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

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| In the Matter of: Personnel Security Hearing | ) | | |
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| Filing Date: June 24, 2026 | ) | Case No.: | PSH-26-0138 |
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Issued: October 30, 2026

## Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (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 should not be granted access authorization.

## I. BACKGROUND

The Individual was granted access authorization in connection with his employment by a DOE contractor (First DOE Contractor). *See* Exhibit (Ex.) 14 at 197–98, 225–26.[2] In August 2017, the Individual was arrested and charged with "Homicide by Vehicle (DWI)" and related offenses after having driven his vehicle while intoxicated, resulting in the death of his friend who was a passenger in the vehicle. Ex. 10 at 107; Ex. 17 at 354–55, 360–61. The Individual eventually pleaded guilty to the charges and resigned from his position with the First DOE Contractor in lieu of termination. Ex. 14 at 198; Ex. 17 at 361.

[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.

In July 2020, the Individual was arrested and charged with Battery (Household Member) as a result of an altercation with his girlfriend after consuming alcohol. Ex. 19 at 353–54, 362. The charges against the Individual were dismissed after he completed a diversion program. *Id.* at 362.

The Individual was hired by a DOE contractor (Second DOE Contractor) in May 2025 and, on July 2, 2025, the Individual completed and signed a Questionnaire for National Security Positions in connection with seeking access authorization. Ex. 14 at 194, 232. In December 2025, the local security office (LSO) issued the Individual a letter of interrogatory (LOI) concerning his history of alcohol use and criminal conduct. Ex. 11.

In February 2026, the Individual underwent a psychological evaluation with a DOE-contracted psychologist (DOE Psychologist). Ex. 12 at 135. 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), Mild. *Id.* at 143.

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 Guideline G of the Adjudicative Guidelines. *Id.* at 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 seventeen exhibits (Ex. 1–17) and the Individual submitted five exhibits (Ex. A–E).[3] The Individual testified on his own behalf and offered the testimony of his manager (Manager), a longtime friend (Friend), his sister (Sister), and a licensed clinical social worker (LCSW). Transcript of Hearing, OHA Case No. PSH-26-0138 (Tr.) at 3, 11, 43, 51, 61, 72. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 85.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 6. "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 ¶ 21. The SSC cited the Individual's having been arrested and charged with Homicide by Vehicle (DWI) and Battery (Household Member) after consuming alcohol, as well as the opinion of the DOE Psychologist that the Individual met sufficient diagnostic criteria for a diagnosis of AUD, Mild, under the *DSM-5-TR*. Ex. 1 at 6. The LSO's allegations that the Individual engaged in alcohol-related incidents away from work and was diagnosed with AUD by a duly qualified mental health professional justify its invocation of Guideline G. Adjudicative Guidelines ¶ 22(a), (d).

[3] The Individual submitted Ex. A–C in one PDF and Ex. D–E in a second PDF. This Decision cites to the Individual's exhibits by reference to the exhibit label and the page on which the cited material appears in the respective PDF.

## 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. Vehicular Homicide & Probation

In July 2017, at which time he was twenty-one years of age, the Individual drove a vehicle while intoxicated, crossed into another lane, and crashed into another vehicle. Ex. 6 at 29; Ex. 9 at 45–46; Ex. 12 at 136; Ex. 17 at 300, 354. The childhood best friend of the Individual, who was a passenger in the vehicle the Individual was driving, died in the crash, and the driver of the vehicle the Individual struck was severely injured. Ex. 6 at 29; Ex. 9 at 45–46; Ex. 12 at 136; Ex. 17 at 354.

The Individual pleaded guilty to charges resulting from the vehicular homicide and was ordered to serve a five-year supervised probation, beginning in July 2019, the first two years of which he was under house arrest. Ex. 17 at 354–55, 361. Pursuant to the terms of his probation, the Individual was ordered to abstain from alcohol and was subject to alcohol and drug screenings. *Id.* at 361. Additionally, among other things, the Individual was ordered to attend DWI school, have an ignition interlock device installed on his vehicle, perform community service, and participate in grief and loss counseling. *Id.*

### B. Violation of Probation & Arrest for Battery

The Individual initially abstained from alcohol after being placed on probation, but resumed regularly consuming alcohol, in violation of his probation, in 2020 after his alcohol testing was changed from monthly to random during the COVID-19 pandemic. Ex. 12 at 137; Tr. at 14, 35 (testifying that he consumed alcohol "to cover up some grief . . . and then also just social settings"). In July 2020 the Individual and his then girlfriend, both of whom had been consuming alcohol, argued and the girlfriend threatened to report the Individual to his probation officer for consuming alcohol. Ex. 17 at 354. The conflict escalated and the Individual's girlfriend summoned law enforcement. *Id.* The Individual admitted to the responding officers that he had consumed alcohol in violation of the terms of his probation. *Id.* The Individual was arrested and charged with Battery (Household Member). *Id.* at 353–54, 362. The Individual pleaded guilty and entered into a diversion program pursuant to which he was required to complete anger management counseling. *Id.* at 362. The Individual ended the relationship with the girlfriend "right after the incident." Tr. at 17.

Due to his violation of the terms of his probation, a warrant was issued for his arrest. Ex. 17 at 361. The Individual was subsequently subjected to house arrest for seven months for violating the terms of his probation. *Id.* at 354. The Individual ultimately completed and was discharged from his probation in October 2024. *Id.* at 362; Ex. E at 4.

### C. Subsequent Alcohol Consumption & Evaluation by the DOE Psychologist

Following the probation violation, the Individual was required to wear an alcohol-monitoring ankle bracelet and abstained from alcohol for approximately one year while subject to this monitoring. Ex. 12 at 137; Ex. 17 at 361. Once the ankle monitor was removed, the Individual resumed alcohol consumption again, in violation of the terms of his probation, and drank to intoxication with friends on an approximately weekly basis. Ex. 12 at 137; Ex. 11 at 126; Ex. 17 at 356.

The Individual consumed alcohol to intoxication approximately weekly for years until he decided to abstain from alcohol beginning in March 2025. Ex. 11 at 125–26; Ex. 12 at 138. The Individual's motivation for abstaining from alcohol in March 2025 was that he was applying for his current position with the Second DOE Contractor and "was uncertain whether alcohol testing might be required as part of the hiring or security clearance process." Ex. 12 at 138. The Individual was hired by the Second DOE Contractor and began his employment in May 2025. Ex. 14 at 194; *see also* Tr. at 45 (Manager testifying that the Individual "has a strong work ethic," is reliable, and has never demonstrated alcohol-related issues in the workplace). In August 2025, the Individual was interviewed as part of a background investigation into his eligibility for access authorization and told the investigator that he had abstained from alcohol since March 2025, he was "not likely to consume alcohol to the point it causes a negative impact again in the future," and he had decided to abstain from alcohol "to ensure this does not happen again . . . ." Ex. 17 at 356.

In September 2025, despite his assurances to the investigator, the Individual decided to resume consuming alcohol as "no restrictions had been placed on him." Ex. 12 at 138. When he resumed consuming alcohol in September 2025, he "started slowly" but soon reverted to his pattern of weekly intoxication. Ex. 11 at 125–26; *see also* Ex. 12 at 138 (reporting to the DOE Psychologist

that he experienced "a few blackout episodes" between September 2025 and the February 2026 evaluation).

The Individual met with the DOE Psychologist for the psychological evaluation on February 27, 2026. Ex. 12 at 135. The Individual told the DOE Psychologist that he recognized that "he had an alcohol problem" after he resumed consuming alcohol in September 2025 and was unable to control his consumption. *Id.* at 138, 143. As an example, the Individual described how, approximately one month prior to the evaluation, he had consumed "an unknown number" of drinks on a ski outing. *Id.* at 138. Following the clinical interview, the Individual provided a sample for a Phosphatidylethanol (PEth)[4] test. *Id.* at 166. The PEth test was positive at 78 ng/mL, which a medical doctor who interpreted the test opined could be consistent with "regular" alcohol consumption or occasional binge consumption. *Id.* at 168.

The DOE Psychologist issued the Report on March 11, 2026, and opined that the Individual met sufficient *DSM-5-TR* criteria for a diagnosis of AUD, Mild. *Id.* at 143–44. She recommended that the Individual could demonstrate rehabilitation from his AUD by abstaining from alcohol for at least six months, documenting his abstinence through PEth testing, and attending either an abstinence support group, such as Alcoholics Anonymous, or weekly substance abuse treatment with an appropriately certified therapist or counselor. *Id.* at 144. Alternatively, she opined that the Individual could demonstrate reformation by abstaining from alcohol for twelve months and demonstrating his abstinence through monthly PEth testing. *Id.*

### D. Individual's Recent Efforts to Address His AUD

In May 2026, the Individual enrolled in an intensive outpatient program (IOP) for alcohol treatment. Tr. at 18–19; Ex. C at 11. The IOP was a twelve-week program in which the Individual engaged in two group therapy sessions, one Self Management and Recovery Training (SMART)[5] session, and one individual counseling session weekly. Tr. at 18–19, 75–76. In the IOP, the Individual received education on using meditation and self-care as coping mechanisms for stress and alcohol cravings, learned relapse prevention techniques, and developed a relapse prevention plan. *Id.* at 21, 25, 36. The Individual completed the IOP on September 8, 2026.[6] Ex. C at 11; *see also* Tr. at 78 (LCSW testifying that the Individual "made progress as far as goal attainment" and followed all treatment recommendations).

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[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. 12 at 166–68.

[5] SMART is "an evidenced-informed recovery method grounded in Rational Emotive Behavioral Therapy and Cognitive Behavioral Therapy" that helps people with substance abuse problems make behavioral changes through education and peer support. SMART RECOVERY USA, INC., WHAT IS SMART RECOVERY?, *available at* smartrecovery.org/what-is-smart-recovery (last visited Oct. 29, 2026).

[6] The Individual's certificate of completion references his completion of "Phase 1" of the IOP. Ex. C at 11. According to the LCSW, who is an administrator at the IOP who also runs group therapy sessions from "time to time," the IOP offers Phase 1 to all attendees and the additional Phase 2 "level down" program to some attendees based on their treatment needs. Tr. at 72–73, 75, 81.

Following his completion of the IOP, the Individual entered monthly individual counseling recommended to him by the IOP as aftercare. Tr. at 19. The IOP also recommended that the Individual engage with an abstinence-supporting social network, such as a "friendship club" or AA as part of his aftercare. *Id.* at 83. The Individual does not have plans to attend AA, or to attend more frequent counseling as recommended by the DOE Psychologist, but testified that he would attend more frequent counseling if it was recommended to him by the IOP. *Id.* at 32; *see also id.* (testifying that he would attend additional counseling "[i]f they [the IOP] recommend more"). He does not meditate, and testified that his primary means of coping with stress is "self-reflection" and that he "just think[s] about things a lot." *Id.* at 36. The Individual could not recall the details of his relapse prevention plan in his hearing testimony but indicated that it includes contacting several supportive persons in his life, including the Friend and Sister, if he felt the urge to consume alcohol. *Id.* at 23, 36–37. Although he acknowledged that he has used alcohol maladaptively in the past, he does not identify as an alcoholic. *Id.* at 25, 27. The Individual currently resides with his mother, who does not maintain alcohol in her home, but planned to move to his own home and reside alone shortly following the hearing. *Id.* at 25, 33, 63.

