*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
	)	
Filing Date: March 23, 2026	)	Case No.: PSH-26-0078
	)	
	)	

Issued: November 10, 2026

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXX (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 granted.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position which requires a security clearance. In November 2024, the Individual submitted a Questionnaire for National Security Positions (QNSP) in which he responded "yes" to a question regarding alcohol use having a negative impact on the Individual's work performance, personal and professional relationships, or finances. Exhibit (Ex.) 8 at 139.[2] Additionally, the Individual disclosed two instances in which he voluntarily sought counseling or treatment because of his alcohol use. *Id.* at 140. Based on the Individual's self-report, the Local Security Office (LSO) referred the Individual for an evaluation with a DOE consultant psychologist (DOE Psychologist). Ex. 5 at 28. The DOE Psychologist, among other things, reviewed the Individual's personnel file, conducted a clinical interview with the Individual on January 7, 2026, and referred the Individual to a laboratory for a same-day Phosphatidyl Ethanol (PEth)[3] test. *Id.* at 26–27. The DOE Psychologist opined that the Individual met sufficient

[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.

[2] The exhibits submitted by the local security office (LSO) were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the LSO.

[3] According to the DOE Psychologist, 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. Ex. 5 at 32. PEth exceeding 200 ng/ml corresponds to alcohol consumption levels defined by the National Institute on Alcohol Abuse and Alcoholism and

diagnostic criteria for diagnoses of Alcohol Use Disorder (AUD), Severe, and Posttraumatic Stress Disorder (PTSD) pursuant to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision* (*DSM-5-TR*), and that the Individual had not demonstrated adequate evidence of rehabilitation or reformation. *Id.* at 35–36. Based on the DOE Psychologist's diagnoses, the LSO subsequently issued 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 hold a security clearance. *See* Ex. 1 at 6; *see also* 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 three additional witnesses. *See* Transcript of Hearing, OHA Case No. PSH-26-0078 (hereinafter cited as "Tr."). The LSO presented the testimony of the DOE Psychologist who evaluated the Individual. *See id.* The LSO submitted eight exhibits, marked as Exhibits 1 through 8. The Individual submitted six exhibits, marked as Exhibits A through F.[4]

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 G and I of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline G states that "excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern include:

> (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
>
> (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the

Substance Abuse and Mental Health Services Administration as "heavy drinking" (at least 4 drinks/day several days/week). *Id.*

[4] The Individual submitted two separate exhibits labeled as "Exhibit E." For purposes of this Decision, one of those exhibits, the PEth test results from August 21, 2026, will be referred to as "Exhibit F."

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 I states that "[c]ertain 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." *Id.* at ¶ 27. Conditions that could raise a security concern and may be disqualifying include:

(a) Behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;

(b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;

(c) Voluntary or involuntary inpatient hospitalization;

(d) Failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions; and

(e) Pathological gambling, the associated behaviors of which may include unsuccessful attempts to stop gambling; gambling for increasingly higher stakes, usually in an attempt to cover losses; concealing gambling losses; borrowing or stealing money to fund gambling or pay gambling debts; and family conflict resulting from gambling.

Id. at ¶ 28.

The LSO alleges that on January 7, 2026, the DOE Psychologist evaluated the Individual and concluded that he met the diagnostic criteria for AUD, Severe, and that there is no evidence of rehabilitation or reformation. Ex. 1 at 5. Additionally, the LSO alleges that the DOE Psychologist concluded that the Individual met the diagnostic criteria for PTSD and that the PTSD was impairing the Individual's judgment, stability, reliability, or trustworthiness. *Id.* Accordingly, the LSO's security concerns under Guidelines G and I are justified. Adjudicative Guidelines at ¶¶ 21(d), 28(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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines at ¶ 2(a). The protection of the national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

The Individual self-reported that his alcohol use began at age fifteen or sixteen, but he did not consider his usage problematic until 2018 when his stress increased due to a heavy workload and owning his own plumbing business. Ex. 5 at 28 (indicating the Individual's stress increased at age twenty-nine); Ex. 8 at 103 (indicating the Individual was twenty-nine years old in 2018). In 2019, the Individual was the first person on the scene where his best friend committed the murders of the friend's three-year-old son and his dog before committing suicide. Ex. 5 at 28; Ex. 8 at 139–40. After this incident, the Individual experienced intrusive memories, estrangement from others,

self-doubt, loss of interest in pleasurable activities, and an exaggerated startle response. Ex. 5 at 29.

