, but they did not have "deep" discussions about it, because he did not believe his ADHD was an issue for him. *Id*. at 85–86. When the Individual was asked whether he recalled telling the DOE Psychologist, during his evaluation, that he had experienced several symptoms of ADHD, he replied that he may have told him that he had difficulty staying seated, but he did not believe he was experiencing symptoms of ADHD, as reflected in the Report. *Id*. at 98.

Regarding his PTSD, the Individual acknowledged the guilt he felt after he was unable to deploy with his unit members, and that he believed he let his unit down. Tr. at 62–63. He stated that now, he understands that he made a good choice to stay home and take care of his children. *Id*. at 64. As to the childhood trauma referenced in the Report, he did not agree with the DOE Psychologist's interpretation of his description of his parents. *Id*. at 79. He stated that his parents disciplined him as a child, but his parents were not bad people, and he did not mean for his statements during the evaluation to be interpreted as a form of abuse. *Id*. at 79–80. He takes medication to treat his anxiety, and he believes his anxiety is under control. *Id*. at 81–82. But the Individual has not received treatment for his PTSD. *Id*. at 101.

The Individual's psychologist explained that he read the DOE Psychologist's Report and the DOE Psychologist's opinions as to the Individual's ADHD and PTSD. Tr. at 125. He stated that while treating the Individual in the IOP, his "primary consideration" was addressing the Individual's alcohol consumption and helping the Individual maintain his abstinence from alcohol. *Id*. at 118. He stated that the Individual's issues with alcohol "need[ed] to come off the table" first, and then he would determine which additional interventions were needed to address his other disorders. *Id*. at 118–19. He explained that during the IOP, the Individual was evaluated to determine whether he needed "formal treatment" for PTSD. *Id*. at 115. He explained that after an evaluation, a therapist at the IOP determined that the Individual had a mild form of PTSD, but because the focus of the Individual's treatment was his alcohol consumption, the Individual did not receive treatment for his PTSD or ADHD. *Id*. at 117–18, 129–30. The Individual stated that discussion of his ADHD

[6] The dates of the Individual's negative PEth tests were December 6, 2025, December 29, 2025, January 22, 2026, February 20, 2026, March 17, 2026, April 16, 2026, May 14, 2026, June 11, 2026, and July 8, 2026. Ex. A at 3–14; Ex. F at 1–2; Ex. 7 at 34–35.

and PTSD with his psychologist was limited to discussion of the DOE Psychologist's diagnosis in his Report. *Id*. at 101.

The DOE Psychologist testified that the Individual had demonstrated adequate evidence of rehabilitation from his AUD, Moderate. Tr. at 135–36. He believed the Individual fulfilled his treatment recommendations by completing the IOP he started in December 2025, attending five months of aftercare treatment, even though he had one month of the program remaining as of the date of the hearing, and undergoing eight months of PEth testing. *Id*. at 135–36, 144. Because the Individual completed an IOP and was participating in an aftercare program, he did not need to see documentation of the Individual's attendance at AA meetings to support that he was attending the program. *Id*. at 143–44.

The DOE Psychologist did not believe the Individual had taken steps to implement his treatment recommendations for his ADHD and PTSD, and he found it troubling that the Individual was "minimizing both ADHD and PTSD" at the hearing. *Id.* at 136, 141. For those reasons, his prognosis as to both conditions remained "guarded." Tr. at 136. Nonetheless, he stated, there was no evidence that the Individual was still using alcohol to manage his symptoms of ADHD and PTSD, and, therefore, he concluded that neither disorder was affecting the Individual's judgment, as of the date of the hearing. *Id*. at 139–41. He believed the Individual was managing his symptoms of both disorders, even though he was not receiving focused treatment, because alcohol was "removed from the situation." *Id*. at 143.

V. Analysis

A. Guideline G

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

(a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

(b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

(d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

I have thoroughly considered the record of this proceeding, including the submissions tendered in this case and the testimony of the witnesses presented at the hearing. After due deliberation, I have determined that the Individual has sufficiently mitigated the Guideline G security concerns under ¶ 23(d) of the Adjudicative Guidelines.

Several days after his three positive BATs in September 2025, and before meeting with his employer's occupational psychologist, the Individual sought counseling to address his problematic alcohol consumption by enrolling in AA. The Individual's testimony, supported by the testimony of his wife and his AA sponsor, demonstrated that he has been a motivated and active participant in AA for ten months, has consistently attended his weekly AA meetings, and has worked through the 12 steps of the program with the support of his sponsor. From December 2025 to February 2026, the Individual participated in, and successfully completed, an IOP, which included instruction on ways the Individual could decrease his anxiety and stress without consuming alcohol. The IOP also included individual counseling sessions with his psychologist, who focused on the Individual's alcohol consumption and his reliance on alcohol to manage his daily stressors. The Individual's psychologist testified to the Individual's "moderate to high" level of participation during the IOP and that the Individual formed bonds with other participants in the program. Tr. at 112.

After the DOE Psychologist diagnosed the Individual with AUD, Moderate, in January 2026, the Individual followed the DOE Psychologist's recommendations to complete the IOP and attend an aftercare program for six months. The DOE Psychologist testified that the Individual's participation in an aftercare program for five months was sufficient to satisfy his recommendation. Finally, the Individual submitted nine negative PEth tests, dated from December 2025 to July 2026, and seven negative BATs, dated from September 2025 to June 2026, to demonstrate a clear and established pattern of abstinence from alcohol, the full length of which was eight months. I agree with the opinion of the DOE Psychologist, who opined that the Individual is rehabilitated from his AUD, Moderate. Therefore, I conclude that the Individual has successfully completed the treatment program recommended by the DOE Psychologist, and he has demonstrated a clear and established pattern of abstinence from alcohol sufficient to mitigate the stated Guideline G concerns. Adjudicative Guidelines at ¶ 23(d).

I have also determined that the Individual has mitigated the Guideline G concerns under ¶ 23(b) of the Adjudicative Guidelines.

The Individual testified that since 2023, he has known his alcohol consumption was a problem because it was part of the reason why he could not manage his stress. His AA sponsor testified that he believed the Individual accepted that he had a problem with alcohol. The DOE Psychologist's

Report also indicates that the Individual admitted he was a functional alcoholic, but he was afraid of seeking treatment. Therefore, I find that the Individual has acknowledged his maladaptive alcohol use. The Individual has provided evidence he has taken actions to overcome his AUD, Moderate, by following the DOE Psychologist's recommendation to enroll in alcohol treatment. As explained above, the Individual submitted sufficient evidence to establish that he successfully completed an IOP and five months of an aftercare program, and he submitted nine negative PEth tests, dated from December 2025 to July 2026, and seven negative BATs, dated from September 2025 to June 2026, to demonstrate a clear and established pattern of abstinence from alcohol, the full length of which was eight months.

Therefore, I conclude that the Individual has acknowledged his pattern of maladaptive alcohol use, provided evidence of action to overcome the problem, and demonstrated a clear and established pattern of abstinence from alcohol sufficient to mitigate the stated Guideline G concerns. Adjudicative Guidelines at ¶ 23(b).

B. Guideline E

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline E include:

(a) The individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;

(b) The refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;

(c) The offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(d) The individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;

(e) The individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;

(f) The information was unsubstantiated or from a source of questionable reliability; and

(g) Association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's

> reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17.

After due deliberation, I have determined that the Individual has not sufficiently mitigated the security concerns raised by his failure to report his alcohol-related treatment received in 2023, within three days, as required by DOE Order 472.2A, under Guideline E of the Adjudicative Guidelines.

As to factor (a), the Individual did not report his receipt of alcohol-related treatment in 2023 until three years later, in January 2026, when he admitted to receiving the treatment to the DOE Psychologist. He made no effort to correct his failure to report his alcohol-related treatment to the DOE before he was questioned about his history of alcohol consumption during his psychological evaluation. Therefore, the Individual has not mitigated the security concerns under ¶ 17(a) of the Adjudicative Guidelines.

As to factor (b), the Individual did not submit evidence to support that his failure to report his receipt of alcohol-related treatment to the DOE in 2023 was caused, or contributed to, by the advice of legal counsel or some other professional. Therefore, I find that the mitigating factor under ¶ 17(b) is not applicable to this case.

As to factor (c), the Individual's failure to report his receipt of alcohol-related treatment occurred in 2023 and continued until January 2026, six months before the hearing, when he admitted to receiving the treatment to the DOE Psychologist. The Individual admitted to the DOE Psychologist that he did not report his treatment received in 2023 to the DOE because he was afraid of the consequences his reporting would have on his employment. At the hearing, he also admitted he failed to report his treatment because he was afraid to admit that he could not control the stressors in his life. He knew that if he did not report it, and he resolved his problematic alcohol consumption and stress on his own, the DOE would not know anything about it. The Individual's admission establishes that he was aware of the DOE reporting requirements in 2023 and rationalized his failure to follow them. His failure to report was not due to any unusual or unique circumstances. Therefore, his failure to follow DOE reporting requirements continues to cast doubt on his reliability, trustworthiness, and good judgment, and he has not mitigated the security concerns under ¶ 17(c) of the Adjudicative Guidelines.

As to factor (d), as explained above, the Individual acknowledged that, for three years, he failed to follow DOE requirements and report his receipt of alcohol-related treatment in 2023. However, after admitting that he failed to report his treatment to the DOE because it would serve as an admission that he could not control the stressors in his life, the Individual has not received treatment to address the degree to which his PTSD and ADHD had contributed to his stress. Moreover, the Individual's deception was intentional, continued for three years, ended only six months before the hearing, and would likely have continued longer were it not for the positive BATs that prompted his psychological evaluation. *See* 10 C.F.R. § 710.7(c) (requiring me to consider the "frequency and recency of the conduct," the Individual's "knowledgeable participation," and "the motivation for the conduct," among other factors). Therefore, because I cannot find the behavior is unlikely to recur, I find that the Individual has not mitigated the security concerns under ¶ 17(d) of the Adjudicative Guidelines.

As to factors (e), (f), and (g), the security concerns raised by the LSO do not involve allegations the Individual is subject to exploitation, manipulation, or duress because of his failure to timely report his receipt of alcohol-related treatment in 2023. There is also no evidence to support that the information relied upon by the LSO was unsubstantiated or from a source of questionable reliability. Finally, the security concerns raised by the LSO do not involve allegations that the Individual associated with persons involved in criminal activities. Therefore, I find the mitigating conditions under ¶ 17(e), (f), and (g) are not applicable to this case.

Based on the foregoing, I find that the Individual has not resolved the Guideline E security concerns raised by his failure to report his receipt of alcohol-related treatment in 2023, to the DOE, as required by DOE Order 472.2A.

C. Guideline I

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline I include:

> (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;
>
> (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.

Based on the evidence before me, I find that the Individual has sufficiently mitigated the security concerns related to his diagnoses of ADHD and PTSD, under ¶ 29(e) of the Adjudicative Guidelines.

After evaluating the Individual, the DOE Psychologist diagnosed him with AUD, Moderate, PTSD, and ADHD. He also opined that the Individual was consuming alcohol to manage his symptoms of both disorders. At the hearing, the DOE Psychologist testified that the Individual had fulfilled his treatment recommendations and was rehabilitated from his AUD, Moderate, and there

was no evidence the Individual was consuming alcohol to manage his symptoms of either disorder. The DOE Psychologist also opined that, as of the hearing, there was no evidence the Individual's ADHD or PTSD was impairing his judgment. Therefore, I find that there is no evidence that the Individual's ADHD or PTSD is a current problem, and the Individual has mitigated the security concerns related to his ADHD and PTSD diagnoses under ¶ 29(e) of the Adjudicative Guidelines.[7]

Based on the foregoing, I find that the Individual has resolved the Guideline I security concerns raised by his diagnoses of ADHD and PTSD.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G, Guideline E, and Guideline I of the Adjudicative Guidelines. I further find that although the Individual has successfully resolved the security concerns raised under Guidelines G and I, he has not succeeded in fully resolving the security concerns raised under Guideline E of the Adjudicative Guidelines. Accordingly, the Individual has not demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should not be restored.

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

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals

[7] As to factors ¶ 29(a)–(d), the Individual has not received treatment for his ADHD and PTSD, so there is no evidence upon which I can determine whether either disorder has been resolved or is under control, or whether his symptoms of the disorders will recur. Therefore, factors ¶ 29(a)–(d) are not applicable to this case.