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

In the Matter of: Personnel Security Hearing)
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Filing Date: April 4, 2026)
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Case No.: PSH-26-0120

Issued: October 13, 2026

Administrative Judge Decision

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX(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 her to hold an access authorization. Exhibit (Ex.) 1 at 6.² On June 23, 2025, the Individual entered a partial hospitalization program (PHP) for treatment related to alcohol and Kava³ use. Ex. 7 at 27. Subsequently, the Local Security Office (LSO) asked the Individual to complete a letter of interrogatory (LOI), which the Individual did on November 25, 2025. Ex. 8. Upon receipt of the responses to the LOI, the LSO asked the Individual to undergo a psychological evaluation in January 2026, by a DOE-consultant psychologist (DOE Psychologist), which resulted in a finding that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)* criteria for a diagnosis of Alcohol Use Disorder (AUD), Severe, in early

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

² References to the Local Security Office's (LSO) exhibits are to the exhibit number and the PDF page number from the LSO's exhibit notebook.

³ "Kava is a psychoactive herbal substance with anxiolytic properties. It is legal and non-controlled . . . under federal law. It is commonly sold as a dietary supplement." Ex. 9 at 48.

remission, in a controlled environment. Ex. 9 at 54. The DOE Psychologist also diagnosed the Individual with Other (or Unknown) Substance Use Disorder (SUD) (Kava), Severe, in early remission, in a controlled environment. *Id.* at 55.

The LSO subsequently issued the Individual a Notification Letter advising her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G and Guideline H of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing on September 8, 2026. The LSO submitted thirteen exhibits (Ex. 1–13). The Individual submitted four exhibits (Ex. A–D). The Individual testified on her own behalf and presented the testimony of three other witnesses. Hearing Transcript, OHA Case No. PSH-26-0120 (Tr.). The LSO presented the testimony of the DOE Psychologist. *Id.*

II. THE SECURITY CONCERNS

Guideline G, under which the LSO raised security concerns, relates to security risks arising from excessive alcohol consumption. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include: “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(d). The LSO cited the DOE Psychologist’s diagnosis of AUD, Severe. Ex. 1 at 5. The aforementioned allegation justifies the LSO’s invocation of Guideline G.

Guideline H, under which the LSO raised additional security concerns, provides: “the use of . . . 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.” Adjudicative Guidelines at ¶ 24. Conditions that could raise a security concern under Guideline G include: “any substance misuse” and “diagnosis by a duly qualified medical or mental health professional . . . of substance use disorder.” *Id.* at ¶ 25(a), (d). The LSO cited the DOE Psychologist’s diagnosis of SUD (Kava). Ex. 1 at 5. This derogatory information adequately justifies the LSO’s invocation of Guideline H.

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See*

Dep't of Navy v. Egan, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting their eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. FINDINGS OF FACT

In 2002, the Individual sought inpatient and outpatient alcohol use treatment, and eventually became abstinent from alcohol use on December 30, 2002. Ex. 9 at 48. Between that date and 2019, she did not consume alcohol in any form. Tr. at 115.

Around 2018, the Individual began using powdered Kava. *Id.* at 86. Around 2019, she began using a Kava tincture that she could purchase at her local grocery store. *Id.* The tincture used ethanol as a solvent and carrier. Ex. 9 at 48. The Individual testified that when she first purchased the tincture, she was unaware that ethanol and grain alcohol were the same thing, so she was unaware that she was consuming alcohol. Tr. at 87. Later in 2019, she accidentally purchased the alcohol-free version of the tincture and thought she had purchased a mislabeled or bad bottle because it did not have the same effects when she used it. *Id.* at 88–89. Sometime later, the Individual realized that she had purchased the alcohol-free tincture rather than one containing ethanol that she had typically purchased. *Id.* Both of these products could be purchased at the grocery store without showing any kind of identification card to verify your age. *Id.* at 88.

