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

In the Matter of: Personnel Security Hearing)	
)	
Filing Date: January 29, 2025)	Case No.: PSH-25-0076
)	
_____)	

Issued: April 25, 2025

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual should not be granted access authorization.

I. BACKGROUND

The Individual applied for employment with a DOE contractor in a position that requires a security clearance. Exhibit (Ex.) 1 at 2.² As part of her application for a security clearance, the Individual submitted a Questionnaire for National Security Positions (QNSP) in June 2023. Ex. 4 at 98. Therein, she disclosed that she had been hospitalized twice for her mental health, she denied any illegal drug or controlled substance use in the last seven years, and she denied any involvement in the illegal purchase of any drug or controlled substance in the last seven years. *Id.* at 89–92. In October 2023, the DOE Local Security Office (LSO) issued a Letter of Interrogatory (LOI) to the Individual. *See* Ex. 5; Ex. 6. Based on the information in her response, including medical records, the LSO requested that the Individual be evaluated by a DOE-consultant psychologist (DOE Psychologist) in May 2024. Ex. 8.

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as "access authorization" or "security clearance."

² The Local Security Office combined and submitted Exhibits 1 through 8 in a single, 240-page PDF. References to the LSO's Exhibits 1 through 8 are to the exhibit number and the PDF page number. The LSO submitted Exhibit 9 as a separate PDF with page numbers. References to Exhibit 9 refer to its internal pagination.

Subsequently, the LSO informed the Individual by letter (Notification Letter) that it possessed reliable information that created substantial doubt regarding her eligibility to possess a security clearance. Ex. 1 at 2–4. In an attachment to the Notification Letter, entitled Summary of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guidelines E, H, and I of the Adjudicative Guidelines. *Id.* at 5–9.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. 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 review hearing. At the hearing, the Individual testified, and the LSO presented the testimony of the DOE Psychologist. Hearing Transcript, OHA Case No. PSH-25-0076 (Tr.) at 3. The Individual submitted twelve exhibits, marked Exhibits A through L.³ The LSO submitted nine exhibits, marked Exhibits 1 through 9.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The record reflects that the Individual was evaluated by a psychologist in May 2021 and August 2021 (2021 Psychologist); the DOE Psychologist in May 2024; and another psychologist in March 2025 (2025 Psychologist). Ex. E at 13 (2021 Psychologist’s Report); Ex. 8 at 233 (DOE Psychologist’s Report); Ex. K at 5 (2025 Psychologist’s Report). The information contained in these reports was cited in the SSC.

As indicated above, the LSO cited Guideline E (Personal Conduct), Guideline H (Drug Involvement and Substance Misuse), and Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the bases for concern regarding the Individual’s eligibility to possess a security clearance. Ex. 1.

Guideline E provides that “[c]onduct 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.” Adjudicative Guidelines at ¶ 15. “Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.” *Id.* Conditions that could raise a security concern include:

- (a) deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;
- (b) deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an employer, investigator, security

³ The Individual’s exhibits are composed of two separate PDF exhibit books. The first exhibit book contains Exhibits A through I. The second contains Exhibits J through L. References to these exhibits are to the exhibit letter and the PDF page number.

official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative;

....

Id. at ¶ 16.

The SSC recounts that the Individual (1) denied drug use in the preceding twelve months during her May 2024 evaluation with the DOE Psychologist; (2) responded “No” in her June 2023 QNSP to a question asking whether she had used illegal drugs in the past seven years; and (3) responded “No” in her June 2023 QNSP to a question asking whether she had been involved in the illegal purchase of any drugs within the last seven years, which contradicted information in her medical records and her response to the December 2023 LOI that she had used marijuana as recently as September 2023. Ex. 1 at 8. The cited information justifies the LSO’s invocation of Guideline E.

Guideline H provides that “the illegal use of controlled substances . . . can raise questions about an individual’s reliability and trustworthiness, both because such behavior may lead to physical or psychological impairment and because it raises questions about a person’s ability or willingness to comply with laws, rules, and regulations.” Adjudicative Guidelines at ¶ 24. Conditions that could raise a security concern include “any substance misuse[,]” which includes “illegal use of controlled substances . . .”; “illegal possession of a controlled substance, . . . including purchase. . .”; and “diagnosis by a duly qualified medical or health professional . . . of substance use disorder . . .” *Id.* at ¶ 25(a), (c)–(d). In addition to the above information regarding past drug use, the SSC also listed (1) the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria under the *Diagnostic and Statistical Manual of Mental Disorders – Text Revision (DSM-5-TR)* for a diagnosis of cannabis use disorder, mild; (2) the Individual’s medical records indicating she used marijuana daily in 2021 and was diagnosed with cannabis abuse, uncomplicated, that year; and (3) that she was diagnosed with marijuana use disorder, severe, in 2020. Ex. 1 at 5–6. The cited information justifies the LSO’s invocation of Guideline H.

Guideline I provides that “[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern include “[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness”; “voluntary or involuntary inpatient hospitalization”; or “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[.]” *Id.* at ¶ 28(b)–(d). The SSC listed the following diagnoses: (1) borderline personality disorder and bipolar disorder from the DOE Psychologist in May 2024, which “could result in impulsivity, impaired judgment, instability, and unreliability,” (2) “anxiety disorder, unspecified[,] and major depression, current, severe, nonpsychotic” from a hospital (Hospital 1) in 2020; (3) “bipolar disorder, mixed, and borderline personality disorder” from a hospital (Hospital 2) in 2021; and (4) “bipolar disorder, in full remission, most recent episode hypomanic” from an outpatient treatment provider (Outpatient Provider). Ex. 1 at 6–7. The SSC also noted that medical records demonstrated that the Individual

failed to follow a prescribed treatment plan by continuing to use marijuana despite her treatment provider's recommendations. *Id.* at 7. The cited information justifies the LSO's invocation of Guideline I.

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 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 her eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

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

A. Individual's Background, Early Marijuana Use, and 2020 Hospitalization

The Individual disclosed a history of self-harm and mental health treatment from a young age. Ex. K (2025 Psychologist's Report recounting that the Individual "believes the first incident occurred when she was 13 years old . . ."). While in high school, she smoked marijuana "sporadic[ly]" and "socially." Tr. at 20, 47–48; Ex. 8 at 235. The Individual graduated high school and began attending community college the same year. Tr. at 14; Ex. 8 at 234. She testified that she contemporaneously saw both a therapist and nurse practitioner from 2017 to March 2019 for medication management and therapy to address depression. Tr. at 36.⁴ She saw the therapist weekly and the nurse practitioner monthly. *Id.*

⁴ The 2025 Psychologist's Report reflects that the Individual first initiated psychiatric and counseling services in 2018 and that in 2019 she received counseling services from a counselor and prescription services from a doctor. Ex. K at 6.

The Individual testified to being sexually assaulted in December 2019. *Id.* at 22. She explained that she “didn’t know how to cope very well” and felt “isolated” having recently graduated from high school. *Id.* at 23. The Individual further testified that she disclosed her struggles to her therapist who in turn “suggested that [she] go to the hospital for . . . observation and treatment.” *Id.* The Individual then voluntarily admitted herself to Hospital 1 for suicidal ideation in late February 2020 and was discharged in early March 2020. *Id.* at 23–24; Ex. 6 at 193.

The discharge paperwork from Hospital 1 indicates that the Individual was diagnosed with “[a]nxiety disorder, unspecified”; “[m]ajor depression, recurrent, severe, nonpsychotic”; and “[m]arijuana use disorder, severe.” Ex. 6 at 193. The paperwork further reports that she was “admitted voluntarily due to concerns of self-injurious behavior” including an “attempt[] to overdose 3 days prior to coming into the hospital.” *Id.* at 193, 204, 215. At the hearing, the Individual testified that this medical record was inaccurate as she had “never actually made an attempt at [her] life.” Tr. at 43. She further testified that hospital records describing “self-injurious behavior by cutting and passive suicidal ideation with a plan to overdose” more accurately reflected the reason for her admittance. *Id.* at 77 (quoting Ex. 6 at 193).

The discharge paperwork further reports that the Individual “smoke[d] marijuana daily, which [the treatment provider] recommended that she stop” Ex. 6 at 193. At the hearing, the Individual acknowledged that she “began to smoke more” as a “maladaptive coping skill[]” and as “an attempt to self-medicate[.]” Tr. at 21.

B. Individual’s 2021 Hospitalization, the 2021 Psychologist’s Report, and the Individual’s Continued Marijuana Use

The Individual testified that, from February 2020 to June 2022, she saw a psychiatrist monthly for medication management and a therapist weekly. *Id.* at 37. The Individual testified that, in 2021, she was again sexually assaulted and experienced “a very low period” *Id.* at 26. After resultantly experiencing thoughts of death and hurting herself, she checked into Hospital 2 in January 2021. *Id.* at 26–27.

The intake paperwork from the Individual’s January 2021 admission to Hospital 2 reflects that the Individual arrived voluntarily,⁵ was evaluated for depression and suicidal ideation, and had a plan to overdose on her medication. Ex. 6 at 168. The paperwork also reflected that the Individual, in 2021, engaged in recreational use of marijuana approximately “1-2 times per week[.]” *Id.* at 168, 73. A nurse’s “Narrative Note” from Hospital 2 recounts that the Individual admitted to smoking marijuana daily. *Id.* at 165. Treatment providers at Hospital 2 diagnosed the Individual with “[b]ipolar disorder, current episode mixed, unspecified”; “[b]orderline personality disorder”; and “[c]annabis abuse, uncomplicated[.]” *Id.* at 161. The Individual testified that she does not agree with the bipolar diagnosis “because they saw [her] for a short period of time” and because “follow-up treatment” made no mention of “traits associated with borderline personality disorder or bipolar.” Tr. at 27.

⁵ However, the Individual’s discharge paperwork from Hospital 2 noted her “Admission Status” as “Involuntary, Mental Health Commitment.” Ex. 6 at 159.

In a written response to the SSC, the Individual also disputed the diagnoses from Hospital 2 based on the 2021 Psychologist's Report: "In contrast [to Hospital 2], a comprehensive psychological evaluation performed later that year . . . did not diagnose me with borderline personality disorder or bipolar disorder." Ex. 3 at 22 (emphasis in original). The 2021 Psychologist's Report indicates that the Individual underwent an evaluation in May 2021 and August 2021 and reflects the following diagnoses: "[t]he evaluation results, history of the presenting problem, evaluation results and behavioral observations throughout the assessment were consistent with her previous diagnosis of [m]ajor [d]epressive [d]isorder, [m]oderate [s]everity in partial remission, [g]eneralized [a]nxiety [d]isorder with panic attacks, and [d]ependent [p]ersonality traits." Ex. E at 13, 16.

In her testimony, the Individual admitted that after the 2021 hospitalization she continued to use marijuana, as she had "not fully committed to quitting marijuana." Tr. at 29. She testified that, after the January 2021 hospitalization, she began attending group therapy from April 2021 through May 2022. *Id.* at 37. The Individual described the group as "a skills group that taught . . . better skills to cope with mental health struggles." *Id.* The Individual testified that in August 2022 she began seeing a nurse practitioner through her Outpatient Provider for monthly meetings and medication management. *Id.* at 39. The Outpatient Provider's records also list a diagnosis of "[b]ipolar disord[er], in full remis[sion], most recent episode hypomanic[.]" Ex. 6 at 190. From December 2023 through May 2024, the Individual attended weekly therapy to help with adjusting to her move to a different state. Tr. at 38–39.

C. Individual's Application for Access Authorization and Most Recent Marijuana Use

Contemporaneous with her treatment with the Outpatient Provider, the Individual submitted the June 2023 QNSP, in which she denied any use or purchase of drugs within the last seven years. Ex. 4 at 89–92. The October 2023 notes from the Outpatient Provider recount the following: (1) "[Patient] reports: 'I stopped smoking weed for 1 month now . . .'" and (2) "I keep testing for cannabis even though it has been about 70 days since I last used." *Id.* at 187; *see also* Tr. at 65 (testifying that she tested herself at home for "peace of mind" because she was taking a pre-employment drug test). Thus, the notes indicate her last marijuana use occurred as recently as September 2023. The Individual's response to the December 2023 LOI stated, in contrast, that she had not consumed "THC" since July 2022. Ex. 7 at 227. In the same response, she also admitted to purchasing marijuana in the past. *Id.* She explained that she omitted both the use and purchase of marijuana from the QNSP "because [she] had the misconception [the QNSP] was talking about harder drugs only . . . , not cannabis which is legal" under state law. *Id.* at 228. During the hearing, she testified that this misconception arose because the question on the QNSP included words like "injection" and "snorting" though she acknowledged the QNSP also included words like "inhaling" and "swallowing." Tr. at 56–57.

In a January 2025 written declaration responding to the SSC, the Individual stated that the records from the Outpatient Provider indicating that she "was smoking cannabis until September 2023 [were] inaccurate." Ex. 3 at 22. At the hearing, the Individual again maintained that the records

were the result of a mistake or “transcription error.” Tr. at 19, 50. The Individual testified that the actual date she last smoked marijuana was January 2023.⁶ *Id.* at 19.

To substantiate her abstinence from marijuana use, the Individual submitted a “Urine Chain of Custody Form” evincing that she took a urine test in June 2023. Ex. B at 6. The Individual testified that the urine test was a “pre-employment drug test” she submitted to the DOE contractor that tested for marijuana use. Tr. at 34. The Individual did not submit the results of this drug test, nor does the form specify which drugs the test covered. *See generally* Ex. B at 6. However, the Individual maintained that the results were “[n]egative” and that “if [she] would have failed it . . . , it would have been in the [SSC]” Tr. at 34–35. The Individual also submitted drug test results from January 2025 and February 2025 that were negative for marijuana use. Ex. C at 7; Ex. J at 3. She also testified that she no longer associates with individuals who sell or use marijuana. Tr. at 21, 57.

D. The DOE Psychologist’s Report, the 2025 Psychologist’s Report, the Individual’s Discontinuation of Treatment, and Related Testimony

As part of the Individual’s May 2024 psychological evaluation, the DOE Psychologist conducted a clinical interview; reviewed the personnel security file from DOE; and administered psychological tests, including a Minnesota Multiphasic Personality Inventory-3 (MMPI-3).⁷ Ex. 8 at 233; Tr. at 88–89. Based upon the MMPI-3, the DOE Psychologist opined that the Individual “had a tendency to present herself in a positive light . . . [,]” and, as such, the DOE Psychologist “rel[ied] on records to . . . provide more of a thorough history.” Tr. at 90; *see also* Ex. 8 at 237 (DOE Psychologist’s Report noting that the Individual “responded to the MMPI-3 items in a remarkably consistent manner”; that she “was likely deliberate in her approach to the assessment”; and that “[g]iven this tendency of reporting, she may have underestimated or did not identify psychological issues”).

During the evaluation, the Individual reported to the DOE Psychologist that she had abstained from cannabis use since July 2022, which contradicted the Outpatient Provider’s treatment records reflecting marijuana use as recently as September 2023. Ex. 8 at 235. Accordingly, based on the inconsistency in those records, the Individual’s tendency to present herself in a positive light and deny symptoms, and the previous cannabis abuse disorder diagnosis from Hospital 2 in 2021, the DOE Psychologist concluded that the Individual met sufficient diagnostic criteria for a diagnosis of cannabis use disorder, mild. *Id.* at 237; Tr. at 90–91. The DOE Psychologist gave her a favorable prognosis given her history of consistently attending treatment up to that point and recommended that the Individual (1) abstain from marijuana use; (2) submit to drug screenings at work for twelve months; (3) continue engaging in psychotherapy and medication management; and (4) obtain a psychiatric evaluation by a psychiatrist. Ex. 8 at 237–38; Tr. at 93–94.

⁶ At the hearing, the Individual explained that “July [2022] is when I stopped using marijuana regularly and then I forgot about a date of when I used in January of 2023.” Tr. at 19; *see also id.* at 53–54 (Individual’s testimony that she “stopped smoking regularly in 2022” and “forgot of an instance where [she] did end up smoking in January of 2023”).

⁷ The MMPI-3 is “a structured, self-report measure of emotional and behavioral functioning.” Ex. 8 at 237.

The DOE Psychologist also diagnosed the Individual with bipolar disorder I and borderline personality disorder, which the DOE Psychologist found could result in impulsivity, impaired judgment, instability, and unreliability. Ex. 8 at 237–38; Tr. at 94–95. At the hearing, the DOE Psychologist explained that a typical bipolar I diagnosis, per the *DSM-5-TR*, includes a single manic episode followed by “another mood, whether that’s depression or another manic or hypomanic episode.” Tr. at 96. The DOE Psychologist testified that, in making the bipolar diagnosis, he relied on the Individual’s clinical interview, during which she disclosed that her last manic episode was in 2019 or 2020 when the Individual had a lot of energy; was not sleeping much; and was excessively shopping, spending money, and talking to people. *Id.* at 95; *see also* Ex. 8 at 235. The DOE Psychologist also relied on the medical records from Hospital 2, which described the Individual as presenting as manic when hospitalized in 2021. Tr. at 95.

In diagnosing the Individual with borderline personality disorder, the DOE Psychologist relied, in part, on the clinical interview where the Individual stated she had “an unstable view of myself, unstable view of the world, and see the world in extremes.” Ex. 8 at 234–35; Tr. at 97–98. At the hearing, the DOE Psychologist explained that he had determined that the Individual met the criteria of having “unstable and intense interpersonal relationships,” citing to Hospital 1 and Hospital 2’s medical records documenting that she reported “feeling alone, fe[eling] that no one liked her . . . [.]” and having an “unstable self-image.” Tr. at 98–99. He further testified that her impulsivity was demonstrated through her “history of abusing THC”; “shopping and spending a lot”; and “the recurrent suicidal behaviors, gestures, threats[,] or self-mutilating behaviors.” *Id.* at 99.

Turning back to the DOE Psychologist’s Report, he recommended therein that the Individual manage her borderline personality disorder and bipolar disorder by (1) “continue[ing to] engag[e] in psychotherapy and medication management” and (2) “obtain[ing] a psychiatric evaluation by a psychiatrist.” *Id.* at 239. Regarding the Individual’s prognosis, the DOE Psychologist opined that “[g]iven her consistency with taking psychotropic medications as prescribed and her willingness to engage in mental health treatment, it is likely that she will adhere to future mental health recommendations.” *Id.* at 238.

The Individual testified that she stopped taking her prescribed medication in April or May 2024 because she had moved to a different state, she would have had to find a new healthcare provider, and she felt stable. Tr. at 41–42, 60–61. She testified that she had asked her nurse practitioner if she could stop taking her medication, and he “suggested that [she] continue to stay on them.” *Id.* at 60. Then, in July 2024, the Individual stopped seeing her nurse practitioner, which is the last time she received medication management, therapy, or counseling. *Id.* at 39.

To dispute the validity of the borderline personality disorder and bipolar I disorder diagnoses, the Individual submitted into evidence the 2025 Psychologist’s Report. That report, generated after a March 2025 evaluation, provided the following:

The diagnosis of borderline personality disorder is difficult to validate through the available documentation and reported history of symptoms. [The Individual]

admitted to engaging in cutting behaviors⁸] but otherwise denied impulsive or risky behaviors, patterns of unstable and intense relationships, fears of abandonment, identity disturbances, paranoia/dissociative symptoms, or inappropriate expressions of anger and intense emotion. She admitted to having depressive mood symptoms and feelings of sadness/emptiness but attributed those directly to the incidents that caused her to be hospitalized. She denied any pattern of mood episodes or feelings of emptiness prior to those incidents and stated that they largely were resolved after her discharge from [Hospital 2]. The appearance of significant or acute distress after a . . . sexual assault is considered normative and not indicative of a pathology. It is also notable that these symptoms resolved over time and with the assistance of treatment. An individual suffering from borderline personality disorder would have exhibited pervasive patterns of emotional dysfunction and behavioral issues in an enduring manner.

[The Individual] does not currently meet criteria for a clinical diagnosis by report or by assessment. She has successfully completed psychotherapy and been free of psychiatric medications since [April] 2024.

Ex. K at 9–10. The 2025 Psychologist provided alternative diagnoses of (1) major depressive disorder, severe, with anxious features, in full remission and (2) cannabis use disorder, moderate, in full remission. *Id.* at 10. The 2025 Psychologist opined that the Individual’s “judgment, reliability, and trustworthiness are intact and not impaired by any psychological defect, substance use disorder, or underlying condition” and that the Individual “has shown a willingness to reach out for help if needed and appears committed to maintaining her physical and emotional health.” *Id.*

In response to the 2025 Psychologist’s opinion, the DOE Psychologist testified that “there’s clear documentation in the record of the mania [and] the self-harm behavior that would meet criteria for the bipolar disorder and the borderline personality disorder.” Tr. at 106. With respect to her bipolar I diagnosis, the DOE Psychologist clarified that the Individual “[b]ased on . . . how she’s presenting today . . . could be . . . in remission” based on the absence of mood symptoms; however, he noted that the course of bipolar disorder has “periods that you are feeling good . . .” and that these periods of “remission” typically occur when on medication and in therapy. *Id.* at 106–07. He also testified that the risk of relapse into a bipolar disorder episode is “90 percent.” *Id.* at 107–08.

The DOE Psychologist opined that “to decrease the likelihood of having another [manic episode], it is recommended to continue medication, social support, [and] psychotherapy” *Id.* at 97. The DOE Psychologist also testified that individuals with mental health diagnoses oftentimes discontinue medication when they are feeling good and answered affirmatively when asked if discontinuing medication would increase the risk of having another manic episode. *Id.* The DOE Psychologist acknowledged that while the Individual’s symptoms were “in a good place” there were still “concern[s] . . . that [the Individual] was recommended by a provider to not discontinue

⁸ According to the DOE Psychologist who evaluated the Individual in May 2024, the Individual reported, “I have not self-harmed in over a year, closer to two years.” Ex. 8 at 235. However, according to the 2025 Psychologist’s Report, the Individual stated that “the last [incident of self-harm] occurred in late 2023/early 2024.” Ex. K at 7.

her medication”; she had not seen “a higher-level provider . . .” such as “a psychiatrist”; and she had discontinued psychotherapy—all in contravention of the DOE Psychologist’s recommendations. *Id.* at 110. The DOE Psychologist did not give an updated prognosis at the hearing, stating that he could “only speak to the time [he] evaluated her and what she told [him] at the time of the evaluation[,]” which indicated that she “meets the criteria for bipolar disorder and not major depressive disorder.” *Id.* at 121–22. The DOE Psychologist also recommended that the Individual continue drug testing. *Id.* at 113–14.

E. Other Documentary Evidence

The Individual submitted letters of recommendation from six former supervisors. *See generally* Ex. H. Each noted positive traits; for example, some described her as “dependable[,]” while others took note of her “exemplary character and work ethic” and referenced her “dedication and reliability.” *Id.* at 28–29, 32. The Individual also submitted a sworn statement, signed in January 2025, “declar[ing] [she] will not consume illegal drugs in the future” and consenting to the revocation of her security clearance should she violate her declaration. Ex. A at 30.

V. ANALYSIS

A. Guideline E Considerations

Conditions that can mitigate security concerns based on personal conduct include the following:

- (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.

There is no dispute that the Individual omitted her drug use from the QNSP. She also omitted her history of purchasing marijuana. I am skeptical of her explanation that she misunderstood the questions because she believed the QNSP referred to “harder drugs” and because of the legality of marijuana under state law. Her reference to the fact the QNSP used terms such as “injection” is undermined by the fact the QNSP also used the term “smoking,” which is how she consumed marijuana in the past. Furthermore, the record demonstrates that she provided shifting dates for her last use of marijuana. In light of the aforementioned considerations, I place little weight on her testimony regarding when she last used marijuana and why she failed to appropriately disclose it. For the reasons below, I find that she has not mitigated the Guideline E concerns.

I first conclude that Paragraph 17(a) does not apply. The Individual did not attempt to correct the record regarding her marijuana use or purchase prior to being confronted with the fact that she had failed to disclose it. The Individual did not submit a statement attempting to disclose the full extent of her drug use until she submitted the response to the December 2023 LOI—which stated that her last marijuana use was in July 2022. However, that response did not disclose the true extent of her drug use. She now maintains she last used marijuana in January 2023—in contradiction to the date she provided in the LOI, to the DOE Psychologist, and to the Outpatient Provider. Accordingly, I do not conclude that her disclosure of the full extent of her marijuana use was prompt.

Paragraph 17(b) is inapplicable because there is no evidence that the Individual's conduct was caused or contributed to by advice of legal counsel or any other person.

As for Paragraph 17(c), I conclude that the severity of the Individual's behavior, the passage of time since it occurred, the frequency of the behavior, and the circumstances surrounding it do not demonstrate that her behavior is unlikely to recur. Even if I were to credit that the omission of the marijuana use and purchase from the 2023 QNSP occurred due to her misunderstanding of the question, she was aware of the obligation to accurately report her marijuana use when she received and responded to the December 2023 LOI. She maintained in her response to that LOI and in her sworn January 2025 response to the SCC that the date of her last marijuana use was July 2022. Two months later, however, her testimony recounted that the last time that she used marijuana was in January 2023. Assuming that she is now accurately reporting her final use of marijuana, she has only done so very recently. However, given the inconsistency in her reporting, I am concerned she deliberately omitted or provided false information on her security questionnaire and during a security-related psychological evaluation. Therefore, I do not conclude her conduct was minor. Additionally, she provided inconsistent information for an extended length of time and with a frequency that persisted up until the hearing. Lastly, I conclude that the record does not establish

that any particular circumstances impacted her ability to accurately disclose her involvement with marijuana. I therefore do not conclude that her behavior is unlikely to recur or that it does not cast doubt on her reliability, trustworthiness, and good judgment.

Paragraph 17(d) is inapplicable because there is no evidence that the Individual has obtained counseling or taken other positive steps to address the circumstances that gave rise to the consistent omission of an accurate accounting of her marijuana use.

The remaining conditions do not apply to resolve the Guideline E concerns for the following reasons. Paragraph 17(e) is inapplicable because there is no allegation in the SSC that the Individual's conduct created a security concern due to her particular vulnerability to exploitation, manipulation, or duress. Paragraph 17(f) is inapplicable because, based on my above findings, I conclude that the information cited in the SSC under Guideline E is reliable despite the Individual's assertions regarding the reason for her conduct. Lastly, Paragraph 17(g) is inapplicable because the Individual's association with persons involved in criminal activities is not at issue. Accordingly, I find that the Individual has not resolved the Guideline E concerns.

B. Guideline H Considerations

Conditions that can mitigate security concerns based on drug involvement and substance misuse include the following:

- (a) the behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
- (b) the individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:
 - (1) disassociation from drug-using associates and contacts;
 - (2) changing or avoiding the environment where drugs were used; and
 - (3) providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility;
- (c) Abuse of prescription drugs was after a severe or prolonged illness during which these drugs were prescribed, and abuse has since ended; and
- (d) Satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Adjudicative Guidelines at ¶ 26.

I find that none of the above mitigating factors apply to resolve the Guideline H concerns. Regarding Paragraph 26(a), the Individual did not receive a diagnosis that her cannabis use disorder was in remission until March 2025 from the 2025 Psychologist. Accordingly, I do not conclude that the behavior giving rise to the concern—not just the marijuana use but the diagnosis of cannabis use disorder—occurred so long ago. Furthermore, the Individual admitted that she regularly abused marijuana, and, as explained further below, I do not conclude that the Individual has established a pattern of abstinence. Therefore, I do not find that the history of her marijuana use is resolved based on infrequency or the circumstances surrounding her use.

I further find that Paragraph 26(b) does not apply to resolve the concern for the following reasons. While the Individual has acknowledged her involvement with marijuana, and provided a signed statement of intent to abstain from drug involvement, she has not provided sufficient evidence of action taken to overcome the problem or established a pattern of abstinence. In making my findings, I remain skeptical of her assertion that she has abstained from marijuana since January 2023. The record is clear that she has previously denied and then provided a shifting date regarding her last drug use. She denied recent drug use within seven years of submitting her June 2023 QNSP, then provided a different date to the DOE Psychologist than what she disclosed to the Outpatient Provider, and finally she provided a completely different date at the hearing which conflicted with both. I have also considered the evidence of her negative drug tests. However, there is no evidence to establish that those recent tests were random, and, according to the Outpatient Provider notes and her testimony, she has previously used drug test kits to determine the likelihood that she will test positive for marijuana use on an employment drug test. These two facts undermine the strength of her drug test results in demonstrating her abstinence. But even accepting the evidentiary value of the drug test results, I find that the limited period of abstinence from drugs shown by the January and February 2025 tests does not establish a sufficient pattern of abstinence to overcome the concerns presented by the Individual's lengthy history of drug use and recent unreliability in truthfully disclosing that drug use. Finally, I am concerned by the fact that her last reported drug use in the Outpatient Provider's notes was in September 2023, after she submitted the QNSP and underwent preemployment drug test. Based on my skepticism regarding her account of past drug use, I similarly do not place much weight on her signed statement of intent to abstain from all drug involvement and substance misuse. Accordingly, I conclude that the record does not establish that the Individual has maintained a pattern of abstinence.

Lastly, since the concerns are not based on abuse of prescription drugs, Paragraph 26(c) is patently inapplicable, and Paragraph 26(d) is inapplicable because the Individual did not enroll in or complete a drug treatment program.

C. Guideline I Considerations

Under Guideline I, the following relevant conditions can mitigate security concerns associated with a psychological condition:

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

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

Adjudicative Guidelines at ¶ 29.

The Individual generally disputes the bipolar I and borderline personality disorder diagnoses and relies on the 2025 Psychologist's Report, which diagnosed her with major depressive disorder in full remission. However, the 2025 Psychologist did not testify at the hearing and was not subject to cross examination. As discussed above, the DOE Psychologist in his testimony maintained his original diagnoses for the Individual, explaining that his opinion was based on, among other things, the record evidence of mania and self-harm in his assessment. Furthermore, the DOE Psychologist's diagnoses were consistent with the Outpatient Provider's diagnosis of bipolar disorder, which guided the medication the Individual received under the care of the nurse practitioner. Accordingly, I credit the DOE Psychologist's diagnoses and treatment recommendations in determining whether the mitigating conditions have been met under Guideline I.

Regarding Paragraphs 29(a) and (b), the Individual is not engaged in ongoing and consistent compliance with a treatment plan. She testified that she unilaterally stopped taking her medications which she acknowledged was against the recommendation of her last treatment provider. Her conduct was also against the recommendation of the DOE Psychologist. Furthermore, since July 2024, she has not seen medical professionals for medication management, therapy, or counseling. Accordingly, neither mitigating condition applies.

Regarding Paragraph 29(c), as stated above, I have credited the DOE Psychologist's diagnoses. The DOE Psychologist did not provide a positive prognosis for the Individual's diagnosed conditions and instead referred back to his original opinion and recommendation that she continue receiving treatment and taking medication. Moreover, the record indicates that the Individual has discontinued medication and therapy in contradiction of the recommendations of both her former treatment provider and the DOE Psychologist. Accordingly, Paragraph 29(c) does not apply.

Regarding Paragraphs 29(d) and 29(e), I conclude that the Individual's diagnoses are not temporary conditions, and the risk of relapse precludes a finding that there is no indication of a current problem. In reaching my conclusions, I give substantial weight to the DOE Psychologist's

opinion that the Individual should continue to address her borderline personality disorder and bipolar disorder by continuing psychotherapy and medication management. Without treatment, the Individual is at an increased risk of experiencing relapse. I therefore conclude that neither paragraph applies to resolve the Guideline I concerns.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline E, Guideline H, and Guideline I of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the Guideline E, H, and I security concerns. Accordingly, I have determined that the Individual should not be granted access authorization.

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

James P. Thompson III
Administrative Judge
Office of Hearings and Appeals