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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: June 12, 2025    )    Case No.: PSH-25-0151  
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Issued: January 8, 2026

**Administrative Judge Decision**

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position.”<sup>1</sup> For the reasons set forth below, I conclude that the Individual’s security clearance should not be restored.

**I. BACKGROUND**

The Individual is employed by a DOE Contractor in a position that requires him to hold a security clearance. The Local Security Office (LSO) received derogatory information regarding the Individual’s alcohol use. Based on that information, the LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to continue holding a security clearance. See 10 C.F.R. § 710.21.

The Individual requested a hearing and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual presented the testimony of three witnesses and testified on his own behalf. The LSO presented the testimony of the DOE contractor-psychologist (the Psychologist) who had evaluated the Individual. See Transcript of Hearing, OHA Case No. PSH-25-0151 (hereinafter cited as “Tr.”). The LSO submitted twelve exhibits, marked as Exhibits 1 through 12 (hereinafter cited as “Ex.”). The Individual submitted seven exhibits, marked as Exhibits A through G.

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<sup>1</sup> 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.

## 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 Guideline G 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 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.

The LSO alleges that:

- In February 2024, the Individual submitted to a random alcohol test at work which yielded results of .046 g/210L at 8:03 a.m. and .047 g/210L at 8:20 a.m. The Individual admitted that he had consumed nine ounces of bourbon between 4:30 p.m. and 9:45 p.m. the previous night. He also admitted that he drove himself to work that day, reporting at about 6:15 a.m.

- In January 2025, the Psychologist evaluated the Individual. The Individual submitted to a Phosphatidylethanol<sup>2</sup> (PEth) test as part of the evaluation, which returned a positive result of 338 ng/mL, indicating alcohol consumption within the past 30 days.
- In February 2025, the Psychologist issued a report of her evaluation of the Individual. In the report, the Psychologist concluded that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition, Text Revision* (DSM-5-TR) criteria for a diagnosis of Alcohol Use Disorder, severe. She also concluded that the Individual had not displayed evidence of rehabilitation or reformation because he continued to consume alcohol.

Ex. 1 at 5.<sup>3</sup>

The Individual’s alcohol test at work showed that he had a Blood Alcohol Concentration (BAC) higher than .02, a level at which a person can experience altered mood and slight loss of judgment, and nearly .05, a level at which a person may feel uninhibited and experience lowered alertness and impaired judgment. *Blood Alcohol Content (BAC)*, Cleveland Clinic (last visited December 23, 2025), available at <https://my.clevelandclinic.org/health/diagnostics/22689-blood-alcohol-content-bac>. The Individual also received an Alcohol Use Disorder diagnosis from a DOE-contracted Psychologist. Accordingly, the LSO’s security concerns are justified under conditions (b) and (d) of Guideline G.

### **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 ¶ 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

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<sup>2</sup> “PEth is a metabolite of ethyl alcohol and can only be made when consumed ethyl alcohol reacts with a compound in the Red Blood Cell (RBC) membrane.” Ex. 13 at 208. “PEth builds up in the RBC membrane with repeated drinking episodes . . . [and] can still be detected in blood for about 28 days after alcohol consumption has ceased.” *Id.*

<sup>3</sup> DOE exhibit page numbers will be cited using the Bates stamp in the top right corner of the documents.

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.

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**

On February 11, 2024, while watching the Super Bowl with friends at his home, the Individual consumed at least nine ounces of bourbon—six standard servings—between 4:30 and 9:30 p.m. Ex. 8 at 46–47. The following morning, the Individual reported to work and was randomly selected to undergo a drug and alcohol screening in connection with his certification in the Human Reliability Program (HRP). Ex. 6 at 33. He took breath tests at 8:03 a.m. and 8:20 a.m., which returned results of .046 g/210L and .047 g/210L respectively.<sup>4</sup> *Id.* at 34. These results were higher than the acceptable limit for HRP and his site access was restricted. *Id.* at 33.

The Individual was temporarily removed from HRP following his positive breath tests. Ex. 3 at 24. The HRP required him to meet with a substance abuse counselor. Ex. 4 at 27; Tr. at 116. After evaluating the Individual, that counselor opined that the Individual appeared to meet sufficient diagnostic criteria for a diagnosis of Alcohol Use Disorder, mild, and recommended that he complete an Alcohol Misuse course, a Substance Misuse Awareness course, and ten hours of Alcoholics Anonymous (AA) or a similar recovery support program. Ex. 4 at 27; Ex. 3 at 24; Ex. 8 at 47. The Individual provided documentation to HRP in March 2024 showing that he had completed the requirements. Ex. 4 at 27. In October 2024, a psychologist at the Individual’s worksite raised concerns about the Individual’s Alcohol Use Disorder diagnosis, triggering investigation by the LSO. Ex. 8 at 47.

The Individual was referred to the Psychologist for an evaluation, which occurred on January 28, 2025, and included PEth testing. Ex. 8 at 45. The Psychologist relied on the information in the Individual’s security file, the Individual’s clinical interview during the evaluation, and the results of psychological testing and the PEth test in reaching her conclusions. *Id.* at 45, 48–49. In her February 2025 report of the evaluation, the Psychologist wrote that the Individual denied having a “pattern of alcohol consumption” but consistently characterized his alcohol consumption as occurring two to four times per week, consisting of one to four drinks, avoiding worknight

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<sup>4</sup> The Psychologist wrote in her report that

a man of [the Individual’s] stature would who consumed nine ounces of presumed 40% ABV bourbon over the course of five hours would have had a BAC of .077 g/210L at the time he stopped drinking and would have produced a BAC of zero at the time of the random breath test the next morning. Given that men, on average, metabolize alcohol at the rate of 0.015 g/210L per hour, it is estimated that [the Individual’s] BAC at 9:30 PM the night prior to the positive breath test was around .20 g/210L. This means he would have likely consumed the equivalent of 12 to 13 standard drinks on 2/11/24. This is significantly more alcohol than the subject reported consuming.

drinking, and drinking more when he did not work the next day.<sup>5</sup> *Id.* at 49. The Individual stated his alcohol consumption had not changed in the previous year. *Id.* at 48. The Individual reported that his most recent drink before the evaluation was the previous day after returning home from work. *Id.* He consumed a sixteen-ounce “Clubtail” (10% Alcohol By Volume) at 12:30 p.m. and two “double-pour” glasses of bourbon between 5:00 and 6:30 p.m. *Id.* The Psychologist noted that this was the equivalent of nearly seven standard drinks in one day. *Id.* at 49. The Individual reported having consumed alcohol on “ninety percent of the days” during the preceding month (January 2025) and that on five or six occasions that month he consumed five or more drinks at one sitting. *Id.* at 48. The Psychologist noted that this pattern of consumption was greater than what the Individual had reported drinking in the past and was, therefore, inconsistent with his statement that his alcohol consumption had not changed over the previous year. *Id.* She further opined that the pattern of consumption the Individual reported for January 2025 was “a pattern of binge drinking as well as heavy and very high-risk drinking.” *Id.* at 49. *See also id.* at 50 (stating that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) considers five drinks in a day to be binge drinking for men). She also noted that the Individual “has yet to acknowledge that he drank too much [the night before his positive test at work] and either intentionally underreported his alcohol consumption to forestall negative judgment/avoid consequences or he was unaware of how much alcohol he actually consumed.” *Id.* at 50.

The Psychologist wrote that the Individual acknowledged that his alcohol use had caused him a problem once at work, but he denied “that his pattern of use was problematic or excessive.” Tr. at 50. She wrote that the Individual “reported experiencing personal and emotional distress as a result of the ‘stigma’ of being ‘labeled as an alcohol abuser’” due to the work-related incident. *Id.* She wrote that despite his previous diagnosis of Alcohol Use Disorder, the Individual denied having a problem with alcohol. *Id.* The Psychologist wrote that “while [the Individual] stated that he made a mistake with respect to the [work-related] incident, he believes the mistake he made was failing to eat when drinking the night before the alcohol test rather than his choice to drink to excess the night before work.” *Id.* She noted that, using standard metabolic calculations, the Individual would have had a BAC of 0.0 g/210L on his February 2024 alcohol test if he had consumed the amount of alcohol he reported drinking the night before. *Id.* at 47. She also cited to two peer-reviewed articles to support an assertion that refraining from eating while drinking alcohol does not raise or lower BAC. *Id.*

The Psychologist included in her report the results of the Individual’s PEth test, which had been interpreted by a medical doctor. Ex. 8 at 48–49. The medical doctor’s interpretation noted that the Individual’s PEth level of 338 ng/mL was higher than the average indicator of “Heavy Consumption” (200 ng/mL) and “the threshold to identify alcohol dependent persons who may need detox” (253 ng/mL). *Id.*

The Psychologist noted that the Individual’s nearly daily consumption of alcohol during a time when he knew he was under scrutiny for drinking suggested that alcohol was a problem for him. Ex. 8 at 50. She wrote “[t]his failure to control his alcohol use is either due to having no intention of changing his pattern of drinking because he does not want to or does not believe he needs to and is paying lip service to avoid facing consequences.” *Id.* Alternatively, she wrote, the Individual

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<sup>5</sup> There was no included explanation of how the Individual could avoid drinking on worknights while also “drinking more when he is not working the following day compared with the amount he drinks otherwise.” Ex. 8 at 49.

may “genuinely want[] to control his drinking but cannot due to the nature of addiction.” *Id.* Under any of these scenarios, the Psychologist opined, the Individual’s alcohol use, inconsistent reporting, and minimization of his alcohol problem were all causes for concern. *Id.*

The Psychologist diagnosed the Individual with Alcohol Use Disorder, severe, stating that he met the following diagnostic criteria (numbered according to the order listed in the DSM-5-TR):

- 1) Alcohol is often taken in larger amounts or over a longer period than was intended;
- 3) A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects;
- 4) Craving or a strong desire or urge to use alcohol;
- 6) Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol;
- 9) Alcohol use is continued despite knowledge of having persistent or recurrent physical or psychological problems that is likely to have been caused or exacerbated by alcohol;
- 10) Tolerance.

Ex. 8 at 51. The Psychologist added that the Individual also exhibited a pattern of repeated binge drinking as defined by the NIAAA. *Id.* She opined that the Individual did not have a favorable prognosis and had not presented adequate evidence of rehabilitation or reformation because he was still consuming alcohol. *Id.* at 53. She recommended, for the Individual to present evidence of rehabilitation, he should:

- Abstain from alcohol for twelve months, supported by random breathalyzers (if he returned to work) and PEth tests every one to two months over that period to provide documentation of his abstinence;
- Participate in at least three AA meetings weekly with documentation of attendance and work the Twelve Steps with a sponsor (or participate in a similar recovery support group); and
- Participate in an intensive outpatient program (IOP) or inpatient program for Alcohol Use Disorder, possibly with physiological dependence as determined during an intake interview.

*Id.*

At the hearing, the Individual’s spouse testified that on the night before the Individual’s positive breathalyzer test at work, they had people at their house to watch the Super Bowl and the Individual had “a few drinks.” Tr. at 15. She testified that the Individual had not consumed alcohol since February or March 2025 and that the Individual had not had a pattern of drinking alcohol at any point in his life. *Id.* at 16. She clarified that they had consumed alcohol from time to time

throughout their over 20 years of marriage, but never on a daily basis. *Id.* at 20–21. She further testified that the Individual had gone through a stressful time in January 2025 “just because of the stress of work and everything that work was putting him through. Even though he had already did what he was supposed to do the year before for the one time out of 19 years of working there that he blew hot.” *Id.* at 15–16. The spouse testified that she had dealt with alcoholics, which she described as a person who drank a liter of liquor or two twelve-packs of beer every day, and stated that she believed he would not have been accepted by a treatment facility because he did not have an alcohol problem. *Id.* at 24. However, she testified that the Individual had not tried to enter an IOP or been evaluated for suitability for a substance abuse program. *Id.* at 24–25. She testified that the Individual had completed an online training and twelve or fifteen “AA classes” as mandated by his employer for HRP reinstatement, identifying those actions as “steps . . . taken to address [the Individual’s] past alcohol issues.” *Id.* at 16. She testified that since his evaluation by the Psychologist, he had not attended any AA meetings or meetings of similar types of groups. *Id.* at 28–29. The Individual’s spouse opined that the Psychologist could not have known the Individual’s character because she only talked to him for two hours and stated that it was “pitiful” that he was being judged on her assessment of him. *Id.* at 32.

The Individual’s friend had known him for about a decade, and their families frequently spent time together, at least weekly. Tr. at 36. She testified that the Individual had stopped drinking alcohol in March or April of 2025. *Id.* at 38. She testified that the Individual consumed alcohol on the day he was sent home from work in March or April 2025<sup>6</sup> and decided shortly afterward that he would stop drinking. *Id.* at 38–39. The friend testified that she and the Individual’s spouse would sometimes have a beer together and the Individual would be present on those occasions but would not drink. *Id.* at 48–49. She testified that the Individual did not seem bothered by seeing others’ alcohol use. *Id.* at 49. She testified that the Individual would drink water, hydration drinks, or non-alcoholic beer when others were consuming alcohol. *Id.* at 50. The friend described the Individual as reliable and trustworthy, and she believed he exercised sound judgment in his personal and professional life. *Id.* at 40.

The Individual’s colleague had been the Individual’s partner at work for nineteen years and had worked at the same DOE site for twenty-five years. Tr. at 59. They had limited contact outside of work, except during hunting season when they saw each other about every other day. *Id.* at 65. He had last seen the Individual consume alcohol about two years earlier when the Individual helped him build a privacy fence at his home. *Id.* He testified that he trusted the Individual with his life and had never had concerns about the Individual’s alcohol use. *Id.* at 65–66. He testified that every year, about three or four out of 500–600 employees in the Individual’s position have a positive alcohol test at work. *Id.* at 70–71.

The Individual opined that the counselor who evaluated him for the HRP did not properly conduct the tests he administered as part of his evaluation. Tr. at 81–82. The Individual questioned the qualifications of the site psychologist who raised the security concern about his Alcohol Use Disorder in October 2024, stating that his experience was in adolescent psychology. *Id.* at 87. However, because the Individual is not an expert in the fields of counseling, substance abuse, psychology, or psychiatry, his opinion on these matters is of limited value. *Id.* at 88. Moreover, the LSO did not rely on the opinions of the counselor and the site psychologist in the SSC, and

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<sup>6</sup> On March 4, 2025, the Individual was sent home from work due to suspension of his security clearance. Tr. at 93.

thus the question of their methods and qualifications has limited relevance to the allegations giving rise to the security concerns in this case.

The Individual submitted into evidence the results of three tests, taken in September, October, and November of 2025, measuring how the body's antibodies respond to PEth; this is an immune system test for Antiphospholipid Syndrome. Tr. at 111; Ex. A; *Phosphatidylethanolamine Antibodies (IgG, IgM, IgA)*, Quest Diagnostics (last accessed December 24, 2025), available at <https://testdirectory.questdiagnostics.com/test/test-detail/12023/phosphatidylethanolamine-antibodies-igg-igm-iga?cc=MASTER>. This test is not the PEth test recommended by the Psychologist, listed as "PHOSPHATIDYLETHANOL SCRN/CONF, WB PHOSPHATIDYLETHANOL (PEth)" on the laboratory report provided to the Individual with the Psychologist's report. Ex. 8 at 61. The Individual testified that he thought he was taking the correct tests when they were administered but later realized he took the wrong ones. Tr. at 111.

The Individual testified that in January 2025 he drank heavily ("I [said in my evaluation] I was drinking 90 percent of the days out of January.") because he had been notified that his alcohol use was being investigated in the context of his security clearance eligibility, and he was worried that he would not be able to keep his job. Tr. at 92. At this time, the Individual was working day shifts at the DOE site. *Id.* at 93. The Individual testified that he reduced his drinking toward the end of February 2025 and completely quit toward the end of March 2025. *Id.* When asked if he intended to use alcohol ninety percent of the days in January, he responded, "Yes, every time I drank. In—March 4th,<sup>7</sup> I didn't leave the bed. I was in the bedroom for five days. I was so depressed, I was crying every time I left the bedroom." *Id.* at 99. The Individual added, "I wouldn't be depressed if I wasn't getting sent home for no—I mean for no understanding reason." *Id.* at 100. He testified that, since that time, he has not engaged in substance abuse treatment. *Id.* at 102. He testified that he drank alcohol because "I enjoy the break down of bourbon. I enjoy the vanilla taste, the caramel, the toastiness." *Id.* at 102–03. Moments later, he testified, "[d]uring those times I was stressed about what in the world was going on, and had no clue why you were doing it. And I was drinking because I was depressed." *Id.* at 103. He also admitted that this was "absolutely not" a positive coping habit. *Id.*

The Individual testified that he did not attend AA meetings after receiving the Psychologist's recommendations because he had "been there ten times last time [for HRP]. I've heard the steps. I've read the steps, and if I don't think there—I mean, there's nothing beyond my God, so I already know that alcohol is not above me, and I'm not an addict." Tr. at 114. The Individual testified that he did not comply with the Psychologist's recommendations "[b]ecause I'm not an alcoholic. I don't have Alcohol Use Disorder, severe. There's no—there's no basis on it, there's—it's—I don't have it, I mean."<sup>8</sup> *Id.* at 115. When asked what he had done, besides abstaining from alcohol for

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<sup>7</sup> On March 4, 2025, the Individual was sent home from work due to suspension of his security clearance. Tr. at 93.

<sup>8</sup> The Individual did not stipulate to the Psychologist's credentials as an expert in the field of psychology competent to diagnose alcohol or substance abuse disorders because, he asserted, she did not have a certification or "advanced training for Alcohol Use Disorder and screening" beyond the general education included in her Clinical Psychology PhD curriculum. Tr. at 137, 146–47. However, the Psychologist testified that this training is part of the general Psychology PhD program and that students in those programs are required to learn about all diagnosable psychological disorders, including alcohol and substance abuse disorders. *Id.* at 146–47. She further testified that specialization or certification is not required for PhD Psychologists to diagnose substance abuse disorders because to earn a PhD in

eight months, to show that he would not have future alcohol-related incidents, the Individual testified, “I really haven’t done anything.” *Id.* at 121–22. He testified that because there were people “walking down the sides of the roads completely alcohol dependent,” he should not take their spot in an IOP or inpatient treatment program, thereby taking their opportunity for recovery. *Id.* at 115. He testified that perhaps he did have Alcohol Use Disorder—mild, not severe—but he believed that he was “just a normal guy with what I thought was normal drinking habits.” *Id.* at 117. The Individual testified that he intended to resume controlled drinking in the future and specified, “my future plans are not to abstain.” *Id.* at 118. He testified that, at that moment, as he participated in the hearing from his home, he had “probably ten bottles of bourbon sitting right next to me. I just don’t drink it because I was told not to, so I don’t.” *Id.* at 122.

The Psychologist testified that the Individual was not clinically rehabilitated or reformed from his Alcohol Use Disorder, and she gave him a poor prognosis. Tr. at 150. She explained that the Individual had been given numerous opportunities to acknowledge and be educated on his alcohol issues, but he had instead demonstrated a pattern of diminishing professional opinions, making his own decisions about the validity of professional recommendations, engaging with the diagnostic and treatment process defensively, and eschewing opportunities to mitigate the alcohol concerns. *Id.* at 150–51. She added that the Individual had not submitted documentary evidence supporting his testimony that he had abstained from alcohol since March 2025, and even if the tests he submitted could support that testimony, they could only show three months of abstinence. *Id.* at 151. She testified that the Individual was “blatantly rejecting the other recommendations that I’ve made in order to improve prognosis or confidence that a similar instance wouldn’t happen because of his alcohol use.” *Id.* She opined that the Individual had not taken responsibility for, or even acknowledged the validity of, the LSO’s concerns regarding his alcohol use. *Id.* She noted that the Individual testified to his intent to resume drinking in the future and stated that she did not see any evidence to support a positive prognosis for him. *Id.*

## 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

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Clinical Psychology, the student is required to have the “ability to assess, diagnose, and treat every disorder in the DSM[-5-TR].” *Id.* at 147. The Psychologist’s curriculum vitae was submitted into evidence and showed that the Psychologist had earned a PhD in Clinical Psychology from an accredited university and had been practicing clinical psychology for about fifteen years by the date of the hearing. Ex. 9 at 75–77. The Psychologist had also been accepted as an expert in psychology—competent to diagnose alcohol use disorders—by OHA Administrative Judges on previous occasions. Tr. at 141. Based on the testimony and evidence provided, I accepted the Psychologist as an expert in the field of psychology competent to diagnose alcohol or substance abuse disorders. *Id.* at 149.

and unfavorable, in a commonsense manner. “Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security.” Adjudicative Guidelines at ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO’s security concerns have been mitigated such that restoring the Individual’s clearance is not an unacceptable risk to national security.

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.

As an initial matter, I turn to the dispute over the Individual’s diagnosis. While the Individual vigorously challenges the Psychologist’s opinion that he meets the diagnostic criteria for Alcohol Use Disorder, severe, I find the Psychologist’s opinion convincing. Given her credentials and experience in the field of clinical psychology, I give significant weight to her opinion on this matter. Furthermore, upon evaluating the Individual’s alcohol use, I agree that it falls within the criteria specified by the Psychologist. The Individual’s perception of a person with Alcohol Use Disorder—a person who drinks all day or who is unable to function normally within society due to alcohol use—is not consistent with the medical criteria for the disorder, so his insistence that he does not fit his description of a person with Alcohol Use Disorder is not convincing. For the foregoing reasons, I accept the Psychologist’s diagnosis.

I want to acknowledge that the Individual attempted to provide three months of PEth testing in accordance with treatment recommendations. While I cannot accept them as proof of abstinence or as compliance with the Psychologist’s recommendations, the desire to comply has some weight. That weight is diminished by the fact that the recommendation was for twelve months of testing. Still, in the whole-person concept, intent and effort matter. This is also the case for the Individual’s eight months of sobriety. Though it is not corroborated by documentary evidence and is not as long as the Psychologist recommended, I still take this testimony into consideration in my Decision. Unfortunately, as the following discussion details, these positive factors are not enough

to clear all doubt regarding the Individual's judgment, trustworthiness, and reliability. None of the mitigating conditions of Guideline G apply in this case. I address each condition in turn.

Regarding condition (a), the Individual's initial positive breath test at work was nearly two years ago, but he continued consuming alcohol in problematic ways through the spring of 2025. He admitted to drinking almost every day in January 2025 and drinking to cope with depression in March 2025. These behaviors were neither long ago nor infrequent. Given the ups and downs of life, it is likely that the Individual will face stress and depression in the future, and his stated intent to resume alcohol consumption makes it not unlikely that he will drink problematically in the future. His continued alcohol consumption while being scrutinized for his alcohol use, his later refusal to engage with treatment activities despite knowing his job was at risk, his intent to return to alcohol use in the future, and the absence of any recovery-related therapy or treatment since learning that his security clearance had been suspended all ensure that doubt remains about his judgment in particular. I cannot find that condition (a) applies.

Regarding condition (b), the Individual did not fully acknowledge his "pattern of maladaptive alcohol use," stating that he drinks because he likes the taste of bourbon and in the next breath admitting that he drank due to depression and stress that arose from not knowing why DOE was "doing" this to him. He acknowledged that he might have an Alcohol Use Disorder, albeit a mild one, but also represented that he was a "normal guy" with "normal drinking habits." He was adamant that he was not an alcoholic and did not need treatment. And so, he did not take steps to overcome his alcohol problem beyond abstaining for about eight months. Even that period of abstinence, if it were corroborated, would not be enough time to establish a pattern of abstinence in accordance with treatment recommendations because the Psychologist recommended twelve months of abstinence. I cannot find that condition (b) applies.

Regarding condition (c), the Individual is not involved in counseling or treatment for his Alcohol Use Disorder, precluding the application of this condition. Similarly, the Individual has not completed a treatment program or, as previously discussed, demonstrated a clear and modified pattern of abstinence in accordance with treatment recommendations, so condition (d) also does not apply.

## 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 Guideline G of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should not restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin  
Administrative Judge  
Office of Hearings and Appeals