In 2025, the Individual was consuming one to two ounces⁴ of the Kava tincture daily. *Id.* at 89–90. Some of her friends planned an intervention because they were concerned about her substance use. *Id.* at 110. In June of 2025, the Individual voluntarily enrolled in a PHP for Kava use and AUD and eventually transferred to an intensive outpatient program (IOP) at the same facility. *Id.* at 90–91. The Individual was eventually dismissed from the program because she continued to use the Kava tincture, which resulted in positive urinalysis tests for alcohol, and because the program recommended that she needed a higher level of care. *Id.* at 91; Ex. 9 at 48. After the Individual was discharged from the program, she began drinking alcoholic beverages again, about four to five drinks a night during the week and up to twelve drinks per weekend day. Tr. at 93–94. The Individual testified, but provided no evidence to corroborate, that she stopped consuming the Kava tincture around July or August of 2025. *Id.* at 116.

⁴ According to the DOE Psychologist’s report of his evaluation, Kava tinctures contain up to 60% alcohol by volume, making two ounces of the tincture equivalent to two standard drinks. Ex. 9 at 48.

In September 2025, the Individual was supposed to meet with her pastor and two church elders to discuss her discharge from the PHP/IOP. Tr. at 95. The Individual cancelled the meeting, but the pastor and elders were near her home, so they decided to check in on the Individual. *Id.* As a result of that meeting, the Individual enrolled in a residential faith-based rehabilitation program, where it was recommended that she spend a year working through the program. *Id.* at 99; Ex. A (letter from faith-based rehabilitation program stating that the Individual was enrolled and explaining the program's purpose). This program is not licensed or accredited. Ex. 9 at 49. While the Individual was enrolled in this program, there was no opportunity for her to consume any substances because she was not left alone, and the few times she did leave facility, she was tested for drugs and alcohol upon returning. Tr. at 101. The Individual left the program around February 2026 because she was unable to get a leave of absence from work, which would have been required in order for her to complete the program. *Id.* at 99–100.

The Individual was evaluated by the DOE Psychologist on January 21, 2026. Ex. 9 at 45. As part of her evaluation, the Individual underwent a Phosphatidyl ethanol (PEth) test⁵ on the same date. *Id.* at 52. The PEth test came back negative. *Id.* This result was consistent with her report to the DOE Psychologist stating that she had not consumed alcohol since she enrolled in the faith-based rehabilitation program in late September 2025. *Id.*

After the Individual completed the evaluation, the DOE Psychologist issued a report in which he concluded that the Individual met sufficient criteria for a diagnosis of AUD, Severe, in early remission, in a controlled environment,⁶ and SUD (Kava), Severe, in early remission, in a controlled environment.⁷ *Id.* at 54–55. In order for the Individual to show rehabilitation, the DOE Psychologist stated that the Individual should complete the twelve-month residential treatment program she was enrolled in at the time of the evaluation or until an earlier discharge was agreed upon by the Individual and her providers. *Id.* If the Individual decided not to complete the residential treatment program, the DOE Psychologist recommended that she enroll in an IOP for both her AUD and SUD, then engage in weekly aftercare for a period of six months, and abstain from alcohol corroborated by monthly PEth test results. *Id.* at 55. If the Individual completed neither the residential program or the IOP, the DOE Psychologist stated that she could show

⁵ “[A] PEth level reflects the average amount of alcohol consumed over the previous 28–30 days as red blood cells degrade and enzymatic action removes PEth. A MedTox PEth result exceeding 20 ng/mL is evidence of ‘moderate to heavy ethanol consumption.’” Ex. 9 at 52.

⁶ The DOE Psychologist found that the Individual met the following criteria for AUD: “[a]lcohol is often taken in larger amounts or over a longer period than was intended,” “[t]here is a persistent desire or unsuccessful efforts to cut down or control alcohol use,” “[c]raving, or a strong desire or urge to use alcohol,” “[r]ecurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home,” “[a]lcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol,” and “withdrawal.” Ex. 9 at 53.

⁷ The DOE Psychologist found that the Individual met the following criteria for SUD: “[t]he substance is often taken in larger amounts or over a longer period than was intended,” “[t]here is a persistent desire or unsuccessful efforts to cut down or control use of the substance,” “[c]raving, or strong desire or urge to use the substance,” “[c]ontinued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use,” “[i]mportant social, occupational, or recreational activities are given up or reduced because of the use of the substance,” and “[u]se of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.” Ex. 9 at 54.

rehabilitation by showing active participation in Alcoholics Anonymous (AA) or a similar evidence-based group treatment program to include attendance at four meetings a week, meeting with a sponsor, and showing evidence of working the program. *Id.* If the Individual pursued that option, he stated she should document her abstinence with monthly PEth tests for a period of twelve months. *Id.* Finally, the Individual could show reformation by remaining abstinent from alcohol for twelve months with monthly negative PEth results to document her abstinence. *Id.*

In March of 2026, the Individual began a faith-based IOP.⁸ Tr. at 100. The Individual completed this program on June 20, 2026. Ex. C (certificate indicating the Individual had completed the faith-based IOP). The faith-based IOP's program director testified that the Individual's treatment plan was created by a licensed professional counselor and medical doctor who work for the IOP. Tr. at 55. He explained the program lasted twelve weeks and "combine[d] evidence-based treatment with scripture." *Id.* at 63. The program director also testified that the Individual was continuing her one-on-one therapy with her IOP counselor on a weekly basis. *Id.* at 72. He stated that continuing that therapy, regularly attending and working with a twelve-step group, and attending church were the aftercare recommendations for the Individual. *Id.* at 75. The program director explained that the faith-based IOP treats all types of substance abuse, but he could not describe any steps taken specifically related to the Individual's SUD (Kava) and was not particularly familiar with the substance. *Id.* at 77–79.

While the Individual was enrolled in the faith-based IOP, she was also attending AA and found a sponsor. *Id.* at 102. She testified that she met with this sponsor about once a week until she moved in July 2026. *Id.* at 105. As the sponsor is now about an hour's drive away from the Individual's new residence, the Individual is trying to find a new sponsor. *Id.* At the time of the hearing, the Individual testified that she was attending some AA meetings on a regular basis, but she does not have a "home" meeting. *Id.* at 114.

During a four-day period in June 2026, the Individual consumed alcohol on each day. *Id.* at 108. She was unsure how much she consumed each day other than that it was "a lot." *Id.* Subsequently, the Individual had a positive PEth test at a level of 33 ng/mL in July 2026. Ex. B at 12 (positive PEth test dated July 10, 2026). The Individual explained that she had consumed alcohol because she was feeling hurt about being excluded from certain activities in her church and being excluded from an event a friend had planned. Tr. at 109–10. The Individual had another relapse in July 2026. *Id.* at 116.

As a result of her relapses, the Individual decided to move into a sober living home in July 2026. *Id.* at 112; Ex. D (letter from director of the sober living home). She plans to live at the sober living home for at least six months. Tr. at 112. The house manager testified that the sober living home takes a number of steps to help its residents maintain their sobriety, including morning meditations, weekly drug tests, twice a day Breathalyzer tests, and a requirement that each resident attend three AA-style meetings a week. *Id.* at 15. Each resident is also required to find a sponsor. *Id.* at 17. The house manager testified that the Individual has met all the requirements in the time she has lived

⁸ In his testimony, the DOE Psychologist noted that this IOP is not licensed or accredited, and he believed that the Individual would "be better served" by an accredited treatment program. Tr. at 136. He later explained that although this program was not accredited, he still considered it to be treatment that could meet his recommendations. *Id.* at 138–39.

at the sober living home and has not tested positive for any substance. *Id.* at 24–25. The house manager also explained that she is not a treatment provider because it is expected that most residents have completed some form of treatment before they move into the sober living home. *Id.* at 18–19. She also explained that the goal of the sober living home is to provide a supportive environment for individuals living there, and the Individual has been a valuable member of the group in her time living there. *Id.* at 25, 27.

The Individual provided two negative PEth tests dated March 16, 2026, and April 23, 2026. Ex. B at 6–9. The Individual also underwent a PEth test on May 27, 2026, but the test was not performed because the sample did not arrive at the laboratory that was supposed to perform the test. *Id.* at 11 (letter from laboratory explaining the error). She also provided three urinalysis tests that came back negative for alcohol use dated August 2, 2026; August 9, 2026; and August 16, 2026. *Id.* at 22–25.⁹

At the hearing, the DOE Psychologist testified¹⁰ that he did not believe that the Individual was rehabilitated or reformed from her AUD. Tr. at 138. He explained that because the Individual had admitted to relapsing in her alcohol use in June and July, her diagnosis should be changed to AUD, Severe, without the modifiers indicating she was in early remission. *Id.* at 140. The DOE Psychologist explained that his prognosis for the Individual’s alcohol use was guarded on a negative, poor, guarded, good, excellent scale. *Id.* at 142. He stated that this prognosis meant that the Individual had “made progress, but [she is] still at risk.” *Id.* at 143.

V. ANALYSIS

A. Guideline G

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

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual’s current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his or her maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

⁹ The Individual also provided a number of drug screening tests as exhibits. Ex. B at 14–21. There is no indication that these tests covered alcohol or Kava, and, as such, I do not discuss them here.

¹⁰ At the hearing, the DOE Psychologist was not asked any questions about whether the Individual had been rehabilitated or reformed from her SUD (Kava) diagnosis.

- (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.

At the time of the hearing, the Individual had an active AUD that was not in remission as a result of her having recently, on multiple occasions, relapsed and consumed alcohol against treatment recommendations. There is no indication that the Individual's historic alcohol misuse or recent relapses occurred under unusual circumstances. Further, the DOE Psychologist opined in his testimony that the Individual had not demonstrated rehabilitation from her AUD, and he gave her a guarded prognosis. Accordingly, the concern presented by the Individual's AUD cannot be mitigated pursuant to mitigating factor (a).

The Individual did acknowledge her maladaptive alcohol use, and she clearly has taken some actions to overcome the problem. However, the Individual relapsed and consumed alcohol less than two months prior to the hearing. Because she admitted that she has recently consumed alcohol, I cannot say that she has shown a clear and established pattern of abstinence in accordance with treatment recommendations. Therefore, she has not resolved the security concerns pursuant to mitigating factor (b).

At the time of the hearing, the Individual was participating in the aftercare associated with her IOP, and the program director's testimony provided some evidence of her progress in that program. However, even if I were to find that testimony sufficient evidence of the actions she has taken, the Individual has a history of treatment and relapse as documented in the record. Therefore, the security concerns are not mitigated pursuant to mitigating factor (c).

Finally, the Individual has successfully completed an IOP and appears to be engaging in the aftercare recommended by the IOP. However, the DOE Psychologist testified at the hearing that her AUD was no longer in remission, and she has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. As such, she has not mitigated the security concern pursuant to mitigating factor (d).

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

B. Guideline H

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

- (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.

Adjudicative Guidelines at ¶ 26.

At the hearing, the Individual testified that she had not used any Kava products since July or August of 2025. However, the Individual was unable to provide any laboratory testing or witness testimony to corroborate her testimony. As such, I do not have sufficient evidence to say that her Kava use happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on her current reliability, trustworthiness, or good judgment.

Next, the Individual did acknowledge that she was misusing the Kava tincture by consuming it in large volumes. However, she has not provided sufficient evidence to show that she has overcome that misuse. While she did complete the faith-based IOP, the testimony of the program director revealed that he knew very little about the Individual's issues with Kava. Further, even if I found that the Individual had shown evidence that she had overcome her issues with the Kava, she has not provided anything aside from her own testimony, such as laboratory test results, that establishes a pattern of abstinence.

Mitigating factor (c) does not apply as it was not alleged that the Individual was abusing prescription drugs.

As to mitigating factor (d), as noted above, the Individual did complete the faith-based IOP. However, it is apparent that the IOP was not a "prescribed drug treatment program" based on the testimony of the program director. Further, the Individual did not provide evidence of a favorable prognosis from a qualified medical professional.

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

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G and Guideline H of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals