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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: October 4, 2022) Case No.: PSH-23-0001
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Issued: January 4, 2023

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."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. BACKGROUND

The Individual's eligibility for access authorization was investigated in 2019, and on May 6, 2019, she was interviewed by an investigator. Exhibit (Ex.) 7 at Bates 125.² The Individual did not disclose any psychological symptoms or diagnoses during her interview with the investigator. *Id.* at Bates 125–26. On November 9, 2020, the Individual completed and signed a Questionnaire for National Security Positions (QNSP) in connection with continuing her access authorization. Ex. 6 at Bates 84; Hearing Transcript (Tr.) at 40. She checked boxes marked "no" on the QNSP in response to questions asking whether she had ever been hospitalized for a mental health condition, had been diagnosed with one of several enumerated psychological conditions, or had a mental health condition that substantially adversely affected her judgment, reliability, or trustworthiness even if she was not actively experiencing symptoms of that condition. Ex. 6 at Bates 114–15.

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 exhibits submitted by the local security office (LSO) were Bates numbered in the lower right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the LSO, except for Ex. 4 which was submitted after the LSO's other exhibits and contains Bates numbering that overlaps with other exhibits.

In 2021, the Individual revealed to her employer that she had voluntarily admitted herself to a hospital on September 6, 2021, due to suicidal ideation. *See* Ex. 4 at 5;³ *see also* Ex. 5 at Bates 31 (reflecting notes prepared by an employee of the hospital during the Individual’s intake showing that she complained of suicidal ideation and reported previous hospitalization due to psychiatric symptoms). A clinician at the hospital diagnosed the Individual with Major Depressive Disorder, Recurrent, Severe, and Unspecified Anxiety Disorder. Ex. 5 at Bates 76.

The Individual subsequently met with a DOE-contracted psychologist (DOE Psychologist) for a clinical interview. Ex. 4 at 2. During the clinical interview, the Individual revealed a lengthy history of anxiety, depression, suicidal ideation, and self-harm which she had not disclosed on the QNSP. *Id.* at 3–5. She also indicated that the episode that led to her 2021 hospitalization was triggered by her husband learning that she had engaged in an extra-marital affair, and she disclosed to the DOE Psychologist that she had engaged in numerous extra-marital affairs. *Id.* at 3–4. Following the clinical interview, the DOE Psychologist issued a psychological assessment (Report) in which he opined that the Individual met sufficient diagnostic criteria for a diagnosis of Borderline Personality Disorder under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*, and that this condition impaired her judgment, stability, reliability, and trustworthiness. *Id.* at 7–8.

The local security office (LSO) issued the Individual a letter notifying her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. Ex. 2 at Bates 2–3. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline E (Personal Conduct) and Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id.* at Bates 4–6.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 1 at Bates 1. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted seven exhibits (Ex. 1–7). The Individual did not submit any exhibits. The Individual testified on her own behalf. Tr. at 3, 11. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 56.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline E (Personal Conduct) of the Adjudicative Guidelines as the first basis for its suspension of the Individual’s access authorization. Ex. 2 at Bates 5–6. “Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual’s reliability, trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.” Adjudicative Guidelines at ¶ 15. The SSC cited the Individual’s extra-marital affairs, numerous suicide attempts, and failure to disclose her history of psychological symptoms, suicidal ideation,

³ As the Bates numbering of Exhibit 4 overlaps with the Bates numbering of other exhibits, and Exhibit 4 was submitted as a separate file from the LSO’s other exhibits, this Decision cites to the pages within Exhibit 4 in the order in which they appear regardless of their internal pagination.

and hospitalization following suicide attempts to the investigator or on the QNSP. Ex. 2 at Bates 5–6. The LSO’s allegations that the Individual deliberately omitted derogatory information she was required to disclose on the QNSP, failed to disclose relevant information concerning her psychological condition to the investigator, and engaged in extra-marital affairs which could create a vulnerability to exploitation, manipulation, or duress justify its invocation of Guideline E. Adjudicative Guidelines at ¶ 16(a)–(b), (e).

The LSO cited Guideline I (Psychological Conditions) as the other basis for its suspension of the Individual’s access authorization. Ex. 2 at Bates 4. “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline.” Adjudicative Guidelines at ¶ 27. The SSC cited the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria for a diagnosis of Borderline Personality Disorder under the *DSM-5*, the Individual’s suicide attempts and extra-marital affairs, the Individual’s hospitalizations following suicide attempts, and the hospital clinicians’ diagnosis of the Individual with Major Depressive Disorder. Ex. 2 at Bates 4. The LSO’s allegations that the Individual engaged in behavior that casts doubt on her judgment, stability, reliability, or trustworthiness, the opinions of the DOE Psychologist and hospital clinicians that the Individual has a psychological condition that could impair her judgment, stability, reliability, or trustworthiness, and her hospitalizations following suicide attempts justify the LSO’s invocation of Guideline I. Adjudicative Guidelines at ¶ 28(a)–(c).

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 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. 10 C.F.R. § 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

The Individual began engaging in self-harm as an adolescent by habitually scratching herself with instruments to cause bleeding. Ex. 4 at 3. The Individual first attempted suicide as a minor when her boyfriend, who is now her ex-husband, planned to leave the area in which she resided to pursue work elsewhere. *Id.*; *but see* Tr. at 30–31 (reflecting the Individual’s testimony at the hearing that she did not desire to die but intended to harm herself enough to make others pay attention to her). The Individual attempted suicide because she feared being “left alone, abandoned.” Ex. 4 at 3. The Individual’s suicide attempt caused her to fall into a coma, and she was hospitalized for several days until medically stabilized. *Id.*

The Individual and her husband married in 2018. Ex. 6 at Bates 107. Shortly after the marriage, the Individual began to feel that her husband had “emotionally abandoned” her. Ex. 4 at 3. In response to marital conflict, the Individual, who was pregnant at the time, threatened that if her husband left her, she “would kill [herself] and kill his child who he had not yet seen.” *Id.* The Individual subsequently attempted suicide again. *Id.*; *see also* Ex. 5 at Bates 61 (indicating that the Individual reported to the hospital in 2021 that she attempted suicide on two occasions while pregnant). Shortly thereafter, the Individual’s doctor prescribed her an antidepressant. Ex. 4 at 3.

On May 6, 2019, the Individual met with the investigator for an interview concerning her eligibility for access authorization. Ex. 7 at Bates 125–26. She did not disclose her history of psychological symptoms, suicide attempts, or hospitalization following a suicide attempt. *Id.* On November 9, 2020, the Individual completed and signed the QNSP. Ex. 6 at Bates 84. She certified that her statements therein were “true, complete, and correct to the best of [her] knowledge and belief” *Id.* The Individual checked boxes on the QNSP marked “no” in response to questions asking whether she had ever been hospitalized for a mental health condition, diagnosed with one of several enumerated psychological conditions, or had a mental health condition that substantially adversely affected her judgment, reliability, or trustworthiness even if she was not actively experiencing symptoms of that condition. *Id.* at Bates 114–15; *see also* Tr. at 37 (attributing her lack of candor to a desire not to think about unpleasant incidents like her hospitalization for attempted suicide).

Beginning in May 2021, the Individual engaged in extra-marital affairs with five men, including some whom she met online, over a period of several months when her husband was away from home. Ex. 4 at 3. The Individual indicated that she sought out the affairs because her husband was paying her insufficient attention and she “wanted to feel special.” *Id.* During this period, the Individual engaged in what she characterized as an “overdose” of over-the-counter pain medication during a fight with her husband which caused her to vomit but did not result in hospitalization. *Id.* at 4. She also continued to engage in self-mutilation. Ex. 5 at Bates 62.

On September 5, 2021, the Individual travelled to stay with a male acquaintance with whom she had engaged in an affair. Ex. 4 at 4. The Individual divulged the nature of the trip to her sister-in-law because she wanted her husband to know of her affairs, and she believed that if her sister-in-law conveyed the information to her husband in a “gentle” way that things “would be ‘okay.’” *Id.* When the Individual returned home from her trip on September 6, 2021, she found her husband and members of both his and her family waiting with her belongings packed in a vehicle. *Id.*

The Individual voluntarily admitted herself to a hospital on the afternoon of September 6, 2021, complaining of suicidal ideation. Ex. 5 at Bates 31, 39. A clinician at the hospital diagnosed the

Individual with Major Depressive Disorder, Recurrent, Severe, and Unspecified Anxiety Disorder.⁴ *Id.* at Bates 76. The hospital discharged the Individual on September 11, 2021. *Id.* at Bates 27. The hospital's discharge notes cited the Individual's "[i]nadequate coping skills [and] [l]imited insight" as barriers to her recovery. *Id.* at Bates 80. Shortly thereafter, the Individual disclosed her hospitalization to a member of her management chain. Ex. 4 at 5. She met with a Licensed Clinical Social Worker (LCSW) for four individualized counseling sessions and five couples counseling sessions with her husband following her discharge from the hospital. *Id.* at 4.

On June 13, 2022, the Individual met with the DOE Psychologist for a psychological assessment. *Id.* at 2. During the clinical interview phase of the psychological assessment, the Individual described her moods as "vary[ing] dramatically during the day" and said that "[i]f things don't go the right way, [she] get[s] upset[,] anxious[,] and fidgety." *Id.* at 6. She explained that her "sense of herself and of others can change depending on whether something happens that she does not like." *Id.* She reported last having experienced suicidal ideation in October 2021. *Id.* at 7.

As part of the psychological assessment, the DOE Psychologist administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) to the Individual. *Id.* at 6. The DOE Psychologist indicated in his Report that the Individual tended to answer "true" in response to "true/false" questions on the MMPI-3 regardless of the question, producing results which were "highly contradictory" and indicative of a "non-cooperative test taking approach."⁵ *Id.* When the DOE Psychologist inquired about these discrepancies, the Individual reported that she had taken the questions seriously and had not experienced any difficulties completing the test. *Id.* The DOE Psychologist interpreted the results of the MMPI-3, together with the Individual's claims to have taken the test carefully and in good faith, as indicative of a "willingness to be deceptive." *Id.*

On June 21, 2022, the DOE Psychologist issued his Report in which he opined that the Individual met sufficient diagnostic criteria for a diagnosis of Borderline Personality Disorder under the *DSM-5*.⁶ *Id.* at 7. He further opined that the Individual's Borderline Personality Disorder impaired her judgment, reliability, and trustworthiness. *Id.* at 7–8. He recommended that the Individual undergo treatment with a clinician "trained and experienced in dialectical behavior therapy" supported by medication for anxiety. *Id.* at 8. He opined that the necessary length for such

⁴ In his Report, the DOE Psychologist opined that self-mutilation was not a behavior associated with Major Depressive Disorder and that the presence of this behavior in the Individual, combined with the low lethality of her self-described suicide attempts since adolescence, indicated that Borderline Personality Disorder was a more appropriate diagnosis. Ex. 4 at 5; *see also* Tr. at 29, 31–32 (reflecting the Individual's testimony at the hearing that she had engaged in self-harm in hopes that others would pay attention to her and not out of a *bona fide* desire to seriously harm herself).

⁵ For example, the Individual endorsed as "true" both the statement that "I am certainly lacking in self-confidence" and the statement that "I am entirely self-confident." Ex. 4 at 6.

⁶ Specifically, the DOE Psychologist found that the Individual met the following diagnostic criteria for Borderline Personality Disorder: (1) frantic efforts to avoid real or imagined abandonment; (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation; (3) identity disturbance; (4) impulsivity in at least two areas that are potentially self-damaging; (5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior; (6) affective instability due to a marked reactivity of mood; (7) chronic feelings of emptiness; and, (8) inappropriate, intense anger or difficulty controlling anger. Ex. 4 at 7; *see also* AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 663 (5th ed. 2013) (listing the diagnostic criteria for Borderline Personality Disorder).

treatment was indeterminate and would depend on the Individual's responsiveness to treatment. *Id.*

The Individual and her ex-husband divorced in November 2022. Tr. at 19. The Individual attributed the divorce to arguments initiated by her ex-husband who "wouldn't let [her marital infidelity] go," which conflicted with her desire to "be at peace with it" and put the matter behind them. *Id.* at 18–19.

At the hearing, the Individual testified that she had been meeting with a counselor (Counselor) for "a few months []." ⁷ *Id.* at 50. The Individual reported that the counseling focused on identifying triggers for her "depression and anxiety disorder." *Id.* at 16. However, the Individual had not met with the Counselor for approximately one month prior to the hearing due to scheduling difficulties. *Id.* at 16. The Individual also reported having been prescribed medication by a doctor to help her manage anxiety and stabilize her mood. *Id.* at 14–15, 43.

The Individual testified that she has felt "good . . . like [she] can accomplish anything," since beginning her current medication regimen. *Id.* at 14. She reported experiencing bouts of anxiety, characterized by panic attacks in big crowds or picking at her nails or skin when stressed, which she manages by stepping away or taking a moment to compose herself. *Id.* at 15. The Individual reported having noticed significant improvement since undergoing counseling in that episodes of impulsive behavior related to anxiety are shorter and not as "chaotic." *Id.* at 17. She denied having experienced a desire to self-harm since undergoing treatment. *Id.*

The DOE Psychologist opined that a person with Borderline Personality Disorder could completely change their sense of self and relationships with others in a matter of moments and that in the absence of a "consistent self" a person could not be relied on to do the same things or have the same opinions from one day to the next. *Id.* at 58–59. He further opined that the condition is characterized by emotionality and acting out when experiencing feelings of dysphoria or anger. *Id.* at 59–60. He denied that a person could overcome this behavior by recognizing that the pattern was negative or through medication, and instead asserted that only through one or more years of intensive treatment could a person overcome these impulses. *Id.* at 60, 65–66. He further indicated that Borderline Personality Disorder is a permanent condition that a person must manage throughout their life. *Id.* at 65–66.

The DOE Psychologist explained that, in light of the rapid onset of symptoms for persons with Borderline Personality Disorder, it is essential that they have frequent and adequate access to their treatment professional and that the Individual's inability to see her Counselor for as much as a month at a time is not positive for her recovery. *Id.* at 61. He opined that the Individual's Borderline Personality Disorder was not under control or in remission. *Id.* at 68. He further opined that, in light of the seriousness of the Individual's condition and the lack of evidence that she had completed the rigorous treatment necessary to overcome it, there is a high probability that she will continue to experience symptoms of Borderline Personality Disorder that would impair her trustworthiness and reliability. *Id.* at 66–69.

⁷ I invited the Individual to submit records of her treatment to establish the duration and nature of the services provided to her by the Counselor. Tr. at 45–46. The Individual did not submit these records.

V. ANALYSIS

A. Guideline E

The LSO's allegations that the Individual deliberately failed to disclose relevant information concerning her psychological condition on the QNSP and to the investigator, and engaged in potentially compromising extra-marital affairs, justify its invocation of Guideline E. Adjudicative Guidelines at ¶ 16(a)–(b), (e). Conditions that could mitigate security concerns under Guideline E include:

- (a) the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;
- (b) the refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;
- (c) the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;
- (d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;
- (e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;
- (f) the information was unsubstantiated or from a source of questionable reliability; and,
- (g) association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17(a)–(g).⁸

The period of time that elapsed between the Individual's omissions concerning her psychological symptoms and her disclosure of her hospitalization for attempted suicide – over two years from the interview with the investigator and approximately one year from her completion of the QNSP – is too great for me to conclude that she made prompt efforts to correct the omissions. Moreover, the Individual only disclosed her psychological symptoms to her manager following a five-day

⁸ The second mitigating condition is inapplicable to the facts of this case because the Individual has not asserted that she relied on the advice of counsel in failing to disclose her psychological condition to the investigator or on the QNSP. Adjudicative Guidelines at ¶ 17(b). The sixth mitigating condition is not relevant because the LSO's allegations were not based on unsubstantiated information or sources of questionable reliability. *Id.* at ¶ 17(f). The seventh mitigating condition is also inapplicable because the LSO did not assert that the Individual associated with persons involved in criminal activities. *Id.* at ¶ 17(g).

hospitalization which likely required her to explain her absence from work. As the Individual's disclosure was likely prompted by her hospitalization and occurred years after her first relevant omission, I find the first mitigating condition inapplicable. *Id.* at ¶ 17(a).

The Individual's omissions concerning her psychological condition to the investigator and on the QNSP were significant as the psychological symptoms she concealed, most notably her hospitalization for attempted suicide, were of significant importance to her eligibility for access authorization. Moreover, the derogatory information that the Individual concealed was part of a pattern of behavior consistent with her Borderline Personality Disorder that has recurred since she was a minor. In light of the significance of the Individual's omissions, and the recurrent nature of the derogatory behaviors she concealed, I find the third mitigating condition inapplicable. *Id.* at ¶ 17(c).

The Individual's acknowledgement of her derogatory behavior and participation in counseling potentially implicate the fourth mitigating condition. However, it is not apparent that the Individual's lack of candor in the interview with the investigator or on the QNSP were the product of her Borderline Personality Disorder and therefore I am not convinced that resolving her Borderline Personality Disorder would make the Individual more likely to disclose derogatory information in the future. Even if I was convinced that the Individual could resolve her lack of candor through counseling, the opinion of the DOE Psychologist that her Borderline Personality Disorder symptoms are likely to recur leads me to conclude that the fourth mitigating condition is inapplicable. *Id.* at ¶ 17(d).

The Individual's disclosure of her marital infidelity to her family and divorce from her ex-husband make it extremely unlikely that she could be manipulated as a result of her marital infidelity in the future. However, while this partially mitigates the security concerns related to her marital infidelity, it does not mitigate the security concerns related to her lack of candor to the investigator or on the QNSP. *Id.* at ¶ 17(e).

For the aforementioned reasons, I find that the Individual's omissions to the investigator and on the QNSP present serious security concerns, and I am not convinced that she will proactively disclose derogatory information in the future. For these reasons, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline E.

B. Guideline I

The LSO's allegation that the Individual's behavior casts doubt on her judgment, stability, reliability, or trustworthiness, the opinions by the DOE Psychologist and hospital clinicians that the Individual has a psychological condition that could impair her judgment, stability, reliability, or trustworthiness, and her hospitalizations following suicide attempts justify the LSO's invocation of Guideline I. Adjudicative Guidelines at ¶ 28(a)–(c). Conditions that could mitigate security concerns under Guideline I include:

- (a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

- (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) [a] recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government [indicates] 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; and,
- (e) there is no indication of a current problem.

Id. at ¶ 29(a)–(e).

The Individual has not adequately described her treatment plan for me to conclude that it is appropriate in light of the DOE Psychologist's opinion and recommendations, and she has provided minimal information concerning her compliance with whatever treatment plan the Counselor has developed. Even if she had provided greater detail concerning her treatment, the DOE Psychologist opined that the frequency of the Individual's treatment was inadequate to manage Borderline Personality Disorder in light of the intensity of treatment required to manage the condition and the need to promptly address its rapid onset symptoms. Therefore, I find the first mitigating condition inapplicable. *Id.* at ¶ 29(a).

The Individual reported that the symptoms from her Borderline Personality Disorder have significantly moderated. However, her testimony alone, unsupported by a corroborating opinion from a clinician, is insufficient to carry her heavy burden of proof under the Part 710 regulations to show that restoring her 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). Moreover, in light of the DOE Psychologist's testimony concerning the rapid onset of the symptoms of Borderline Personality Disorder, even if the Individual was completely symptom free as of the date of the hearing, that would do little to show that the problematic behavior related to her Borderline Personality Disorder is not a current problem as it could quickly reappear.

As the Individual did not provide any information from a clinician as to her prognosis, and the DOE Psychologist's prognosis for the Individual was not positive, the second mitigating condition is inapplicable. Adjudicative Guidelines at ¶ 29(b). The third mitigating condition is inapplicable because the DOE Psychologist opined that the Individual's condition was not under control or in remission and that she had a high probability for recurrence of problematic symptoms of Borderline Personality Disorder. *Id.* at ¶ 29(c). The fourth mitigating condition is inapplicable because the Individual's condition is not temporary, and the DOE Psychologist opined that it is not under control. *Id.* at ¶ 29(d). The fifth mitigating condition is inapplicable because of the lack of information from the Individual's Counselor as to her current status and because of the risks of rapid reoccurrence of symptoms as described by the DOE Psychologist in his testimony. *Id.* at ¶ 29(e).

In light of the lack of evidence as to the content and progress of the Individual's treatment, and the unfavorable opinion from the DOE Psychologist, I find that the Individual's Borderline Personality Disorder continues to undermine her judgment, stability, reliability, or trustworthiness. Accordingly, I find that the Individual has not mitigated the security concerns asserted by the LSO under Guideline I.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines E and I of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals