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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: May 27, 2026)
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Case No.: PSH-26-0129

Issued: October 16, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

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

I. BACKGROUND

The Individual was granted access authorization in 2017 in connection with his employment by a DOE contractor. *See* Exhibit (Ex.) 12 at 153.² In March 2018, the local security office (LSO) received a Personnel Security Information Report (PSIR) indicating that the Individual had been arrested and charged with Driving Under the Influence (DUI). Ex. 7 at 26. A DOE-contracted psychologist (First Psychologist) evaluated the Individual and concluded that he had previously habitually consumed alcohol to the point of impaired judgment. Ex. 10 at 64. However, based on actions the Individual had taken since his DUI arrest and his account of having abstained from alcohol, she concluded that he had demonstrated reformation and he ultimately retained his access

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 local security office (LSO) submitted its exhibits in a single PDF. This Decision cites to exhibits by reference to the exhibit number and the pages in the order in which they appear in the PDF without regard to their internal pagination.

authorization. *Id.*; see also Transcript of Hearing, OHA Case No. PSH-26-0129 at 38 (Tr.) (describing the adjudication of his access authorization in 2018).

On November 17, 2025, the LSO received a PSIR indicating that on November 14, 2025, the Individual consumed alcohol at work at a DOE site during work hours, experienced a medical incident, and was transported to a hospital. Ex. 6. The Individual subsequently submitted a PSIR on December 4, 2025, notifying the LSO that he had entered into outpatient alcohol-related treatment and indicating that, until November 14, 2025, he had consumed eight to ten drinks per sitting two to three times weekly. Ex. 5.

In February 2026, the Individual underwent a psychological evaluation with a different DOE-contracted psychologist (DOE Psychologist). Ex. 8 at 30. During a clinical interview with the DOE Psychologist, the Individual admitted that November 14, 2025, was not the first occasion on which he had consumed alcohol at work despite knowing that alcohol consumption was prohibited in the workplace. *Id.* at 31. The DOE Psychologist subsequently issued a report of the evaluation (Report) in which she opined that the Individual met sufficient diagnostic criteria under the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition – Text Revision (DSM-5-TR)* for a diagnosis of Alcohol Use Disorder (AUD), Moderate, in early remission. *Id.* at 34. She further opined that the Individual met sufficient diagnostic criteria for diagnoses of Major Depressive Disorder (MDD), Moderate, and Social Anxiety Disorder (SAD), and that these conditions could impair his judgment, reliability, stability, or trustworthiness. *Id.* at 35.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 7–9. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines G and I of the Adjudicative Guidelines. *Id.* at 5–6.

The Individual exercised his 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, and I conducted an administrative hearing in September 2026. The LSO submitted twelve exhibits (Ex. 1–12) and the Individual submitted four exhibits (Ex. A–D). The Individual testified on his own behalf. Tr. at 3, 10. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 56.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 5. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. The SSC cited the Individual’s having been arrested and charged with DUI, his admission to consuming as many as ten alcoholic drinks per sitting multiple times weekly, his repeated consumption of alcohol in the workplace, his alcohol-related hospitalization, and the opinion of the DOE Psychologist that he met sufficient diagnostic criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. Ex. 1 at 5. The LSO’s allegations

that the Individual engaged in alcohol-related incidents away from and at work, habitually consumed alcohol to the point of impaired judgment, and was diagnosed by a duly qualified mental health professional with AUD justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a)–(d).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the other basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 6. “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline.” Adjudicative Guidelines at ¶ 27. The SSC cited the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria for diagnoses of MDD, Moderate, and SAD under the *DSM-5-TR* and that these conditions could impair his judgment, reliability, and trustworthiness. Ex. 1 at 6. The LSO’s citation to the opinion of the DOE Psychologist that the Individual has mental health conditions that could impair his judgment, stability, reliability, or trustworthiness justifies its invocation of Guideline I. Adjudicative Guidelines at ¶ 22(b).

III. REGULATORY STANDARDS

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

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

IV. FINDINGS OF FACT

A. Individual’s DUI and Subsequent Alcohol Misuse

The Individual has a lengthy history of depressive symptoms. Beginning in at least 2016, he engaged in binge eating and purging behavior, cut himself to regulate emotions, and used alcohol to suppress negative feelings. Ex. 8 at 32. In 2018, the Individual was prescribed an antidepressant

but discontinued using it after about one week due to not feeling any effects and resumed using alcohol to control his depressive symptoms instead. *Id.*

The Individual also experienced social anxiety beginning in at least 2016 – feeling “awkward” and “weird” in social situations, worrying excessively about others’ judgments, and feeling “terrified” when he was the center of attention – which he managed by consuming alcohol. *Id.* On one such occasion in which the Individual consumed alcohol to manage social anxiety, March 2, 2018, the Individual attempted to drive to a nearby restaurant after having consumed alcohol in a bar despite feeling intoxicated. Ex. 10 at 61; Ex. 12 at 165. The Individual drove his vehicle into a curb and an onlooker called local law enforcement. Ex. 10 at 61; Ex. 12 at 165. The officers who responded to the scene administered a Breathalyzer test, which estimated the Individual’s blood alcohol content at .17%. Ex. 12 at 165. The Individual was then arrested and charged with DUI. *Id.* The Individual pleaded guilty and was ordered to pay fines and fees, attend “traffic school,” have an ignition interlock device installed on his vehicle, and serve a three-year term of probation from October 2018 to October 2021. *Id.* The Individual performed all of the court-ordered requirements and successfully completed his probation. *Id.*

Several weeks after his DUI arrest, the Individual began meeting with a clinician employed by his employer’s employee assistance program (EAP) for counseling. Ex. 10 at 61–62. The Individual and the EAP clinician met on a weekly basis from March 21, 2018, until July 9, 2018, during which time the clinician helped the Individual to assess the motivations and behaviors that led to his DUI arrest and provided him with support in modifying his alcohol consumption. *Id.* at 62. The Individual told the EAP clinician, and later the First Psychologist, that he had mostly³ abstained from alcohol from the date of his arrest until the evaluation by the First Psychologist on September 8, 2018. *Id.* He also told the First Psychologist that he intended to abstain from alcohol until “the conclusion of his DUI court proceedings” *Id.* However, this was not true; the Individual consumed alcohol throughout this period, albeit in what he characterized to be a moderate and social fashion. Ex. 12 at 166; *see also* Ex. 8 at 31 (Individual telling the DOE Psychologist that his attitude towards alcohol consumption at the time was “I can if I want to”). Relying on the Individual’s false representations, the First Psychologist opined that the Individual was reformed from his maladaptive alcohol use and did not require further interventions. Ex. 10 at 64.

By 2020, the Individual’s alcohol consumption had escalated to one to two bottles of wine nightly. Ex. 8 at 31. At some point in 2021 or 2022, the Individual recognized that his alcohol use was maladaptive and abstained from alcohol for approximately one year. *Id.* However, on or about New Year’s Day of 2023 he resumed alcohol consumption which quickly became maladaptive. *Id.* According to the Individual, he often would “start drinking on Friday, drink all day on Saturday, and sometimes continue drinking on Sunday.” *Id.* On some occasions, he would begin drinking on weekdays when he returned home from work and “continue drinking until it was time for bed” *Id.* As a result of his excessive alcohol use, the Individual stopped socializing with others due to

³ The EAP clinician concurred with the Individual’s proposal to try controlled social drinking after he falsely represented to her that he had abstained from alcohol for approximately seven weeks. Ex. 10 at 62; *see also* Ex. 12 at 166 (reflecting that the Individual told an investigator that he drank weekly during the period in which he told the EAP clinician that he was abstaining from alcohol). After four to five weeks of the Individual consuming alcohol with the EAP clinician’s blessing, the EAP clinician “revaluated” and recommended that the Individual resume abstaining from alcohol, after which the Individual continued consuming alcohol while falsely claiming abstinence from alcohol to the EAP clinician and First Psychologist. Ex. 10 at 62; Ex. 12 at 166.

embarrassment over the extent of his alcohol consumption, came to work intoxicated or hungover on numerous occasions, consumed alcohol in the workplace on several occasions, and had alcohol-related hand tremors interfere with his work duties. *Id.*

B. The November 2025 Incident and Actions Taken by the Individual at the Direction of His Employer

On November 14, 2025, the Individual brought a bottle of vodka to work and began consuming it around noon. *Id.* at 30; *see also id.* (Individual telling the DOE Psychologist that he engaged in this conduct to manage work-related stress); Tr. at 24–25 (testifying that he was aware that alcohol use was prohibited at the DOE site but disregarded it because he wanted to feel intoxicated). Eventually, the Individual became intoxicated. Ex. 6 at 24. The Individual’s supervisor and a colleague of the Individual reported to a senior manager that the Individual was “disoriented” and “not making sense” in phone conversations. *Id.* The protective force at the site was notified, and employees who checked on the Individual’s welfare perceived that he smelled of alcohol. *Id.* Emergency services were summoned, and the Individual was transported to a hospital where he was treated for “acute intoxication” and hypoglycemia. *Id.*; Ex. 5 at 21; Ex. 8 at 30.

Following the incident, the Individual’s employer placed him on a “last chance” agreement pursuant to which he was required to undergo treatment at the direction of the EAP. Ex. 5 at 21. Pursuant to the EAP’s direction, the Individual began attending Alcoholics Anonymous (AA) meetings and meeting with a therapist (Individual’s Therapist) in December 2025. *Id.*; *see also* Ex. C (letter from Individual’s Therapist). The EAP also required him to abstain from alcohol and undergo alcohol testing for one year to verify his abstinence from alcohol. Ex. 8 at 32–33.

C. Evaluation by the DOE Psychologist

The DOE Psychologist conducted a clinical interview of the Individual on February 9, 2026, as part of her evaluation. *Id.* at 30. During the clinical interview, the Individual provided a history of his alcohol consumption largely consistent with that set forth above and represented that he had abstained from alcohol since the November 14, 2025, incident. *Id.* at 30–31. Following the clinical interview, the Individual provided a sample for a Phosphatidylethanol (PEth)⁴ test. *Id.* at 47. The PEth test was negative for traces of alcohol, corroborating the Individual’s claimed abstinence from alcohol. *Id.*

In her Report, the DOE Psychologist opined that the Individual met sufficient diagnostic criteria under the *DSM-5-TR* for a diagnosis of AUD, Moderate, in early remission. *Id.* at 34. She recommended that he could demonstrate rehabilitation from his AUD by abstaining from alcohol, continuing to receive individual counseling, and attending AA meetings at least twice weekly for twelve months. *Id.* She also opined that he could demonstrate reformation by demonstrating twelve months of abstinence from alcohol supported by PEth testing. *Id.*

In addition to evaluating his alcohol consumption, the DOE Psychologist assessed the Individual for psychological conditions other than those related to substance misuse. Although the Individual

⁴ PEth is a biomarker for alcohol consumption that can be detected in blood for approximately one month following moderate or greater episodes of alcohol consumption. Ex. 8 at 47; Ex. 10 at 67.

denied suicidal ideation or thoughts of self-harm, he endorsed feelings of sadness, sleep impairment, low motivation, excessively self-critical thoughts, difficulty concentrating, and little appetite. *Id.* at 32. He also endorsed continued issues related to social anxiety. *Id.* at 32–33. The DOE Psychologist also administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) to the Individual, the results of which corroborated the impairments the Individual described in the clinical interview. *Id.* at 33, 39–45. The Individual produced clinically significant elevations on scales relating to low positive emotions, eating concerns, high stress, and social avoidance.⁵ *Id.* at 33, 41–43. Based on the aforementioned considerations, the DOE Psychologist opined that the Individual met sufficient diagnostic criteria for diagnoses of MDD, Moderate, and SAD under the *DSM-5-TR*. *Id.* at 34. She opined that the Individual should pursue cognitive behavioral therapy (CBT), group psychotherapy, and a medication evaluation to address the aforementioned conditions. *Id.* Additionally, she opined that there was “a significant interaction between [the Individual’s] social anxiety, avoidant behaviors, depressed mood, and excessive alcohol use,” and that he would remain at risk of relapse into alcohol misuse if he did not address the psychological factors that contributed to that behavior. *Id.*

D. Individual’s Recent Efforts to Address His Alcohol Misuse and Mental Health

The Individual testified at the September 2026 hearing that he had not consumed alcohol since November 14, 2025, and intended to abstain from alcohol in the future. Tr. at 10, 32. The Individual underwent monthly PEth testing from December 2025 to August 2026 pursuant to the last chance agreement he entered into with his employer. *Id.* at 11; Ex. A; Ex. B; *see also* Ex. D (reflecting the portal via which the Individual retrieved the results). The first sample, collected on December 16, 2025, was positive at 24 ng/mL. Ex. B. Each monthly test thereafter, the last of which was based on a sample collected on August 3, 2026, was negative for traces of alcohol consumption. Ex. A; Ex. B.

The Individual began meeting with the Individual’s Therapist on a weekly basis in December 2025 and continued to do so up to the date of the hearing. Tr. at 13, 32; Ex. C. As of February 2026, the Individual’s Therapist was working with the Individual on “maintaining abstinence from alcohol and increasing social activities that did not center on alcohol.” Ex. 8 at 33. The Individual’s Therapist encouraged the Individual to attend AA meetings, but the Individual’s attendance was “inconsistent.” *Id.* at 32–33. The Individual’s Therapist provided a brief, undated letter in connection with this proceeding wherein she indicated that the Individual had “been consistent, engaged, and motivated throughout treatment and continues to show dedication to maintaining sobriety and improving his overall mental health.” Ex. C. The Individual’s Therapist provided no information concerning the Individual’s current treatment, her working diagnoses, or the Individual’s prognosis. *See id.*

The Individual testified that the focus of therapy was his “alcohol dependency and issues” but that he “suppose[d] that [mental health was] part of [his] individual therapy sessions” because he and the Individual’s Therapist had discussed “anxiety and social situations, being [] sad.” Tr. at 13, 35. According to the Individual, he and the Individual’s Therapist have discussed stressors in his personal life and at work and how he has used alcohol as a coping mechanism to deal with stress.

⁵ Although not cited in the Report, a scale related to “introversion/low positive emotionality” was also significantly elevated. Ex. 8 at 44.

Id. at 20–21. The Individual has come to recognize that his alcohol use has aggravated, rather than mitigated, his mental health symptoms and claimed that he had turned to fishing, playing music, and attending a dancing class as alternative means of managing stress. *Id.* at 21–22. He denied that he had any triggers that motivated him to drink or had experienced any cravings to consume alcohol since November 2025. *Id.* at 23, 47. He also testified to having developed alcohol refusal skills and described an occasion on which he had avoided consuming alcohol while socializing at a venue that served alcohol. *Id.* at 33–34.

The Individual claimed that he had attended AA meetings on an at least weekly basis. *Id.* at 12, 31. However, he did not provide any evidence to corroborate this claim, testified that he was not working a particular AA step, and indicated that he had not worked with an AA sponsor since December 2025 when he discontinued working with his then sponsor in part due to the sponsor's religiosity. *Id.* at 31, 42. Considering the lack of evidence to corroborate the Individual's AA attendance and the Individual's Therapist's prior account to the DOE Psychologist that the Individual did not attend AA as consistently as recommended, I find that the Individual's AA attendance, to the extent that it has occurred at all in recent months, is less frequent than weekly.

The Individual testified that he was taking the situation "a lot more seriously" than he had following the 2018 incident. *Id.* at 29. He represented that his sessions with the Individual's Therapist, AA attendance, and social interactions through the dance class would support his abstinence and prevent another relapse. *Id.* at 29–31. He also indicated that he did not want to sacrifice the benefits to his sleep and mood he claimed to have experienced since discontinuing alcohol use. *Id.* at 47–49.

The DOE Psychologist opined at the hearing that the Individual's AUD was in early remission. *Id.* at 57. However, she testified that he had not yet demonstrated rehabilitation because he lacked twelve months of abstinence from alcohol. *Id.* at 61, 64. She opined that his prognosis was contingent on active participation in AA and would be good if he actively participated in the program, at least twice weekly, working the AA steps with a sponsor, rather than passively attending meetings. *Id.* at 64, 66–67.

Regarding the Individual's MDD, the DOE Psychologist opined that the Individual was in "partial to full remission" based on her perception that the Individual's sessions with the Individual's Therapist were meeting his needs, his testimony that he had reengaged with and was enjoying hobbies, his self-described improved sleep, and her perception that the Individual was not experiencing daily negative mood. *Id.* at 65, 67–68. Specifically regarding the Individual's Therapist's treatment, the DOE Psychologist testified that, based on her recollection of her conversation with the Individual's Therapist in February 2026, she considered the treatment to be "CBT light" addressed to the Individual's MDD and SAD. *Id.* at 67–68. Considering her perception of the Individual's improvement, she opined that his MDD no longer impaired his judgment, reliability, or trustworthiness. *Id.* at 66. With respect to the SAD, the DOE Psychologist opined that the Individual had "gained a lot of skills for managing that" through his sessions with the Individual's Therapist and that this condition likewise no longer impaired his judgment, reliability, or trustworthiness. *Id.* at 65–66.

V. ANALYSIS

A. Guideline G

Conditions that could mitigate security concerns under Guideline G include:

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

Adjudicative Guidelines at ¶ 23.

In applying the mitigating conditions, I note several relevant considerations pursuant to 10 C.F.R. § 710.7(c). First, the "nature, extent, and seriousness of the conduct" is severe. The Individual's alcohol misuse spiraled so out of control, and his judgment was so impaired, that he snuck liquor onto a DOE site multiple times and, on at least one occasion, drank to intoxication while he worked. Regarding "the circumstances surrounding the conduct," the Individual's alcohol misuse was previously adjudicated by DOE and yet he returned to maladaptive alcohol use and successfully avoided detection for a significant period of time. Additionally, with respect to "the likelihood of continuation or recurrence" and "other relevant and material factors," I note that the Individual previously abstained from alcohol for one year or longer only to relapse and that, according to the DOE Psychologist, the Individual's alcohol misuse was precipitated by social anxiety and avoidance. I have confidence that the Individual will continue to abstain from alcohol while he is subject to monitoring pursuant to the last chance agreement. However, in light of the aforementioned considerations, I find that the risks of the Individual relapsing after he exits that monitoring are too high, and his support system inadequately established to support his continued abstinence, for me to find that he has mitigated the security concerns under Guideline G.

The Individual engaged in frequent, serious maladaptive alcohol use under ordinary circumstances within one year of the date of the hearing. Considering that the Individual returned to maladaptive alcohol use after a previous security clearance adjudication, and that he separately relapsed after one year or more of abstinence, the limited passage of time since the November 2025 incident is

insufficient for me to conclude that the passage of time alone is a guarantee against future alcohol misuse. The first mitigating condition is inapplicable. *Id.* at ¶ 23(a).

The Individual has acknowledged his maladaptive alcohol use. He has also taken some actions to address his problem, but not enough. He has attended therapy, and seems to have derived some benefit from doing so, but I have no substantive information from the Individual's Therapist as to what he has accomplished and what remains to be accomplished in their treatment. More critically, the Individual has not worked the AA steps, does not have a sponsor, and has not provided evidence as to the frequency of his attendance. Considering that the Individual's Therapist previously told the DOE Psychologist that the Individual was not attending AA as frequently as the Individual's Therapist thought he should, and that she was attempting to motivate him to attend more frequently, the Individual's testimony alone that he has attended AA without any corroborating evidence is not enough to establish that he has attended as frequently as necessary to support his recovery. While the DOE Psychologist gave the Individual a positive prognosis, that prognosis was contingent on the Individual attending AA consistently, which he has not substantiated, and working the steps of AA with a sponsor, which he admits that he has not done. Additionally, the Individual has not established any evidence of a support network that will hold him accountable for abstinence once he exits the last chance program. No witnesses testified on his behalf at the hearing and he did not bring forward any evidence of friends, family members, a romantic partner, members of his community, or other individuals who will support his abstinence. Other than an occasional dance class, the Individual seems to be isolated, and I am not confident that he will avoid a relapse without more support. Finally, he has not yet met the full twelve months of abstinence recommended by the DOE Psychologist and therefore has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. For these reasons, the second mitigating condition is inapplicable. *Id.* at ¶ 23(b).

The Individual previously met with an EAP clinician following his DUI and relapsed. Thus, the third mitigating condition is inapplicable. Although I am deeming the Individual's sessions with the EAP clinician treatment, even if they were not formal treatment I would still find that the Individual is not making sufficient progress in his current treatment considering the lack of information from the Individual's Therapist and the Individual's lack of substantive AA participation. Thus, regardless of whether or not the Individual's meetings with the EAP clinician in 2018 constituted treatment, the third mitigating condition is inapplicable. *Id.* at ¶ 23(c).

The final mitigating condition is inapplicable because there is no evidence that the Individual has completed treatment with the Individual's Therapist, he has not substantively participated in AA, and he has not yet established twelve months of abstinence from alcohol. *Id.* at ¶ 23(d).

For the aforementioned reasons, none of the mitigating conditions are applicable to the facts of this case. Accordingly, the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

B. Guideline I

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 amendable 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.

The first two mitigating conditions are inapplicable because I have no information from the Individual's Therapist concerning the Individual's treatment plan, whether the Individual's Therapist is currently treating the Individual's MDD and SAD, or what her prognosis is for those conditions. *Id.* at ¶ 29(a)–(b).

The fourth mitigating condition is inapplicable because there is no evidence in the record that the Individual's MDD or SAD are temporary conditions. *Id.* at ¶ 29(d).

The fifth mitigating condition is inapplicable because the Individual has provided no evidence that I find reliable as to his current condition. While the Individual testified to improved mental health, he has previously lied about his status during the adjudication of his eligibility for access authorization and I find his testimony insufficient to establish his current functioning in the absence of corroborating evidence. Considering that the Individual submitted no corroborating evidence whatsoever, except for a letter from the Individual's Therapist which contained no opinion as to his current functioning, the Individual has not established that there is no current problem. *Id.* at ¶ 29(e).

Considering the positive opinion of the DOE Psychologist concerning the Individual's MDD and SAD, he has technically satisfied the third mitigating condition. *Id.* at ¶ 29(c). However, the presence of a mitigating condition means that the security concerns *could* be mitigated, not that they are necessarily mitigated. Taking into account the considerations set forth at 10 C.F.R. § 710.7(c), the applicability of the third mitigating condition is insufficient to fully resolve the security concerns. First, I harbor substantial doubt as to the reliability of the opinion the DOE Psychologist expressed at the hearing, which, considering the dearth of information from the Individual's Therapist and the absence of any corroborating accounts from witnesses, appears to

have been based entirely on her impression of the Individual's testimony.⁶ This is in contrast to her opinion in the Report which drew on information she obtained directly from the Individual's Therapist and psychological testing that could not be replicated at the hearing. The Individual previously lied to the EAP clinician and the First Psychologist when he perceived that his access authorization was at risk. Considering the Individual's demonstrated willingness to lie to clinicians, I assign substantially less weight to an opinion from the DOE Psychologist based on the Individual's testimony alone than I would to one corroborated by other sources. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "the circumstances surrounding the conduct" and "other relevant and material factors").

Additionally, the Individual's mental health problems are longstanding and serious. He has engaged in self-harm and medicated himself with alcohol due to his severe symptoms. The potential risks of misjudging the Individual's mental health status are high considering the extreme lengths that he went to in order to manage negative feelings in the past, even smuggling alcohol into a DOE facility to drink to intoxication. *See id.* (requiring consideration of the "nature, extent, and seriousness of the conduct").

Finally, the Individual has not made any demonstrated behavioral changes since his evaluation by the DOE Psychologist. The Individual did not seek out CBT, participate in group therapy, or address his psychological symptoms through medication. While the DOE Psychologist apparently now considers the Individual's therapy to be akin to CBT, the Report indicated that additional treatment was needed and the Individual, who had no way of knowing that the DOE Psychologist would later change her opinion, took no action to comply with that recommendation. Other than an uncorroborated dance class, the Individual has not pursued any new venues for supporting his mental health since he met with the DOE Psychologist in February 2026. The fact that the Individual has not taken any proactive steps to make change, despite being recommended to do so, leaves me in substantial doubt that he will take necessary action if his mental health suffers in the future. *See id.* (requiring consideration of "pertinent behavioral changes").

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

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines G and I of the Adjudicative Guidelines. After considering all relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. Accordingly, I have determined that the Individual's access authorization

⁶ When asked about what considerations led her to conclude that the Individual was not engaging in impression management and overstating his psychological wellbeing, the DOE Psychologist cited to her perception that the Individual was demonstrating the ability to effectively manage anxiety related to the hearing while testifying, that his affect was "consistent with what he[was] saying" in his testimony, and that he was willing to acknowledge that he had acted wrongfully when he engaged in serious alcohol-related misconduct rather than minimizing his responsibility. Tr. at 69–71.

should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals