United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: November 18, 2025	)	Case No.: PSH-26-0017
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	)	

Issued: June 11, 2026

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (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 that he hold a security clearance. Derogatory information was discovered regarding the Individual's psychological condition. The Local Security Office (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 testified on his own behalf. The LSO presented the testimony of the DOE-consultant psychologist (Psychologist) who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-26-0017 (hereinafter cited as "Tr."). The LSO submitted eleven exhibits, marked as Exhibits 1 through 11 (hereinafter cited as "Ex."). The Individual submitted one exhibit, marked as Exhibit A.

[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.

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 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 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." Adjudicative Guidelines 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;
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> (b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
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> (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 in August 2025, the Psychologist evaluated the Individual and opined in a subsequent report that the Individual met sufficient *Diagnostic and Statistical Manual for Mental Disorders, Fifth Ed., Text Revision* (DSM-5 TR) diagnostic criteria for a diagnosis of Schizoaffective Disorder, Bipolar type, which was a condition that could impair his judgement,

reliability, trustworthiness, and stability. Ex. 1 at 5.[2] Accordingly, the LSO's security concerns under Guideline I, concerning condition (b), are justified.

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 has a history of mental health issues. Ex. 7 at 28. He began medication treatment for Major Depressive Disorder, mild, with psychotic features, in December 2022. *Id.* He described his primary stressor as being overworked. *Id.* He was prescribed Prozac, but he developed insomnia and was eventually taken to the emergency room by his mother due to lack of sleep. *Id.* The emergency room provider prescribed Hydroxyzine as an anxiolytic for the Individual. *Id.* Around the same time, the Individual's primary care physician transitioned him from Prozac to Venlafaxine, a serotonin-norepinephrine reuptake inhibitor. *Id.* He continued taking Venlafaxine and Hydroxyzine for about four or five months, but eventually he decided to wean himself off the Hydroxyzine because he was sleeping better. *Id.* He continued feeling lethargic, so he decided to wean himself off the Venlafaxine as well. *Id.* The Individual admitted to having weaned himself off his prescribed psychiatric medications without his doctor's approval. Tr. at 36. His energy level increased and he felt "outstanding." Ex. 7 at 28. He began experiencing excessive energy and his

[2] DOE exhibit page numbers will be cited using the Bates stamp in the top right corner of the documents.

sleep issues returned. *Id.* He later told the Psychologist that he developed psychosis due to lack of sleep. *Id.* After weaning himself off his psychiatric medication, he felt paranoid and believed people were conspiring against him. *Id.* He became withdrawn and began experiencing visual and auditory hallucinations. Ex. 7 at 28. He described, for example, seeing a woman with a snake for a tongue that sounded like his grandmother. *Id.* He later testified that he told his primary care physician that he had weaned himself off of his medications and claimed that the doctor "took no issue with that" and "said[] I was doing good and so there[] was no issue." Tr. at 37. It is unclear whether he told the doctor about his psychiatric symptoms. He was involuntarily committed to a behavioral health facility for ten days in July 2023. *Id.* The providers there prescribed him Risperidone for his psychotic symptoms and Trazadone as a sleep aid. *Id.* He had a post-hospitalization meeting with a psychiatrist (the Psychiatrist), who he continued to see periodically through 2026, and she prescribed him Wellbutrin as well. *Id.* at 29. He also began periodic therapy sessions with a counselor. *Id.* at 30.

In July 2024, the Individual began experiencing suicidal ideation and intent. Ex. 7 at 29. He purchased a container of antifreeze, intending to consume it to end his life. *Id.* At his mother's urging, he went to the emergency room and was voluntarily admitted to a behavioral health facility for one week. *Id.* He felt better after his hospital stay, but his job was eliminated shortly after his discharge, and his depressive state returned. *Id.*

By December 2024, the Individual had weaned himself off the Risperidone without the Psychiatrist's knowledge. Ex. 7 at 29. He abruptly stopped taking the Wellbutrin as well. *Id.* The Individual began going to a wellness center run by a chiropractor. *Id.* at 30. In February 2025, he began giving himself peptide injections prescribed by the chiropractor and doing "red light therapy."[3] *Id.* He felt better, but began experiencing what the Psychologist described as manic symptoms. *Id.* He began taking the Risperidone again. *Id.* In an effort to "suppress [his] racing thoughts" and "mitigate the symptoms," the Individual took five to six times his prescribed dose, which resulted in an overdose on July 9, 2025. Tr. at 11, 34. He met with the Psychiatrist on July 10, 2025. Ex. 7 at 30. She sent him to a medical center to be admitted for inpatient treatment; however, there were no beds available, so he was sent to a behavioral health center. *Id.* He was discharged after ten days, during which his medications were adjusted. *Id.* The Individual later told the Psychologist that he stopped injecting himself with peptides but continued the red light therapy. *Id.*

The Individual reported his hospitalization as required to the LSO. Ex. 5; Ex. 6. He was referred to the Psychologist for evaluation in mid-August 2025. Ex. 7 at 26. In a report of that evaluation issued later that month, the Psychologist opined that the Individual met the DSM-5 TR criteria for Schizoaffective Disorder, Bipolar type. *Id.* at 34. He noted that the Individual had reported experiencing delusions, hallucinations, and apathy for weeks at a time. *Id.* He wrote that the Individual appeared controlled and properly oriented during the evaluation, but he noted that the Individual had a "history of making poorly informed judgements, such as weaning himself off medication and substituting 'natural' remedies." *Id.* at 34–35. He noted that the Individual

[3] The Individual described this therapy as going into a room and having a red light shone on his back for about twenty minutes. Tr. at 55. He testified, "I believe it's supposed to interact with the mitochondria in the cells. . . . I might be totally wrong with that, but it interacts with something, our body cells that promotes healing, restful sleep and[] whatnot." *Id.* at 55–56.

experienced frequent manic episodes interspersed with depressive episodes, as well as beliefs, perceptions, and sensations that "differ from what most individuals experience." *Id.* at 35. He opined that the Individual's prognosis was poor because, despite having undergone treatment and ongoing medical care and counseling, the Individual continued to have poor judgment and stop taking his medications. *Id.*

The Individual submitted into evidence a clinical summary and status update from the Psychiatrist, who he had been seeing since August 2023. Ex. A; Tr. at 24. The Psychiatrist wrote that the Individual had been "100% compliant" with all scheduled appointments, therapeutic interventions, and pharmacological recommendations.[4] Ex. A. She wrote that as of an assessment on March 20, 2026, the Individual's symptoms were stable and she saw no "evidence of recurrence or escalation of symptoms that would impair his functioning." *Id.* She further wrote that the Individual "possesse[d] the cognitive and emotional capacity to exercise sound judgment. He shows no signs of impulsivity, disorientation, or behavior that would suggest a lack of reliability or trustworthiness." *Id.* The Psychiatrist wrote that the Individual had a favorable prognosis and was not a danger to himself or others. *Id.*

At the hearing, the Individual testified that he neither agreed nor disagreed with the Psychologist's diagnosis, but generally did not contest the facts listed in the Psychologist's report. Tr. at 15–16. He disagreed with the Psychologist's prognosis because he had learned from his mistakes. *Id.* at 16. He believed that his prognosis was good. *Id.* He testified that for the past ten months, he had been stable, unimpaired, and in possession of good judgment. *Id.* at 18. The Individual admitted that prior to his July 2025 hospitalization, he had been noncompliant with both therapeutic and pharmaceutical recommendations. *Id.* at 18–19. He testified that both his July 2023 and July 2025 hospitalizations were attributable at least in part to his decisions to stop taking medications outside of a doctor's supervision. *Id.* at 38. He testified that he had felt detached from the Psychiatrist, as if he was on his own. *Id.* at 27. He had believed the medication was not helping him and did not believe the Psychiatrist could help him either, so he felt he needed to "find something on my own." *Id.* at 27–28. He testified that many friends had told him "it's up to you to[] get better." *Id.* at 28. The Individual testified that he had learned that he can trust his medical providers and that he needs to follow their guidance. *Id.* at 38.

The Individual testified that he was attending therapy and psychiatric appointments regularly. Tr. at 24–25. He testified that in therapy, he worked on managing stress and talked about "what's on my mind, just life situations, whatnot." *Id.* at 25. His therapist had been aware of his use of red light therapy, but the Psychiatrist had not. *Id.* at 28. The Individual testified that his therapist had believed the red light therapy was "self-care" and that it was a good idea. *Id.* at 30. He further testified that he had been influenced to try the red light therapy because the owner of his gym had been heavily promoting it. *Id.* He testified that he stopped doing the red light therapy in October 2025 and stopped the peptide injections in early July 2025. *Id.* at 31. He testified that he was not seeking any treatments or therapies outside of his therapist and Psychiatrist at the time of the hearing. *Id.*

[4] The Individual testified at the hearing that he withheld information from the Psychiatrist, including that he had stopped taking his prescribed medications. Tr. at 27. He characterized the Psychiatrist's assertions about his compliance as incorrect. *Id.* at 24.

The Individual testified that he had not experienced suicidal ideations or urges after his July 2024 hospitalization. Tr. at 39–40. Leading up to that hospitalization, the Individual had been taking his medications as prescribed, but felt trapped by his job, had broken up with his girlfriend, and did not see "a happy path forward" for himself. *Id.* at 40–41. Going through the motions of purchasing antifreeze to end his life felt comforting because he felt like he was taking action to rid himself of his problems. *Id.* at 41.

The Individual testified he believed that when he was initially evaluated by the Psychologist, he did have a condition that impaired his judgment, reliability, trustworthiness, and stability. Tr. at 43. However, he believed that he had now stabilized and his condition was under control such that he no longer experienced such impairment. *Id.* He felt calm, stable, and focused and believed that his condition was no longer a problem. *Id.* at 45. He believed ten months was sufficient time to show that he was stabilized. *Id.* He wanted to continue taking his medication as prescribed and wanted to remain physically active to help maintain his mood. *Id.* at 53. The Individual planned to handle elevated stress at work by staying in close communication with his boss. *Id.* at 63. He testified that his boss was not aware of his psychiatric diagnosis. *Id.*

The Psychologist testified at the hearing that he believed the Individual still suffered from the same mental health condition that had led to his hospitalizations—Schizoaffective Disorder, Bipolar type. Tr. at 114, 136. He testified that the Individual's prognosis remained poor. *Id.* at 123, 137. He testified that Schizoaffective Disorder, Bipolar type, was a chronic condition that "moves in a ton of waves in and out of a person's life." *Id.* The Psychologist noted the cyclical nature of the Individual's major mental health crises—hospitalization every July for the preceding three years—and opined that the Individual's mental health condition was not currently controlled by treatment and medication such that it would not impair his judgment. *Id.* at 131. He testified that while some people diagnosed with Schizoaffective Disorder can manage their symptoms, about 50% of those diagnosed "just barely manage" their symptoms. *Id.* at 132. He testified that he did not know whether adherence to treatment and medication plans would result in the Individual's condition being controllable. *Id.* He testified, "I believe his symptoms are managed, but we don't know what's going to happen tomorrow or the next day." *Id.* at 133. He hypothesized that perhaps after eighteen more months of the Individual adhering to treatment he might be able to form a more certain opinion. *Id.* The Psychologist testified that he would need to see "two years of compliance, improvement, a lack of symptomology to be able to say something favorable about his prognosis." *Id.* at 134. He believed the Individual's condition was permanent and that there was no evidence that it was currently in remission. *Id.* Thus, the Psychologist testified that the Individual's Schizoaffective Disorder still constituted a condition that impaired his judgment, reliability, trustworthiness, and stability. *Id.* at 136.

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.

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;
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> (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. None of the mitigating conditions apply.

Regarding condition (a), the Individual's psychological condition is not readily controllable with treatment. According to the Psychologist, half of those diagnosed with Schizoaffective Disorder, Bipolar type, are only barely able to manage their symptoms. Moreover, given the Individual's long history of noncompliance with medication regimens, the less than one year period since his last hospitalization is not enough time to demonstrate consistent compliance. He also hid his previous noncompliance from the Psychiatrist, calling into question whether her account of his compliance with treatment since July 2025 is accurate.

Regarding condition (b), the Individual is attending counselling but, as previously stated, it is unclear whether his condition is amenable to treatment. While the Psychiatrist wrote that his prognosis is favorable, she did not have complete information about the Individual's medication

history, which reduces the weight of her prognosis. In contrast, the Psychologist, who had a more complete view of the Individual's history, gave the Individual a poor prognosis.

Regarding condition (c), as previously stated, the Psychologist—whose opinions carry more weight than those of the Psychiatrist for reasons also previously stated—opined that the Individual's condition is not, at this time, under control or in remission. Similarly, regarding condition (d), the Individual's condition is not temporary and has not been resolved. Finally, regarding condition (e), the uncertainty about the Individual's compliance with treatment and future symptoms indicates that, as of now, there is still a problem. The worry is not about today, for we already know what has happened and can assess the risk with certainty. The worry is that tomorrow, next month, or next year the Individual may go through another cycle of crisis, instability, and hospitalization. Without confidence that he will be able to control his condition for the long-term, I cannot find that there is no current problem.

For the foregoing reasons, I find that the Individual has not mitigated the security concerns raised 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 Guideline 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