The Individual has abstained from alcohol since March 2026. Tr. at 19; *see also* Ex. A at 3–7 (monthly negative PEth tests, the first of which concerned a sample collected on May 8, 2026, and the last of which concerned a sample collected on September 1, 2026); Ex. D at 2 (negative PEth test from a sample collected on September 21, 2026); Tr. at 27–28 (Individual testifying that prior to the psychological evaluation the information he had received regarding his alcohol consumption was "vague" but in March he realized "I [have] got to stop drinking now, . . . it's really time"). Although the Individual's friends consume alcohol around him, they support his abstinence from alcohol and the Individual testified that he has not had any cravings to consume alcohol himself. Tr. at 24, 38, 53; *see also id.* at 54, 64 (Friend and Sister testifying that they have observed the Individual abstain from alcohol on numerous occasions in which the Individual's friends and other attendees at gatherings were consuming alcohol); *id.* at 82 (LCSW testifying that the IOP might recommend against persons early in recovery being in situations in which alcohol is consumed, but that she did not know if this recommendation had been made to the Individual). The Individual testified that he intends to abstain from alcohol in the future because of the damage alcohol has done in his life and because continuing to consume alcohol could impair his progress in his career. Tr. at 24; *see also id.* at 28 (testifying that he believes he will succeed in maintaining his current abstinence from alcohol because he is "fighting for this life that I want now" whereas he previously consumed alcohol, despite all of the negative events he experienced, because he "just didn't really care"); *see also id.* at 55 (Friend testifying that the Individual is motivated to abstain from alcohol "[j]ust to protect his job and get this clearance").

The LCSW testified at the hearing that the Individual had a "favorable" prognosis "[i]f he remains on the same trajectory[ ]." *Id.* at 79. In forming this opinion, the LCSW relied significantly on information in the Individual's IOP file as she was not his individual therapist and could not recall the specific number of interactions she had with the Individual. *Id.* at 73–74, 76, 79.

In her hearing testimony, the DOE Psychologist modified her diagnosis of the Individual to AUD, Mild, in early remission, based on his abstinence from alcohol of greater than three months but less than one year. *Id.* at 86. The DOE Psychologist opined that the Individual's prognosis for

maintaining abstinence from alcohol was intermediate.[7] *Id.* at 88; *see also id.* at 89–90 (testifying that the Individual "has reasons not to drink" and "has a chance" but "whether or not he goes through with [it] is unclear" in light of his history). Although the Individual did not comply with all of her recommendations for treatment, the DOE Psychologist opined that the Individual's IOP was sufficient to establish rehabilitation. *Id.* at 90–91.

## V. ANALYSIS

### 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 ¶ 23.

Before addressing the mitigating conditions, I will first describe the applicability of considerations required to be taken into account in applying the mitigating conditions pursuant to 10 C.F.R. § 710.7(c). First, with respect to the nature, extent, and seriousness of the conduct, the consequences of the Individual's vehicular homicide were obviously severe. However, I consider the conduct and the consequences separately. While driving while intoxicated is a significant illegal act which always carries the potential for loss of human life, the Individual's conduct is not more serious than that of any other person who drives with a blood alcohol content in excess of the legal limit but who is not so unlucky as to kill another person. *See Personnel Security Hearing*, OHA Case No. PSH-26-0106 (2026) (restoring an individual's access authorization despite him having been arrested and charged with DUI after driving with a blood alcohol content nearly three

[7] The DOE Psychologist testified that she gives prognoses on a scale of poor ("when the person really does not do any of the recommended treatments"), good ("somewhere in the middle"), and excellent ("kind of above and beyond"). Considering that the DOE Psychologist's definition of a "good" prognosis includes all cases between not doing any recommended treatment and going above and beyond treatment recommendations, I construe the prognosis as intermediate and covering a wide range of potential outcomes rather than a purely positive prognosis.

times the legal limit). Weighing in the Individual's favor are that he was a very young man when the vehicular homicide occurred and over six years have passed since the incident that led to his Battery charge, which was an unusual event in the Individual's life considering the absence of other allegations of him committing violence and the last occasion on which he was charged with an alcohol-related offense. 10 C.F.R. § 710.7(c) (requiring consideration of the "age and maturity of the individual at the time of the conduct" and "the frequency and recency of the conduct").

There are, however, several matters that weigh against the Individual. First and foremost, the Individual has a lengthy pattern of consuming alcohol excessively when he knew he should not. Despite causing the death of his friend, the Individual consumed alcohol in violation of the terms of his probation. Even after this violation was detected, and he was subjected to additional consequences, he resumed binge drinking again as soon as he was no longer being monitored. Then, in September 2025, despite telling an investigator that he would abstain from alcohol, he once again returned to consuming alcohol once he perceived that he was not being monitored. This pattern of behavior is an important, negative indicator of the Individual's suitability for access authorization. *See id.* (requiring consideration of the "frequency and recency of the conduct" and "the likelihood of continuation or recurrence"). The Individual represented at the hearing that his attitude had changed since his probation violations, but I perceive no significant difference in the Individual's maturity or motivations since he told the investigator that he would abstain from alcohol in furtherance of obtaining access authorization and then quickly resumed alcohol consumption. *See id.* While the Individual participated in the IOP since that time, he has not fully followed the recommendations of the DOE Psychologist or IOP and does not appear to be fully applying what he was taught in the IOP. *See id.* (requiring consideration of "the circumstances surrounding the conduct" and "pertinent behavioral changes").

The Individual has a long pattern of relapsing into maladaptive alcohol use following periods of abstinence and excessively consuming alcohol in ordinary social circumstances. In light of this pattern, approximately six months of abstinence from alcohol as of the hearing date is insufficient for the passage of time alone to mitigate the security concerns presented by the Individual's conduct. Nor was his conduct infrequent or limited to unusual circumstances. Accordingly, the first mitigating condition is inapplicable. Adjudicative Guidelines ¶ 23(a).

While the Individual has acknowledged that he used alcohol maladaptively in the past, the fact that he does not accept that he is currently an alcoholic raises doubt as to whether he has fully acknowledged the reality of his relationship with alcohol. Moreover, while the Individual has taken some actions, I am not confident that they are sufficient to fully address his alcohol-related problem. Although the DOE Psychologist indicated that the Individual had constructively met her recommendations, she also provided the Individual with an intermediate, less than entirely positive prognosis. The LCSW likewise offered a qualified prognosis. Considering the Individual's history of relapsing when he is no longer being monitored and the fact that he will be leaving his mother's alcohol-free home to reside alone, the absence of social support for the Individual's abstinence as recommended by both the IOP and DOE Psychologist, whether through AA or another program, leads me to conclude that the Individual remains at substantial risk of relapse.[8] Accordingly, I find

[8] While the Friend and Sister are purportedly part of the Individual's support network, they both testified that they did not perceive the Individual's previous alcohol consumption to have been excessive. Tr. at 58, 68. Whether the Friend

that the Individual has not done enough to show that the second mitigating condition is applicable. *Id.* ¶ 23(b).

The IOP, the aftercare of which the Individual is currently participating in, is the first formal treatment program in which the Individual has participated and thus he has no history of *treatment* and relapse despite his numerous relapses. However, the Individual has not complied with the IOP's recommendations regarding social supports as part of his aftercare, he could not recall the details of his relapse prevention plan at the hearing, and he does not appear to be applying notable coping skills besides self-reflection. Considering the less than entirely favorable prognosis of the DOE Psychologist, the qualified prognosis of the LCSW, and the abovementioned 10 C.F.R. § 710.7(c) factors which lead me to conclude that the Individual is at substantial risk of relapse when he is no longer being monitored, I find that the third mitigating condition is not applicable. *Id.* ¶ 23(c).

As the Individual has not completed aftercare, the fourth mitigating condition is inapplicable. *Id.* ¶ 23(d).

Having concluded that none of the mitigating conditions applies to the facts of this case, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline G.

## 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 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 should not be granted access authorization. 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

and Sister were unaware that the Individual was binge consuming alcohol to the point of blacking out, or did not consider this behavior problematic, I find that they are inadequate sources of accountability for the Individual's abstinence to substitute for AA or another peer support program.