Six months after his best friend's death, the Individual started consuming 375 ml to 750 ml of vodka daily to avoid his emotional distress. *Id.* at 28; Ex. 8 at 162. The Individual sought out an Intensive Outpatient Program (IOP) for treatment to address his alcohol use in April 2019 and was discharged following aftercare in September 2019. Ex. 5 at 29; Ex. 8 at 166, 187. The treatment program diagnosed the Individual with Alcohol Abuse (uncomplicated) and Dysthymic Disorder. Ex. 8 at 188. Notwithstanding the Individual's six months of treatment, the Individual's pattern of alcohol use continued from 2019 until April 2023 when the Individual was hospitalized for alcohol-induced acute pancreatitis. *Id.* at 191; Ex. 5 at 28. The Individual was subsequently hospitalized for alcohol-induced acute pancreatitis two more times in July 2023 and April 2024. Ex. 8 at 191. He reported that his pattern of alcohol use prior to each hospitalization was "two weeks of daily drinking starting at approximately 187.5 ml and increasing to 750 ml of 80 proof vodka." Ex. 5 at 29. Starting in June 2024, the Individual was prescribed naltrexone shots to reduce alcohol cravings, but he discontinued them after March 2025 without consulting a doctor because the shots made him "feel a little strange for the first couple [of] days" and he felt like he was "putting something really kind of weird in [his] body." *Id.*; Tr. at 97.

In the QNSP submitted in November 2024, despite having been hospitalized for alcohol related reasons a few months earlier, the Individual reported that he had been sober from alcohol for almost a year and that it had "been the best year of [his] life." Ex. 8 at 147. In January 2025, the Individual reported to a background investigator that he was no longer using alcohol and there was "zero chance that he will ever consume alcohol to the point it causes a negative impact again in the future." *Id.* at 158. In March 2025, the Individual started seeing a Trauma Informed Coach (Coach). Ex. D at 1. The Individual told the DOE Psychologist that he began seeing the Coach for "assistance in making better life choices" but the Coach told the DOE Psychologist that she had been contacted by the Individual to help "ground down into his sobriety and release patterns of trying to numb out using alcohol." *Id.*; *but see* Ex. 5 at 31 (DOE Psychologist's consultation with the Coach).

At the hearing, the Individual testified that he completed two four-hour intensive sessions with the Coach to "deep dive into everything." Tr. at 49, 69. For the following six months, the Individual saw the Coach once every two weeks. *Id.* at 69. Then, he transitioned to the current frequency which is "every month [or] every three weeks." *Id.* The Individual further testified that he does "somatic work within the body, and also talking techniques." *Id.* He explained that "somatic work within the body" is the practice of "identifying where in your body it feels like . . . anxiety or stress or sadness or an emotion that you're . . . still holding." *Id.* at 69–70. Additionally, the talking technique is when "[y]ou identify a time in your life that is usually not so comfortable, [a]nd you look at the same spot [on a wall] for a ten [or] twenty-minute period and allow . . . yourself to process." *Id.* at 70. The Individual testified that his exaggerated startled response has "definitely subsided" since he began working with the Coach. *Id.* at 78. As an example, the Individual stated that in the first year of seeing the Coach, "it was hard to watch movies that had guns in them" because of his friend's murder-suicide; however, the Individual had "recently gone shooting" which demonstrated his growth. *Id.* Additionally, the Individual has regained interest in pleasurable activities. *Id.* at 77. He went golfing seven to ten times in 2026, which is more

frequently than he had golfed in previous years, and he plans to travel to Colorado to do a backpack camping trip for the first time after finishing his IOP. *Id.* The Individual also testified that, as an overarching goal, the Coach asked him to do "SMART Recovery[5] for three months, six months, one year, and then . . . document actionable change on achieving these goals" with updates "every three months, six months . . . ." *Id.* at 84. His goals are "getting out of debt . . . hav[ing] a family, hav[ing] a very successful relation[ship] with whoever [he's] in a relationship with, . . . [and] traveling." *Id.* at 85. The Individual testified that he is on track with his first goal of getting out of debt because he has successfully paid off one of his credit cards. *Id.*

In January 2025, the Individual's grandmother passed away, and in April 2025, he broke up with his girlfriend. Ex. 5 at 28. This led to a relapse in May 2025 during which he consumed 187.5 ml to 750 ml of vodka per day for two weeks until he was hospitalized again for alcohol-induced acute pancreatitis. *Id.* The Individual reported abstaining from alcohol from May 2025 until October 2025 when he had "one stint" for a week of drinking 250 ml to 750 ml of vodka. *Id.* During an interview for his access authorization in October 2025, the Individual stated again that he was no longer using alcohol and that there was "zero chance that he [would] ever consume alcohol to the point it causes a negative impact again in the future." Ex. 8 at 162.

In November 2025, the Individual was in a mountain bike accident and was hospitalized for four broken ribs. Ex. 5 at 28. During his January 7, 2026, clinical interview with the DOE Psychologist, the Individual initially reported that he had one drink on December 25, 2025, to alleviate his pain before self-correcting himself to state that "rather than one drink, he had two drinks or a quarter pint of vodka" but denied other alcohol use since December 25. *Id.* However, immediately following the clinical interview, the Individual was directed to report for a PEth test. *Id.* After submitting a sample for his PEth test, the Individual called the DOE Psychologist to admit he been dishonest about his recent alcohol use during the evaluation. *Id.* The Individual admitted that he consumed 94 ml of alcohol on December 24, 187.5 ml on December 25, 750 ml on December 26, and 94 ml on December 30, 2025. *Id.* The DOE Psychologist concluded that this level of alcohol consumption exceeds "heavy drinking" as defined by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) and is consistent with the development of tolerance. *Id.* When the Individual was asked why he was initially dishonest with the DOE Psychologist, he stated that he was "ashamed." Tr. at 91.

The Individual's PEth test came back positive at 465 ng/ml. Ex. 5 at 32. According to a consulting psychiatrist, a PEth result above 253 ng/ml is the threshold for identifying alcohol-dependent subjects needing detox treatment. *Id.* The psychiatrist opined that the Individual's assertion that he abruptly stopped drinking alcohol for seven days before the assessment is "medically unlikely" because for those with heavy long-term alcohol use, withdrawal symptoms typically begin within 6-24 hours after stopping or significantly decreasing alcohol intake. *Id.* Based on the psychiatrist's interpretation of the PEth result, the DOE Psychologist inferred that the Individual was

[5] The hearing transcript quotes the Individual as referring to "SMART Recovery," an addiction recovery program, but the context of this testimony suggests that the Individual may have meant to refer to "S.M.A.R.T. goals" which stands for goals that are specific, measurable, achievable, relevant, and time bound. Tr. at 84; *but see* What Are SMART Goals? A Breakdown With Examples, Southern New Hampshire University (last visited Nov. 2, 2026), *available at* https://www.snhu.edu/about-us/newsroom/education/what-are-smart-goals.

underreporting his alcohol use. *Id.* The Coach told the DOE Psychologist that, based on the Individual's self-reported alcohol use, he had been sober for six to nine months which indicates that the Coach was not aware of the Individual's alcohol use in October and December of 2025. *Id.* at 31.

The DOE Psychologist reviewed the Individual's personnel file, the January 7, 2026, clinical interview and PEth test result, as well as the Individual's responses to a Personality Assessment Inventory (PAI). *Id.* at 26–28, 33. The DOE Psychologist opined that the Individual met sufficient *DSM-5-TR* diagnostic criteria for diagnoses of AUD, Severe, and PTSD. *Id.* at 34–35. Regarding the PTSD diagnosis, the DOE Psychologist elaborated that the Individual "experienced intrusive memories, estrangement from others, and self-doubt" as well as avoiding external reminders of the incident and developing an exaggerated startle response. *Id.* at 34. The Individual had not sought or received treatment for his PTSD and continued to use alcohol to suppress his trauma-related emotional distress. *Id.* Accordingly, the DOE Psychologist opined that the Individual's PTSD impaired his judgment, reliability, trustworthiness, and stability. *Id.* at 36. The DOE Psychologist determined that the Individual had not demonstrated adequate evidence of rehabilitation or reformation from either condition. *Id.* at 37–38. The DOE Psychologist recommended that to demonstrate rehabilitation of AUD, Severe, the Individual should enroll in and complete a four-to-six-week IOP with aftercare support, submit monthly negative PEth test results for the duration of the IOP and aftercare, and consistently engage in weekly aftercare for twelve months after the IOP. *Id.* at 35. If the Individual decided not to participate in an IOP, he could participate in Alcoholics Anonymous (AA) or another evidence-based therapy approach for eighteen months with monthly negative PEth tests. *Id.* at 36. Alternatively, if the Individual chose to demonstrate reformation instead of rehabilitation, he would need to remain abstinent for twenty-four months with documentation of monthly negative PEth test results. *Id.* A specific treatment recommendation for PTSD beyond "appropriate treatment for his symptoms" was not provided by the DOE Psychologist. *Id.*

At the hearing, the Individual testified that he "stopped drinking in March into April" 2026 but in May 2026 "[he] was seeing a girlfriend . . . and [drinking] quite heavily." Tr. at 66–67; Ex. 5 at 28. He was no longer with that girlfriend as of the hearing date. Tr. at 50. The Individual submitted the results of a PEth test administered on April 8, 2026, which came back positive at 52 ng/ml. Ex. B at 1. The Individual stated that his alcohol consumption from April to June 2026 was "intermittent, but also increasing." Tr. at 67–68. He did not submit PEth tests for May or June 2026 "due to drinking at that time." *Id.* at 67. He "initially believed that [he] could stop drinking, but without enough structure, [he] was wrong . . . ." *Id.* at 68. The Individual testified that his last drink was on June 6, 2026. *Id.* at 65.

On June 8, 2026, the Individual enrolled himself into a seventeen-week IOP after he realized that he "needed outside assistance for drinking." Ex. A at 1; Tr. at 67. The program included group therapy sessions for three hours per day, five days per week. Ex. A at 1. The Individual provided documentation from the IOP documenting that as of August 14, 2026, the Individual had completed forty-nine IOP days and six individual therapy sessions. *Id.* At the hearing, the Individual testified that the group therapy sessions have a different theme each week, such as grief and loss, finding purpose, and identity and family of origin. Tr. at 51–52. He testified that the sessions have taught him how to identify his triggers, which are loneliness and excitement, and

what tools can be used to prevent them, such as breathing and emotional regulation techniques. *Id.* at 53–55. Specifically, the Individual stated that creating "a plan on what [he's] going to do" in a potentially triggering situation has been helpful for him. *Id.* at 55–56. As an example, his plan will include stopping what he's doing for ten to twenty minutes, taking a walk, and breathing deeply to calm down. *Id.* at 56–57. He also stated that he has learned to reach out to people, which is something he did not do in the past. *Id.* at 57.

The Individual had also completed six individual therapy sessions with a licensed mental health professional (LMHP) to work on "stay[ing] emotionally centered in [his] window of tolerance, [his] trigger tolerance." *Id.* at 96; Ex. A at 5–11. The Individual submitted documentation of notes from his LMHP on July 27, 2026, which stated that:

> From age [thirty] to last use [of alcohol] on 5/23/26, [the Individual] has been drinking a pint of alcohol daily. He has been sober [four] times during the past [seven] years for a period of [six] months at a time. From age twenty-seven to thirty, he would drink a pint of alcohol three days a week. From age twenty-five to twenty-seven, [the Individual] would drink a 6-pack of beer two days a week. From age thirteen to twenty-five, [the Individual] would drink [four] beers/shots every two months.

Ex. A at 7. The documentation does not mention the Individual's trauma or PTSD. *See generally id.* (IOP records).

Lastly, the Individual was required by the IOP to submit a urinalysis drug test twice a week. *Id.* at 3–4. The Individual tested positive for ethyl glucuronide (EtG)[6] on June 8, 2026, and for Kratom[7] on June 8, 2026; June 12, 2026; June 15, 2026; June 19, 2026; and June 23, 2026. *Id.* at 3. The Individual stated that he last consumed Kratom and alcohol on June 6, 2026. *Id.*; Tr. at 65. At the hearing, he testified that he occasionally used Kratom for pain relief which began when he injured himself in November 2025. Tr. at 64–65. However, in the IOP records submitted by the Individual, his LMHP noted that the Individual self-reported using Kratom recreationally "infrequently, once a year up to once every few months" from 2014 to 2021 and "once a month" from 2021 to 2026. Ex. A at 9–10. The Individual submitted documentation of a PEth test from July 13, 2026, which came back positive at 59 ng/ml. Ex. B at 2. Two additional PEth tests from August 7, 2026, and August 21, 2026, came back negative. *Id.* at 3; Ex. F at 1. The Individual was projected to complete the IOP on October 2, 2026. Ex. A at 1.

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[6] 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, *available at* https://testdirectory.questdiagnostics.com/test/test-detail/92141/drug-toxicology-monitoring-alcohol-metabolites-quantitative-urine?p=r&cc=MASTER (last visited Nov. 2, 2026).

[7] Kratom is a tropical tree with leaves that contain two major psychoactive ingredients, mitragynine and 7-hydroxymytragynine, that produce stimulant and sedative effects and can lead to psychotic symptoms. Drug Fact Sheet: Kratom, U.S. Dep't of Just. (last visited Nov. 2, 2026), *available at* https://www.dea.gov/sites/default/files/2020-06/Kratom-2020_0.pdf. Kratom is not a controlled substance under federal law. *See* 21 U.S.C. § 812 (schedules of controlled substances).

On June 20, 2026, the Individual's Coach introduced him to a friend of hers who would eventually become the Individual's AA sponsor (hereinafter AA Sponsor). Tr. at 13, 50. The AA Sponsor testified at the hearing that the Coach told him what the Individual was going through and thought it would be a good idea for them to meet, with no intention of him becoming the Individual's AA Sponsor. *Id.* at 13. The AA Sponsor brought the Individual to an AA meeting the next day, the two of them became great friends, and now he is the Individual's sponsor. *Id.* At the hearing, the AA Sponsor testified that he had seen changes in the Individual in the ten weeks since they met. *Id.* at 13, 15. For example, the AA Sponsor testified that he was proud of the Individual because he went to "San Diego with a bunch of people that were partying and doing that kind of stuff, and [the Individual] did not [drink], he was completely sober." *Id.* at 22. The AA Sponsor texted with the Individual every day. *Id.* When asked whether the Individual had told the AA Sponsor when he last had alcohol, the AA Sponsor responded that it "was probably in February or March, something like that." *Id.* at 15–16. The Individual testified that the AA Sponsor was "a great pillar of support" because he led by example by keeping sobriety at the center point of his life. *Id.* at 60. The Individual stated that he planned to attend more AA meetings upon completion of the IOP and that he did not "see a necessary end date." *Id.* In addition to a Sunday AA meeting that the Individual attended with his AA Sponsor, the Individual attended a virtual AA meeting in the morning four times a week on his way to work. *Id.* at 50. The Individual testified that he had been to a meeting or two before going in June 2026, but he had found multiple people that he knew from his past in the group that meets on Sundays so it "feels much more relatable" to him. *Id.* at 61–62. In particular, the Individual explained that it is a good fit for him because "[i]t's a young person's group" and he has gotten "ten people's numbers without asking . . . ." *Id.* at 62.

The Individual's Mother testified that the Individual has had a problem with alcohol "[o]ff and on for possibly ten years, not consistently." Tr. at 34. She indicated that the Individual has tried to stop drinking "multiple times" in the past. *Id.* at 38. However, since the Individual stopped drinking "four months, six months ago," the Mother noticed he is "more positive about life," he "calls [her] and [they] do things together more, he's more communicative to [her], . . . [he's] more pleasant to be around." *Id.* at 33, 35. When asked whether she has noticed any differences between his current sobriety and previous periods of sobriety, she stated that "he has more support around him now," that he has "finally embrac[ed] the AA meetings," and that the IOP is "really helping." *Id.* at 39. She has attended family nights at the IOP, which she stated had "been helpful just to keep [them] closer and communicating about what's going on with his treatment." *Id.* at 46. The Individual's Mother believed she could tell if the Individual were to resume drinking because "his attitude is different" when he's drinking, "he's more . . . depressed, kind of angry, negative." *Id.* at 44. The Individual had told his Mother that "he knows he won't have a good life if he doesn't stop [consuming alcohol] . . . ." *Id.* The Individual's Mother also shed light on the Individual's traumatic past when she testified that the Individual's father was killed in a car accident when the Individual was six years old. *Id.* at 40. Further, she testified that the Individual "had a series of friends that have died somehow or committed suicide . . . there was five or something like that, . . . it just seemed like it kept happening." *Id.* She also stated that the Individual has begun talking about his best friend's murder-suicide in "a little more detail" than he used to because initially "it was too horrific" for him to talk about. *Id.* at 42. The Individual testified that he believes the root of his alcohol use is "a combination of [his] father passing at a young age and the traumatic experience [he] went through" witnessing the scene of his friend's murder-suicide. *Id.* at 71.

Based on the exhibits and testimony presented by the Individual and his witnesses, the DOE Psychologist opined at the hearing that the Individual had not shown adequate evidence of rehabilitation or reformation. *Id.* at 101. In reaching this conclusion, the DOE Psychologist cited to the fact that the Individual only had two and a half months of participation in an IOP and only two negative PEth tests, both from the month of August 2026. *Id.* at 101–02. The DOE Psychologist testified that the Individual's claimed sobriety date of June 6, 2026, is unlikely based on the 59 ng/ml PEth test result from July 13, 2026. *Id.* at 102–03. He indicated that "either the Individual was consuming a massive amount of alcohol prior to June 6, or he was drinking after June 6." *Id.* For purposes of measuring the Individual's compliance with providing twelve months of negative PEth test results, the DOE Psychologist stated that the twelve-month period would have started twenty-eight days prior to August 7, 2026, which is the date on which the Individual provided his first negative PEth test. *Id.* at 103; Ex. B at 3 (August 7, 2026, PEth test results).

To demonstrate adequate evidence of rehabilitation, the DOE Psychologist recommended that the Individual complete the IOP and continue aftercare for twelve months with monthly PEth testing. Tr. at 101. The DOE Psychologist stated that the Individual's new friendships and ongoing work with the Coach are positive. *Id.* at 104. Furthermore, the DOE Psychologist testified that he could not give an opinion as to whether PTSD continues to impact the Individual's judgment, reliability, trustworthiness, or stability because "based on [the Individual's] testimony today, he is improving in management of the symptoms of trauma, but . . . I don't see any of that in [the Coach's] report that they worked on trauma." *Id.* at 106. Given the lack of information provided by the Coach, the DOE Psychologist concluded that "it's not clear to [him] how much work has been done and where [the Individual] stands in his management of trauma, which makes him vulnerable to the alcohol use . . . ." *Id.* Regarding the Individual's PTSD, the DOE Psychologist opined that the Individual's prognosis is "fair" on a scale of "poor, bad, fair, good, and excellent." *Id.* at 107–08.

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 granting 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.

On the date of the hearing, the Individual demonstrated one month of sobriety with two negative PEth tests from August 2026. The Individual admitted that he has had a problem with alcohol since 2018 and that he has tried to stop consuming alcohol several times before without long-term success. Accordingly, I cannot find that so much time has passed, the behavior was so infrequent, or it happened under such unusual circumstances that it unlikely to recur and does not cast doubt on the Individual's current reliability, trustworthiness, or judgment. The first mitigating condition does not apply.

The Individual acknowledges his pattern of maladaptive alcohol use and has provided evidence of actions taken to overcome the problem through enrollment in a seventeen-week IOP program that includes group sessions and individual therapy, engagement with a coach that practices somatic work and talking techniques, and active participation in weekly AA meetings, including meeting one-on-one with a sponsor. However, the Individual has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. Due to the Individual's inconsistencies in self-reporting, I rely primarily on the PEth results to assess such a pattern. The Individual's PEth tests from April 8, 2026, and July 13, 2026, were positive, and the Individual stated he did not submit PEth tests for May or June 2026 because he was drinking during those months. The Individual has only demonstrated one month of sobriety which is not enough to establish a pattern of abstinence. Therefore, the second mitigating condition does not apply.

Regarding the third mitigating condition, the Individual is making satisfactory progress in a treatment program, but he has a history of treatment and relapse. The Individual completed an IOP for alcohol use from April 2019 to September 2019 but resumed drinking thereafter until he was

hospitalized for alcohol-induced acute pancreatitis in April 2023. The Individual's drinking did not stop there as he was hospitalized again for alcohol-induced acute pancreatitis in June 2023 and April 2024. The Individual's mother also corroborated that the Individual has tried to stop drinking more than once without success. Given the Individual's history of treatment and relapse, the third mitigating condition is inapplicable.

The Individual has not successfully completed a treatment program along with any required aftercare. The Individual was projected to complete the seventeen-week IOP program on October 2, 2026, which did not include any required aftercare. The DOE Psychologist recommended weekly aftercare for a period of one year. In addition, as stated above, the Individual has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations. The fourth mitigating condition does not apply.

For the aforementioned reasons, the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

B. Guideline I

Conditions that could mitigate Guideline I security concerns include:

> (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
>
> (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
>
> (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
>
> (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
>
> (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

The Individual did not present any information regarding his treatment for PTSD. The Individual is receiving individual counseling through the IOP for alcohol use, but the LMHP's notes do not mention PTSD or trauma-related treatment. Further, the Individual has been seeing the Coach since March 2025, but the Individual made no indication that he has discussed his PTSD diagnosis with the Coach. The Individual submitted documentation from the Coach, but there is no mention of

PTSD or any trauma-related treatment. Given the lack of information regarding treatment for PTSD, the first mitigating condition is inapplicable.

Regarding the second mitigating condition, the Individual did not voluntarily enter a counseling or treatment program for PTSD. He voluntarily entered a counseling program with the Coach and treatment program for alcohol use, which may indirectly address issues related to the Individual's PTSD. However, the Individual has not provided information that he sought treatment for his PTSD. As such, the second mitigating condition does not apply.

The DOE Psychologist opined that the Individual's prognosis regarding PTSD is fair, but the DOE Psychologist also indicated that it was unclear how much work had been done and where the Individual is in terms of trauma management. Further, the DOE Psychologist testified that he could not provide an opinion as to whether the PTSD continues to impact the Individual's judgment, reliability, trustworthiness, or stability. Without the DOE Psychologist's opinion or that of a comparable duly qualified mental health professional, the third mitigating condition is inapplicable.

The fourth mitigating condition is inapplicable because no information has been provided to suggest that the Individual's past psychological/psychiatric condition was temporary. Similarly, the fifth mitigating condition does not apply because the Individual did not provide any information to support a conclusion that there is no indication of a current problem.

For the aforementioned reasons, the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

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 and I of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that granting 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 grant 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