

**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing)
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Filing Date: March 31, 2026)
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Case No.: PSH-26-0085

Issued: September 30, 2026

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (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, drug use, and personal conduct. 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 his own testimony and the testimony of two witnesses. The LSO presented the testimony of the DOE consultant psychologist who had evaluated the Individual (DOE Psychologist). *See* Transcript of Hearing, OHA Case No. PSH-26-0085 (hereinafter cited as “Tr.”).

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.

The LSO submitted fifteen exhibits, marked as Exhibits 1 through 15 (hereinafter cited as “Ex.”). The Individual submitted six exhibits, marked as Exhibits A through F.²

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 Guidelines E, G, and H 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 E states that “[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. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.” Adjudicative Guidelines at ¶ 15. Conditions that could raise a security concern include:

- (a) Deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;
- (b) 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;
- (c) Credible adverse information in several adjudicative issue areas that is not sufficient for an adverse determination under any other single guideline, but which, when considered as a whole, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information;
- (d) Credible adverse information that is not explicitly covered under any other guideline and may not be sufficient by itself for an adverse determination, but

² The Individual individually labeled separate documents within the same exhibit. For example, all of Individual’s laboratory tests were submitted as “Exhibit C” but each individual test is labeled as C.1, C.2, C.3, etc. Accordingly, the citations will refer to the specific exhibit labels in addition to the corresponding PDF page numbers.

which, when combined with all available information, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information. This includes, but is not limited to, consideration of:

- (1) Untrustworthy or unreliable behavior to include breach of client confidentiality, release of proprietary information, unauthorized release of sensitive corporate or government protected information;
 - (2) Any disruptive, violent, or other inappropriate behavior;
 - (3) A pattern of dishonesty or rule violations; and
 - (4) Evidence of significant misuse of Government or other employer's time or resources;
- (e) Personal conduct, or concealment of information about one's conduct, that creates a vulnerability to exploitation, manipulation, or duress by a foreign intelligence entity or other individual or group. Such conduct includes:
- (1) Engaging in activities which, if known, could affect the person's personal, professional, or community standing;
 - (2) While in another country, engaging in any activity that is illegal in that country;
 - (3) While in another country, engaging in any activity that, while legal there, is illegal in the United States;
- (f) Violation of a written or recorded commitment made by the individual to the employer as a condition of employment; and
- (g) Association with persons involved in criminal activity.

Id. at ¶ 16.

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." *Id.* 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.

Guideline H states that:

[T]he illegal use of controlled substances, to include the misuse of prescription and non-prescription drugs, and the use of other substances that cause physical or mental impairment or are used in a manner inconsistent with their intended purpose can raise questions about an individual's reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person's ability or willingness to comply with laws, rules, and regulations.

Id. at ¶ 24. Conditions that could raise a security concern and may be disqualifying include:

- (a) Any substance misuse;
- (b) Testing positive for an illegal drug;
- (c) Illegal possession of a controlled substance, including cultivation, processing, manufacture, purchase, sale, or distribution; or possession of drug paraphernalia;
- (d) Diagnosis by a duly qualified medical or mental health professional (*e.g.*, physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of substance use disorder;

- (e) Failure to successfully complete a drug treatment program prescribed by a duly qualified medical or mental health professional;
- (f) Any illegal drug use while granted access to classified information or holding a sensitive position; and
- (g) Expressed intent to continue drug involvement and substance misuse, or failure to clearly and convincingly commit to discontinue such misuse.

Id. at ¶ 25.

The LSO alleges that:

- On July 27, 2022, the Individual signed a Questionnaire for National Security Positions (QNSP) certifying that in the last seven years, he had not illegally used any drugs or controlled substances. However, the Individual admitted that from 2020 until he submitted the QNSP on July 27, 2022, he used cocaine three times a week. (Guideline E)
- The Individual admitted to spending \$100 on cocaine once a week and using cocaine three times a week from 2020 until August 11, 2024. (Guideline H)
- On August 14, 2024, the Individual reported to DOE that he was entering alcohol-related inpatient treatment, but did not report that he was using cocaine and receiving treatment for his cocaine use as required by DOE Order 472.2A. (Guideline E)
- On September 10, 2025, the Individual was arrested and charged with Aggravated Driving While Under the Influence of Intoxicating Liquor or Drugs (Refused Testing) after law enforcement pulled him over for speeding. The Individual admitted that he consumed three to five mixed drinks prior to driving. (Guideline G)
- On January 14, 2026, the DOE Psychologist evaluated the Individual and concluded that he met sufficient *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition-Text Revision (DSM-5-TR)* criteria for a diagnosis of Alcohol Use Disorder (AUD), Moderate, In Early Remission, without adequate evidence of rehabilitation or reformation. (Guideline G)

Ex. 1 at 5–6. The applicable concerns under Guideline E are the “[d]eliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire,” and “[d]eliberately 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.” Adjudicative Guidelines at ¶ 16(a)–(b). The applicable concerns under Guideline G are “[a]lcohol-related incidents away from work, such as driving while under the influence” and “[d]iagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). The applicable concerns under Guideline H are “[a]ny substance misuse” and “[a]ny illegal drug use while granted access to classified information or holding a

sensitive position[.]” *Id.* at ¶ 25(a), (f). Accordingly, the LSO’s security concerns under Guidelines E, G, and H are 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 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 has provided differing accounts of the onset and extent of his alcohol use. Ex. 11 at 71–72. In records from an inpatient treatment center he attended in 2024, the Individual reported first drinking alcohol at age seven and consuming seven shots three times per week beginning at age thirteen for approximately ten years. *Id.* at 71. During a January 2026 clinical interview with the DOE Psychologist, he instead reported first drinking alcohol at age seventeen, having only a handful of drinks before college, and then drinking four to five mixed drinks on Thursday, Friday, and Saturday nights in college to become intoxicated. *Id.* at 71. He further reported that his drinking later decreased but increased again at age thirty-three after a change in his work schedule, when he began drinking with meals and on approximately two weekends per month. *Id.* at 71–72.

On August 14, 2024, the Individual entered inpatient substance-use treatment at a treatment center after noticing an increase in his alcohol consumption. *Id.* at 72. Admission testing was positive for alcohol and reflected a blood alcohol concentration of 0.05. *Id.* at 100. The Individual testified at the hearing that he was drinking with a friend when the two of them decided that their drinking

was a problem and they wanted to seek treatment together. Tr. at 37–39. The Individual called his employer’s Occupational Medicine (OM) office to ask about treatment options and then decided to call some treatment centers he found after a cursory search. *Id.* Upon connecting with a treatment center on the phone and confirming that the treatment center accepted his insurance, the Individual and his friend “found a ride [and] hopped on a plane” that same day. *Id.* at 39. They completed intake together, but the Individual was the only one admitted to the treatment center because the treatment center did not accept his friend’s insurance. *Id.* at 41. Upon intake, the Individual reported drinking one to two pints of liquor twice per week. Ex. 11 at 72. The Individual reported to OM that he was entering alcohol-related treatment and OM indicated that it would follow up with him upon his return to work and that he would be enrolled in OM’s Fitness for Duty (FFD) program. Ex. 7 at 41. The Individual’s employer temporarily restricted him from access to classified material and certain sensitive duties. *Id.* at 40–45. The Individual remained in inpatient treatment through September 3, 2024. Ex. 11 at 72. In his responses to a Letter of Interrogatory (LOI) dated September 10, 2024, the Individual stated that “AA and NA meetings were recommended” as aftercare, but not mandated, and he “chose[] to attend meetings in order to obtain sobriety.” Ex. 9 at 58.

Upon the Individual’s return to work on September 4, 2024, the Individual was evaluated by OM and subsequently enrolled in a six-week alcohol psychoeducation class which he completed on October 10, 2024. Ex. 11 at 72; Ex. B at 2. The Individual also resumed weekly individual therapy sessions with a counselor through OM. Tr. at 15. The Individual was familiar with the counselor because he met with her three times in 2019 after his then girlfriend died and he sought assistance for grief and loss. *Id.* In a therapy session in October 2024, the Individual identified his alcohol consumption leading up to treatment as falling within a category of excessive drinking defined as five or more drinks in a day or fifteen or more drinks in a week. Ex. 11 at 72. When the Individual was evaluated by a doctor from OM in November 2024, he reported he was previously drinking three to four beers a couple of times per week and identified an increase to six or more beers while golfing at the event that prompted treatment. *Id.* The Individual’s counselor and the evaluating doctor from OM recommended that the Individual complete a twelve-week follow-up maintenance program to build on the six-week program that he completed, but the Individual did not complete it at that time. *Id.* at 72–73.

The Individual reported to OM that he abstained from alcohol after entering inpatient treatment in August 2024 until the summer of 2025. *Id.* at 73. However, he reported to a doctor in the FFD program that he consumed eight drinks over the course of a day at a bachelor party in February 2025. *Id.* at 73. By June or July 2025, he admitted that he was “occasionally” consuming a twelve-ounce beer while golfing. *Id.* OM indicated that the Individual had “a significant alcohol use issue” and recommended random Phosphatidyl ethanol (PEth)³ testing. *Id.*

³ PEth is a metabolite of ethyl alcohol and can only be made when consumed ethyl alcohol reacts with a compound in the red blood cell (RBC) membrane. Ex. 11 at 74. PEth is built up in the RBC with repeated drinking episodes, and a parallel process slowly eliminates the accumulated PEth (with an elimination half-life of about six days); therefore, PEth can still be detected in the blood for about 28 days after alcohol consumption has ceased. *Id.* The cutoff for a positive result is 20 ng/mL. *Id.*

On the night of September 10, 2025, law enforcement stopped the Individual for driving 51 miles per hour in a 35-mile-per-hour zone. Ex. 6 at 22. A responding officer observed bloodshot and watery eyes, slurred speech, and a strong odor of alcohol coming from the vehicle. *Id.* The Individual admitted that he had consumed alcohol before driving and later reported that he had consumed three to five mixed drinks over approximately five to six hours. *Id.* at 34 (Statement of Probable Cause); Ex. 8 at 47 (December 6, 2025, LOI). He completed an eye-based field sobriety test but declined a walking test because he believed the surface was uneven. Ex. 6 at 22; Ex. 8 at 47. He also refused a breath test because “[he] [knew] [he] wasn’t over the legal limit.” Ex. 8 at 47. He was arrested and charged with Aggravated Driving While Under the Influence of Intoxicating Liquor or Drugs (Refused Testing). Ex. 6 at 22. The Individual explained that he drove because his mother’s in-home caregiver had left unexpectedly, and he could not reach his mother by telephone. Ex. 11 at 73. However, he also acknowledged that he drove his car out that night because it was too cold to walk and he planned to drive home even had he not needed to attend to his mother. *Id.*

Due to the arrest, the Individual was not randomly drug tested in September by OM as originally planned. *Id.* The Individual was placed back into the FFD program on September 12, 2025, in response to the information regarding the Individual’s arrest. *Id.* His access to classified material, certain sensitive duties, and official driving were restricted. Ex. 7 at 40–45. The Individual worked with OM to devise a recovery program that worked with his schedule, which included twenty-four weeks of individual therapy focusing on alcohol. Ex. 11 at 74. He was connected to a therapist in the community offering behavioral health services. *Id.* at 73.

Beginning in October 2025, the Individual participated in a twelve-week group treatment program offered by his employer on alcohol-use prevention, triggers, coping skills, and recovery-related education. *Id.* at 73–74. PEth tests collected on October 30, November 25, and December 18, 2025, and January 14, 2026, were negative. *Id.* at 74, 76. The Individual also submitted ten negative ethyl glucuronide (EtG) tests from October 2025 through January 2026.⁴ Ex. C at 5. By January 2026, the Individual had completed the twelve-week group program. Ex. B at 1; Ex. D at 5. In addition to therapy in the community, the Individual continued to meet with his counselor twice a month. Ex. 11 at 74.

On January 14, 2026, the DOE Psychologist evaluated the Individual. *Id.* at 70. During the clinical interview, the Individual denied illicit-substance use and a ten-panel drug screen administered in connection with the evaluation was negative. *Id.* at 74. He reported that he had not consumed alcohol since September 10, 2025. *Id.*; *but see id.* (PEth test collected on September 29, 2025, was positive at 152 ng/mL). The Individual told the DOE Psychologist that after the 2024 treatment, he never intended to stop drinking permanently but instead had been trying to regroup and avoid drinking for every single occasion. *Id.* at 73. In addition to a clinical interview, the DOE

⁴ Ethyl glucuronide (EtG) is an ethanol metabolite detectable in urine for twenty-four to eighty hours after alcohol ingestion. Drug Toxicology Monitoring Alcohol Metabolites, Quantitative, Urine, Quest Diagnostics (last visited Sept. 25, 2026), *available at* <https://testdirectory.questdiagnostics.com/test/test-detail/92141/drug-toxicology-monitoring-alcohol-metabolites-quantitative-urine?p=r&cc=MASTER>.

Psychologist administered the Minnesota Multiphasic Personality Inventory-3⁵ (MMPI-3). *Id.* at 75. The DOE Psychologist also requested the Individual's medical records from his providers; records from the treatment center that the Individual went to in 2024 were received on January 26, 2026. *Id.* at 71.

Treatment records reflected that the Individual began using cocaine in approximately 2015, at which time he was in his mid-twenties, and initially used it a few times per month. *Id.* at 74; Ex. 13 at 166 (indicating the Individual would have been twenty-five years old in 2015). The Individual was granted a DOE security clearance on May 18, 2018. Ex. 15 at 261. In 2020, he began using cocaine approximately three times per week and spending approximately \$100 per week to purchase it. *Id.* at 247 (indicating the Individual's age in 2020 when cocaine use began); Ex. 11 at 116 (medical records indicating Individual's cocaine use). On July 27, 2022, the Individual signed a QNSP certifying that he had not illegally used any drugs or controlled substances during the preceding seven years. Ex. 13 at 190. His cocaine use continued through August 11, 2024, when he consumed approximately \$100 worth of cocaine. Ex. 11 at 116. When the Individual was in treatment in 2024, he was diagnosed with severe AUD, severe cocaine use disorder, and severe sedative, hypnotic, or anxiolytic use disorder. *Id.* at 72. The Individual did not report his cocaine use as required by DOE reporting requirements, which was discovered by the DOE Psychologist when she received the Individual's medical records to evaluate his alcohol use. Tr. at 11; DOE O 472.2A, *Personnel Security* (October 28, 2024), Attachment 5 at ¶ 6.e (listing "the use of any Federally illegal drug . . . , and any drug- or alcohol-related treatment" as an occurrence that must be reported immediately, and no later than within three working days).

On January 31, 2026, the DOE Psychologist issued a report in which diagnosed the Individual with AUD, Moderate, in early remission and concluded that there was not yet adequate evidence of rehabilitation or reformation. Ex. 11 at 76. The DOE Psychologist also opined that interpretation of the Individual's MMPI-3 results required extreme caution because the results indicated underreporting by the Individual, meaning that he presented himself in an overly positive light and was unwilling to acknowledge minor shortcomings. *Id.* at 75. The DOE Psychologist recommended that to demonstrate rehabilitation, the Individual should complete an intensive outpatient program and any recommended aftercare and submit to monthly PEth testing for twelve months to demonstrate his abstinence from alcohol. *Id.* Alternatively, if the Individual chose to demonstrate reformation instead of rehabilitation, he would need to complete monthly PEth testing for eighteen months and demonstrate lifestyle changes with effective coping mechanisms. *Id.* at 76.

On February 10, 2026, a state magistrate court granted the Individual's motion to suppress evidence arising from the September 2025 traffic stop and dismissed the Aggravated Driving While Under the Influence of Intoxicating Liquor or Drugs (Refused Testing) case with prejudice. Ex. A at 1. The court found that the officer who initiated the stop was not authorized under state law to conduct the traffic stop or detain the Individual and that no exigent circumstances existed. *Id.* On March 11, 2026, the Individual responded to the alleged security concerns by stating, among other things, that he had completed treatment in 2024 to address his alcohol and cocaine use, that

⁵ The MMPI-3 is a 335-item true/false test of several areas of personality functioning and psychopathology. Ex. 11 at 75. It has several scales which measure a person's attitude towards taking the test, its validity, and over- and under-reporting. *Id.*

he was enrolled in therapy and monthly PEth testing, that he had completed several classes, and that he would enroll in intensive outpatient therapy. Ex. 2 at 10–13. On March 30, 2026, the Individual underwent a standardized level-of-care assessment for intensive outpatient services, and the evaluator concluded, based on the Individual’s self-report concerning alcohol and drug use during the preceding twelve months, that he did not meet the clinical criteria for intensive outpatient treatment and should instead continue outpatient counseling addressing his prior alcohol and drug use. Ex. D at 10.

In a letter dated August 6, 2026, the Individual’s therapist reported that the Individual had attended therapy since October 23, 2025, engaged wholeheartedly, developed improved coping skills and behavior, taken responsibility for his actions, and intended to continue treatment as needed. Ex. D.3 at 28. At the hearing, the therapist testified that he was surprised by the testimony regarding the Individual’s cocaine use because his recollection was that “very, very little” of his discussions with the Individual concerned cocaine. Tr. at 90. However, the therapist testified that he did speak with the Individual about cocaine in addition to alcohol because the Individual “would mention it and deny and tell [the therapist] that he was not involved with it . . .” *Id.* When asked whether the Individual had progressed over the course of his treatment with the therapist, the therapist testified that the Individual initially minimized his alcohol use but that “he understands that he’s changed his life, he’s changed his outlook and how important it is for his daughter . . . raising her in an area where that’s not a concern.” *Id.* at 93–94. Regarding a relapse prevention plan, the therapist testified that he has “absolutely” discussed that with the Individual and offered to be available for the Individual 24 hours a day “if needed.” *Id.* at 92, 99. The therapist “really, really like[s] [the Individual]” to the extent that he feels “like he’s almost a brother. . . .” *Id.* at 100. The Individual testified that being able to talk to the therapist on a weekly basis has been “the biggest thing” for his recovery. *Id.* at 59.

On August 10, 2026, the Individual completed a second twelve-week group therapy program through his employer. *Id.* at 17–18. The counselor for that program reported that the Individual had actively participated in group programs and individual counseling and worked on childhood experiences, triggers, stress, family, and social situations. *Id.* at 15–19; Ex. D.1 at 20. Additionally, the counselor reported that the Individual attended a trauma educational group class from January 2026 through April 2026. Ex. D.2 at 21. At the hearing, the counselor testified that there was a female participant in the trauma educational group that had shared about how when she was a child, she had to figure out how to make her dad happy, and that resonated with the Individual because he has a young daughter. Tr. at 29. The counselor further testified that the Individual had taken accountability and responsibility for the events leading up to his arrest in September 2025. *Id.* at 18–19. She stated that she specifically asked the Individual whether he has ever used cocaine, and he said no. *Id.* She has never seen the medical records from the Individual’s treatment in 2024. *Id.* at 17.

Regarding his cocaine use, the Individual testified that he had never used cocaine before. *Id.* at 31. When the Individual was asked why he responded to the LSO’s allegations of cocaine use by stating that he completed treatment for the issue instead of denying it, he responded that he “didn’t know.” *Id.* at 33–34. The Individual was asked where the medical provider would have gotten information that he had been “struggling with alcohol, anxiolytics, and cocaine,” and he responded that he was “highly intoxicated” and that both he and his friend were on the phone with the

treatment center at the same time. *Id.* at 35–36. However, the Individual admitted that all other information in the medical records was correct. *Id.* at 35, 42–43. The Individual testified that there were discrepancies regarding his self-reported alcohol use to various medical providers because he was “just trying to keep [his] job, essentially” and that he was “just trying to play it safe . . . if [he], you know, lied on the [LOI] because [he] didn’t want to get in trouble, then okay.” *Id.* at 50.

Regarding his alcohol use, the Individual testified that he resumed consuming alcohol four months after completing treatment in 2024 because he “didn’t put in enough work, such as continuing to go to [Alcoholics Anonymous (AA)] meetings, such as continuing individual therapy.” *Id.* In June 2026, the Individual started going to a weekly AA group with three to four men that worked for the same employer as the Individual. *Id.* at 59; Ex. E at 32. He has obtained a temporary AA sponsor who has 40-plus years of sobriety. Tr. at 69. The Individual claimed to have abstained from alcohol since September 10, 2025, and partially corroborated his sobriety from alcohol with negative PEth tests from October through December 2025 and March through July 2026. Ex. C.1–C.10 at 6–19; Tr. at 47–48.

Regarding his future intentions for treatment, the Individual plans to go to AA “forever” and to continue meeting with his therapist weekly. Tr. at 70. When asked what is different between the Individual’s trajectory in 2024 versus now, the Individual replied that he takes “full responsibility and accountability, which [he] [didn’t] feel like [he] did before,” and that he has actively chosen to continue seeing his therapist and going to AA on a weekly basis. *Id.* at 62. The Individual admitted that “[he] knew better, and [he] know[s] [he] should not have driven or gotten behind the wheel of anything” on the night of his arrest. *Id.* at 63.

The DOE Psychologist testified after hearing the testimony of the Individual and his witnesses. *Id.* at 101. She testified that the Individual’s diagnosis of AUD, Moderate, In Early Remission had not changed because the Individual required an additional thirty days of sobriety to qualify as someone who was in “sustained remission” rather than “early remission.” *Id.* at 102–03. The DOE Psychologist further testified that the Individual met the spirit of her recommendations as opposed to the letter of it because he did not go to an IOP but he went to weekly counseling, AA, and classes provided by his employer. *Id.* at 104. She opined that “probably cobbled together those might have been equivalent to an IOP.” *Id.* Therefore, the DOE Psychologist concluded that there was adequate evidence of rehabilitation or reformation on the date of the hearing regarding the Individual’s alcohol use. *Id.* at 105, 114. She opined that the Individual’s prognosis for continued sobriety is “fair”⁶ because “he definitely did what was needed just shy of the dates, and he was doing what he could.” *Id.* at 108.

The DOE Psychologist also testified that her findings were limited to the Individual’s alcohol use and any emotional, mental, or personality condition that can impair his judgment, stability, reliability, or trustworthiness. *Id.* at 105. DOE did not have any record of cocaine use when the DOE Psychologist evaluated the Individual, and therefore she was not asked to evaluate the Individual’s cocaine use. *Id.* at 112. However, she noted that the psychological testing did demonstrate that the Individual “wasn’t willing to admit to some of those flaws that were really typical for other people who were [the same age] to admit to.” *Id.* at 110. It was concerning to her

⁶ The DOE Psychologist did not specify the prognostic scale that she uses and there is no universal prognostic scale.

that the Individual hadn't fully talked with his therapist or counselor about his prior cocaine use especially given his history of underreporting his alcohol use. *Id.* at 108. The DOE Psychologist still saw "evidence of minimization, underreporting to present himself in an overly positive light" after the Individual and his witnesses testified. *Id.* at 111.

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.

A. Guideline G

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.

The Individual has demonstrated some sobriety through negative PEth testing, but he has been drinking alcohol at problematic levels off and on for most of his life. He did not present any evidence to suggest that his alcohol use was due to unusual circumstances. Accordingly, his alcohol use was not so long ago, infrequent, or under such unusual circumstances that it is unlikely to recur or does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. Mitigating condition (a) does not apply.

The Individual has acknowledged his pattern of maladaptive alcohol use and provided evidence of actions taken to overcome this problem, but has failed to demonstrate a clear and established pattern of abstinence in accordance with treatment recommendations. The Individual has completed numerous group sessions on various topics through his employer, consistently engaged in individual therapy with his therapist in the community and his counselor at his employer, routinely attended AA, and acquired a sponsor. However, he only provided nine negative PEth tests, and the tests do not cover holidays that are often associated with increased alcohol use, such as Thanksgiving and New Year's Eve. The Individual has a history of relapse after treatment and a history of intentionally deceiving DOE regarding his alcohol use to avoid negative consequences. With this history in mind, I cannot infer twelve months of sobriety from nine months of PEth testing. I see evidence of two periods of sobriety lasting a few months each. In light of the Individual's patterns of alcohol consumption over the last several years, I cannot find that this is sufficient to demonstrate a clear or established pattern of abstinence. Accordingly, mitigating condition (b) does not apply.

The Individual is participating in counseling and making satisfactory progress in treatment, but he has a previous history of treatment and relapse. The Individual relapsed four months after completing inpatient treatment for alcohol use in October 2024. Therefore, mitigating condition (c) does not apply.

Given the DOE Psychologist's testimony that the Individual's treatment is equivalent to that of an IOP, which was the DOE Psychologist's recommendation, the Individual has successfully completed a treatment program. I credit the testimony of the Individual's therapist and counselor who have worked with the Individual regarding his alcohol use over an extended period of time to conclude that the Individual has been successful in treatment. However, as previously discussed, the Individual has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. Mitigating condition (d) does not apply. Accordingly, I find that the Individual has not mitigated the Guideline G concerns.

B. Guideline H

Conditions that may mitigate Guideline H security concerns include:

- (a) The behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;

- (b) The individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:
 - (1) Disassociation from drug-using associates and contacts;
 - (2) Changing or avoiding the environment where drugs were used; and
 - (3) Providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility;
- (c) Abuse of prescription drugs was after a severe or prolonged illness during which these drugs were prescribed, and abuse has since ended; and
- (d) Satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Id. at ¶ 26. None of the mitigating conditions apply.

The Individual denies his cocaine use despite being confronted with medical records that clearly reflect accurate information about him that included his then self-reported struggle with cocaine use. The Individual acknowledged in a 2024 LOI that upon his release from the treatment center, it was recommended that he attend NA meetings in addition to AA meetings. In the 2026 response to the Notification Letter, the Individual did not deny the allegations of cocaine use but instead claimed that he completed treatment in 2024 to address the matter. The Individual evaded all questions about his cocaine use at the hearing and had no explanation as to why he would not have denied his cocaine use until the hearing if in fact he had not used cocaine. The record presents no evidence of cocaine use since August 11, 2024. However, based on the record before me, I am unable to conclude that it was so infrequent or happened under such circumstances that it is unlikely to recur or does not cast doubt on the Individual's current reliability, trustworthiness, or good judgment under mitigating condition (a). The Individual does not acknowledge his drug involvement and substance misuse, therefore mitigating condition (b) does not apply. Cocaine is not a prescription drug and therefore mitigating condition (c) does not apply. There is no evidence in the record to establish when the Individual last used cocaine and no medical professional has offered a positive prognosis concerning the cocaine use disorder diagnosed during the Individual's inpatient treatment. Thus, mitigating condition (d) is inapplicable. Accordingly, I find that the Individual has not mitigated the Guideline H concerns.

C. Guideline E

Conditions that could mitigate Guideline E concerns 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.

Id. at ¶17.

Regarding Guideline E, the Individual denies his prior cocaine use, therefore he denies that an omission, concealment, or falsification exists. Specifically regarding mitigating condition (d), the Individual has not acknowledged the cocaine use and there is insufficient information concerning any steps he has taken to address the circumstances that contributed to untrustworthy, unreliable, or other inappropriate behavior. The Individual appears to have received drug-related treatment as part of his inpatient alcohol treatment. Additionally, the education and tools related to his alcohol treatment could be applicable to his cocaine use. However, given that he did not provide any further information regarding his cocaine use or testify about how the treatment specifically addressed cocaine, I cannot find that he took positive steps in relation to the use of cocaine specifically. The Individual claims that the medical records indicating his prior cocaine use were mistaken and included information about his friend who called the treatment center alongside the Individual. I do not credit the Individual's testimony that he has never used cocaine and that the medical records were mistaken. The Individual acknowledged that, aside from the information regarding the cocaine use, the medical records were entirely correct. Additionally, the Individual reported to DOE in his 2024 LOI that both AA and NA were recommended upon his completion of treatment, which is not consistent with his claim that alcohol was the only reason he was receiving treatment in 2024. The DOE Psychologist's professional opinion that the MMPI-3 showed that extreme caution should be used in assessing the Individual's accounts because of his tendency to present himself in an overly positive light and was unwilling to acknowledge minor shortcomings also weighs against the Individual's narrative of events. For these reasons, I do not find him credible. Regarding mitigating condition (c), using cocaine three times a week for four years is not so minor or so infrequent that it is unlikely to recur and does not cast doubt on the Individual's reliability, trustworthiness, or good judgment. The Individual did not present any evidence indicating that his

cocaine use happened under unique circumstances. None of the mitigating conditions apply given the lack of information provided by the Individual, therefore I find that the Individual has not mitigated the Guideline E 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 Guidelines G, E, and H 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