*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
	)	
Filing Date: February 26, 2025	)	Case No.: PSH-25-0088
	)	
	)	

Issued: May 12, 2025

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXX (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 restored.

I. BACKGROUND

The Individual is employed in a position which requires that he hold a DOE security clearance. Derogatory information was discovered regarding the Individual's mental health and gambling. 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 presented the testimony of four witnesses and testified on his own behalf. The LSO presented the testimony of the DOE-contracted psychologist who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-25-0088 (hereinafter cited as "Tr."). The LSO submitted eight exhibits, marked as Exhibits 1 through 8 (hereinafter cited as "Ex."). The Individual submitted twelve exhibits, marked as Exhibits A through L.

[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 Guidelines F and 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 F states that:

> Failure to live within one's means, satisfy debts, and meet financial obligations may indicate poor self-control, lack of judgment, or unwillingness to abide by rules and regulations, all of which can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. Financial distress can also be caused or exacerbated by, and thus can be a possible indicator of, other issues of personnel security concern such as excessive gambling, mental health conditions, substance misuse, or alcohol abuse or dependence. An individual who is financially overextended is at greater risk of having to engage in illegal or otherwise questionable acts to generate funds. Affluence that cannot be explained by known sources of income is also a security concern insofar as it may result from criminal activity, including espionage.

Adjudicative Guidelines at ¶ 18. Conditions that could raise a security concern and may be disqualifying include:

(a) Inability to satisfy debts;

(b) Unwillingness to satisfy debts regardless of the ability to do so;

(c) A history of not meeting financial obligations;

(d) Deceptive or illegal financial practices such as embezzlement, employee theft, check fraud, expense account fraud, mortgage fraud, filing deceptive loan statements and other intentional financial breaches of trust;

(e) Consistent spending beyond one's means or frivolous or irresponsible spending, which may be indicated by excessive indebtedness, significant negative cash flow, a history of late payments or of non-payment, or other negative financial indicators;

(f) Failure to file or fraudulently filing annual Federal, state, or local income tax returns or failure to pay annual Federal, state, or local income tax as required;

(g) Unexplained affluence, as shown by a lifestyle or standard of living, increase in net worth, or money transfers that are inconsistent with known legal sources of income;

(h) Borrowing money or engaging in significant financial transactions to fund gambling or pay gambling debts; and

(i) Concealing gambling losses, family conflict, or other problems caused by gambling.

Id. at ¶ 19.

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." *Id.* 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;

(b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;

(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:

1. During an October 2024 evaluation by a DOE-contracted Psychologist (the Psychologist), the Individual disclosed that he had used cash advances from his credit cards, that he had gambled away several thousand dollars earlier in the year, and that he had concealed these facts from his wife. In his response to a July 2024 Letter of Interrogatory (LOI), the

Individual admitted to losing $6,000.00 in a six-week period and stated that he and his wife intended to file for divorce due to his deceit about gambling; (Guideline F)

2. The Psychologist diagnosed the Individual with Major Depressive Disorder (MDD) and Narcissistic Personality Disorder (NPD) and opined that both conditions could impair the Individual's judgment, stability, reliability, and trustworthiness. She also diagnosed the Individual with Gambling Disorder and Impulse Control Disorder associated with impairments in value-based decision making and cognitive control, which she opined could cause a significant defect in the Individual's judgment, reliability, and trustworthiness. She opined that the Individual had not demonstrated rehabilitation or reformation for any of the diagnosed conditions and gave him a fair prognosis based on the age of gambling onset, duration of disordered gambling, and co-occurring depression; (Guideline I)

3. In a June 2024 Personnel Security Information Report (PSIR), the Individual reported that he was seeking group counseling with Gamblers Anonymous (GA) and professional help for his gambling issues. In the psychological evaluation, he disclosed that he had gambled daily from April to June 2024 and then had two subsequent relapses, one in July 2024 and the other in August of that year. He stated that he enjoyed gambling because of "gambling joy," which he described as "the endorphin rush, the excitement of the wager." He stated that he felt less depressed when gambling and that during periods when he could not gamble, he experienced other impulse and compulsion issues, including a "porn addiction"; (Guideline I)

4. During the psychological evaluation, the Individual indicated that he had been referred to a gambling treatment program but had not established treatment. Medical records from a health clinic at his site of employment, dated July 2023, showed that he had missed many months of mental health appointments due to leave and work assignments. (Guideline I)

Ex. 3 at 1–2.

The Individual concealed his gambling from his wife, which caused family conflict. He also withdrew large sums of money and used lines of credit to fund his gambling. Accordingly, the LSO's security concerns under Guidelines F are justified. *See* Adjudicative Guidelines at ¶ 19(h)–(i). The Individual was diagnosed with several mental health conditions which the Psychologist testified could impair his judgment, trustworthiness, and reliability. He also gambled compulsively, was unable to stop gambling when he tried, delayed recommended treatment for a gambling addiction, borrowed money for gambling using his credit cards, concealed his gambling losses, and experienced family conflict with his wife due to his gambling behavior. Accordingly, the LSO's security concerns under Guideline I are justified. *See id.* at ¶ 28(a)–(b), (d)–(e).

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The entire process

is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines ¶ 2(a). The protection of the national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence 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

The Individual has been a recreational gambler for over twenty years, typically gambling two or three times per year. Ex. 7 at 259.[2] He estimated his total losses over the course of his life, including the recent gambling that precipitated his Administrative Review proceedings, to be about $50,000.00. *Id.* In 2021, the Individual was diagnosed with cancer. *Id.* at 262. His depression began manifesting as anger toward his family and he contemplated suicide. *Id.* He began seeing a psychologist for therapy every other week, but after six months began seeing him weekly. *Id.* He was prescribed anti-depressants as well. *Id.* In May 2022, the Individual's psychologist transferred to a different facility and the Individual began looking for another clinician who could provide therapy. *Id.* He did not begin therapy again until March or April 2024. *Id.*; Ex. 6 at 5. In June 2024 he was briefly prescribed Naltrexone to treat compulsive gambling behavior, but he discontinued it after one month because he did not find it beneficial. Ex. 6 at 5.

The Individual was diagnosed with the following conditions at least as early as March 2024:

1. Dysthymic disorder;
2. Problems in relationship with spouse or partner;
3. Narcissistic personality disorder;
4. Obsessive-compulsive personality disorder; and

[2] DOE Exhibit 7 will be cited using the exhibit number and the Bates stamped page number.

5. Major depressive disorder, recurrent, unspecified.

Id. He experienced fleeting thoughts of suicide between February and June 2024. *Id.*

During a six-week period from April to June 2024, the Individual gambled almost daily at casinos and lost about $6,000.00. Tr. at 232; Ex. 7 at 259. He concealed the losses from his spouse and family. Tr. at 232. In June 2024, his family discovered his gambling, and his wife stated her intent to file for divorce. Ex. 7 at 259. The Individual agreed to get help for a gambling addiction. Tr. at 232. The Individual reported to DOE that he was seeking "group counsel" through GA and professional help through his "psychiatrist" for what he felt was "the manifestation of a gambling addiction."[3] Ex. 8 at 271.[4] The Individual gambled three more times between July and August 2024. Ex. 6 at 11. DOE referred him to the Psychologist for evaluation which occurred in October 2024. The Psychologist evaluated the Individual, conducting a clinical interview and administering several psychological diagnostic inventories. *Id.* On a gambling problem inventory, the Individual answered yes to three of five questions. *Id.* at 10. A "yes" to any question on that inventory is indicative of problematic gambling. *Id.* On questionnaires for depression and anxiety, the Individual's scores were low and not indicative of clinical depression or anxiety. *Id.* at 9. He denied current suicidal ideations, but described having them in the past, most recently in June 2024. *Id.* at 5, 12.

In late October 2024, the Psychologist issued a report on the evaluation. Ex. 6. In her report, she diagnosed the Individual with MDD "(by history)," NPD, and Gambling Disorder. *Id.* at 12. She wrote that these conditions "can impair judgment, stability, reliability, and trustworthiness." *Id.* She wrote that the Individual had endorsed minimal symptoms of depression but had exhibited a dysphoric mood with constricted affect.[5] *Id.* She further wrote that the Individual had "endorsed/displayed symptoms of narcissistic personality disorder, including sense of self-importance, a belief he is special and often misunderstood, exploitive interpersonal behavior, arrogant attitude, and a lack of empathy." *Id.*

The Psychologist wrote that the Gambling Disorder in particular "may cause a significant defect in judgment, reliability, and trustworthiness." Ex. 6 at 12. In support of her diagnosis she noted that the following diagnostic criteria were met:[6]

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[3] It is likely that by "psychiatrist," the Individual meant his Advanced Practice Registered Nurse, who he sees for medication management and therapy. Ex. K. There is no indication that the Individual was in June 2024 or is now seeing a medical doctor for his mental health treatment or medication management.

[4] DOE Exhibit 8 will be cited using the exhibit number and the Bates stamped page number.

[5] Dysphoric mood with constricted affect means experiencing a state of dysphoria with limited outward expression of emotion. *See* Beena Nair & Leigh Hoyle (2017). DYSPHORIC MOOD, in *The Sage Encyclopedia of Abnormal and Clinical Psychology*, Vol. 7 1234 (2017), https://doi.org/10.4135/9781483365817.n491 (defining dysphoria as "a complex emotional state, consisting of intense unhappiness and discontent lasting for a short period of time, persisting for months or years, or recurring over time"); Louise Rebraca Shives, *Basic Concepts of Psychiatric-Mental Health Nursing* 110 (2007) (defining constricted affect as "[a] reduction in one's expressive range and intensity of affective responses").

[6] According to the *Diagnostic and Statistical Manual of Mental Health Disorders-5* (*DSM-5*), Gambling Disorder may be diagnosed when a person has "[p]ersistent and recurrent problematic gambling behavior leading to clinically

1. The Individual endorsed withdrawal, anger, and angry behavior when gambling wasn't available to him;

2. The Individual had made attempts to cut down, control, or stop gambling;

3. The Individual acknowledged a preoccupation with gambling;

4. The Individual acknowledged the use of gambling as an escape from certain events, situations, thoughts, etc., and reported feeling less depressed when gambling;

5. The Individual continued gambling despite significant financial problems and "reported continuing to 'chase the big one' despite his losses";

6. The Individual acknowledged lies and deceit related to gambling;

7. The Individual reported that his lies and deceit related to gambling resulted in the "failure of his twenty-five-year marriage"; and

8. The Individual's behavior was not better explained by a manic episode because he denied any symptoms of mania or hypomania.

Id. at 12–14.

In her report, the Psychologist opined that the Individual's evidence of rehabilitation and reformation was inadequate. Ex. 6 at 14. She acknowledged that the Individual was attending individual therapy for depression and was attending GA meetings daily but noted that the Individual had not initiated treatment at an intensive outpatient program (IOP) that he had been referred to previously for gambling addiction treatment. *Id.* She gave the Individual a fair prognosis, citing as negative factors his age of gambling onset, the duration of his disordered gambling, and his co-occurring depression. Tr. at 287; Ex. 6 at 14. The Psychologist opined that to show rehabilitation, the Individual should (1) continue being treated for depression until his current treating provider determined that treatment was no longer necessary, (2) continue participation in GA and other evidence-based treatment methods for Gambling Disorder, especially cognitive behavioral therapy (CBT) and cognitive interviewing; and (3) achieve the *DSM-5* diagnostic modifier of "sustained remission" for his Gambling Disorder by going twelve months or longer without meeting any of the diagnostic criteria. Ex. 6 at 14–15. The Psychologist did not include recommendations for demonstrating rehabilitation from NPD.

About three weeks after the Psychologist's evaluation, in November 2024, the Individual enrolled in the recommended IOP to be treated for gambling addiction. Ex. G at 59. In his initial behavior and mental health interview, he reported thoughts of and a plan for self-harm within the preceding thirty days. *Id.* at 60. When asked what was helpful or not helpful about his previous behavioral therapy, the Individual stated "[n]othing because 'I don't put the work in, just saw what I know

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significant impairment or distress, as indicated by the individual exhibiting four (or more) of the [criteria] in a twelve-month period." Ex. 6 at 12. The Individual met eight of the ten criteria. *Id.* at 12–14.

what [sic] they want to hear'. 'CBT is not helpful to me.'" *Id.* at 61. Both the Individual and the clinician anticipated that his program would take about six months to complete. *Id.* at 66. Treatment notes from weekly sessions indicate that the Individual worked primarily on identifying gambling triggers and improving his interpersonal communication and behavior; that CBT and motivational interview techniques were frequently used in sessions; and that sleep problems, restlessness, and family stress were recurrent throughout treatment. *Id. passim*. In a March 2025 session, he reported having had suicidal ideations in September 2024. *Id.* at 4.

In September 2024, the Individual underwent a medical fitness for duty waiver evaluation due to a medication change and his reported gambling issues. Ex. C at 5. The doctor deferred a recommendation until after further evaluation by another department. *Id.* at 6. In December 2024, the Individual's medical fitness for duty waiver was granted. *Id.* at 10.

At the hearing, the Individual presented the testimony of his supervisor, his field office manager, his therapist, an associate from GA, and a colleague. He also testified on his own behalf.

The Individual's supervisor had known him since 2013 and had worked with him most of that time. Tr. at 18. He first became aware of the Individual's gambling issues when the Individual reported that he was going to attend GA. *Id.* at 20. He testified that the Individual had sustained some significant gambling losses, which he concealed from his family. *Id.* at 19. He was not aware of the gambling losses until after the Individual's wife had spurred him to seek treatment by confronting him about his gambling. *Id.* at 19–20. He had not noticed any difference in the Individual's behavior during the period when the Individual was gambling daily. *Id.* at 21. The supervisor testified that the Individual's workload had been adjusted so he had time to attend appointments and GA meetings and spend more time with his family. *Id.* He testified that he works to maintain an open culture in the work group so that employees can come to him when they're having personal issues. *Id.* at 29. The supervisor described the work group as close knit and supportive. *Id.* at 30. He received regular updates from the Individual, usually weekly, regarding his recovery. *Id.* at 24. He believed the Individual was doing well; however, he was not aware that the Individual had relapsed in July and August 2024. *Id.* The supervisor testified that medical waivers, such as the one that had recently cleared the Individual for duty, are typically used to see if the subject will have side effects from medication rather than to determine reliability. *Id.* at 26; Ex. C.

The Individual's field office manager did not have a personal relationship with the Individual outside of occasional work-related social events. Tr. at 36. He testified that the Individual had discussed various outside issues with him, such as an occupational certificate the Individual earned, medical issues, and the Individual's gambling problem. *Id.* He testified that he had given the Individual the flexibility to pursue treatment for his gambling addiction and that he had been supportive of the Individual, even going so far as to do wellness check-ins with the Individual after he began working in a different location. *Id.* at 36–37, 39–40, 41. He was not aware of the Individual's July and August 2024 gambling relapses. *Id.* at 43. The manager speculated that the Individual's gambling losses were less than $100 based on the Individual's description of the circumstances surrounding his gambling, though the Individual had not told him a specific amount, and on the Individual's not having accrued new debt from his activities. *Id.* at 50–51. He testified that in June 2024, during the Individual's report on his gambling, the field office manager noticed

that the Individual appeared to be under significant distress and engaged the Individual in a discussion about his wellness during which he asked the Individual if he had suicidal ideations and the Individual said no. *Id.* at 47–48.

The Individual's therapist, an Advanced Practice Registered Nurse who also prescribed his psychiatric medication, initially testified that the focus of the Individual's treatment was his "depression, anger, and perhaps anxiety." Tr. at 57, 62–63. They began treatment in March 2024 and met weekly through the present, though recently the Individual had been unable to attend some of the sessions due to a family member's illness. *Id.* at 63, 65, 78–79. The therapist began by testifying about the Individual's gambling addiction treatment. He testified that the Individual had not mentioned the desire to gamble when they first met in March 2024. *Id.* at 65–66. He first became aware of the Individual's gambling in June 2024 and diagnosed the Individual with Pathological Gambling at that time. *Id.* at 66–67. He testified that when he learned about the Individual's gambling addiction, they added gambling addiction as a focus of treatment, in addition to depression, anger, and anxiety. *Id.* at 69. He testified that he addressed the Individual's gambling addiction by recommending a 12 Step program like GA and that there were no other therapies or treatments available for him to pursue with the Individual for his gambling addiction. *Id.* at 70–71. He testified that the Individual's relapses were related to stresses arising from his family and marriage difficulties. *Id.* at 73. He testified that the Individual had accepted that he had a problem with gambling and would need to continue treating the issue for the rest of his life. *Id.* at 76.

The therapist testified that he had diagnosed the Individual with Depressive Disorder, recurrent, in remission, and Generalized Anxiety Disorder, unspecified. Tr. at 85. He testified that the Individual's current medication regimen was very helpful for his depression and anxiety, and he gave the Individual an excellent prognosis for those conditions and his gambling addiction as long as he continued treatment. *Id.* at 81. He specifically recommended that the Individual continue being treated for depression, anxiety, and gambling addiction in the future. *Id.* at 82–83.

The therapist testified that he did not disagree with the Individual's previous diagnosis of NPD but had never diagnosed it in the Individual. Tr. at 88–89. When asked why he did not include it, he stated, "I think for a full evaluation, I just didn't have it on my diagnoses. I guess it was just omitted." *Id.* at 89. He believed it was an appropriate diagnosis for the Individual and stated "I would defer to [the Psychologist] here was [sic] more of an expert on personality disorders than I am." *Id.* at 89–90. He testified that CBT was the standard treatment for NPD, that treatment would take years, and that he had started the Individual's treatment in March 2024 with CBT adjunctively. *Id.* at 89–90. He testified that he had seen a "major shift" in the Individual's defensive structure. *Id.* at 90. The therapist testified that the Individual had been able to make this shift so quickly, as opposed to the years-long process he had described as typical, because of his current medication. *Id.* at 91. He testified that resolving some of the Individual's depressive symptoms was "the beginning of that shift in his personality structure." *Id.* at 91. He testified that medication was "definitely adjunctive" to therapy as treatment for a personality disorder and that it was typical that medication could reform personality structures the way it had in the Individual. *Id.* He testified that the Individual's age and intelligence were protective factors against a return to narcissistic personality traits but also testified that it was typical for NPD patients to begin treatment later in life. *Id.* at 92–93. The therapist testified that the Individual was making excellent progress in his NPD treatment but had neither completed nor neared completion of the end goal of a changed

personality. *Id.* at 94–95. He testified that if the Individual did not continue treatment, there was a high likelihood that he would return to narcissistic and defensive thought and behavior patterns. *Id.* at 96.

The therapist then testified that the Individual's treatment was more focused on his destructive personality and the interpersonal difficulties that arose from it. Tr. at 98. He testified that he worked with the Individual to bring "insight into the consequences of unhealthful behaviors as it relates to [himself], but also to the family and gaining trust." *Id.* When asked what the specific treatment focus was, the therapist then testified that in recent therapy sessions, "quite honestly, we're dealing more with his mother and her medical illness and trying to be supportive." *Id.* at 99. The therapist then testified that the treatment was focused on situational stressors and maintaining recovery from gambling addiction. *Id.* He testified that the Individual's ongoing "uneasiness, restlessness, worry, and sleep problems" were caused by situational stressors, not his mental health disorders. *Id.* at 102–04.

The Individual's GA associate, who had been in the program for twenty years, testified that he had known the Individual for about ten months through GA.[7] Tr. at 106–08. They also spent social time together, including playing golf. *Id.* at 107. Though he was not the Individual's sponsor, they talked sometimes about their common issues. *Id.* He testified that the Individual began attending GA in June 2024 and had become an active, weekly group participant since his August 2024 relapse. *Id.* at 109. He testified that the Individual realized at that time that he was not able to quit gambling alone. *Id.* at 109–10. The GA associate testified that the Individual was doing well in the program and had begun chairing GA meetings. *Id.* at 111–12. He testified that the Individual was in contact with many group members and participated at a level where he would let group members know in advance if he could not make a meeting and check in with group members unprompted if he had not seen them in a few weeks. *Id.* at 112. He testified that the Individual was very committed to his recovery and that the Individual was doing the things that people who typically avoid relapse do. *Id.* at 114–15. He testified that people who stay in GA for at least six months are more likely to avoid relapse. *Id.* at 120.

The Individual's colleague had known the Individual since 2013 when they began working together. Tr. at 125. Since then, they had worked together off and on. *Id.* Their personal interactions over the last year were limited primarily to phone calls, though they had gone on a long weekend trip together in February 2025. *Id.* The colleague became aware that the Individual had a problem with gambling on that trip and was very surprised to hear about it. *Id.* at 126–27. He testified that the Individual told him he had, on occasion, gone to the casino when he was supposed to be at work. *Id.* at 128. The colleague also testified that the Individual had hid his gambling from his family because of shame and regret, not because he wanted to be deceitful. *Id.* at 128–29. When asked to explain this statement, he stated that the Individual had not lied for lying's sake, but rather for a reason, *i.e.* shame and regret. *Id.* at 132–33.

[7] The GA associate testified that the Individual had used money from his children's education fund for gambling. Tr. at 119. The Individual later testified that this was not true, stating that his children were already adults and that the GA associate had confused his story with that of another GA participant. *Id.* at 211. Because it is factually unreliable, the GA associate's testimony has limited value.

The Individual testified that he had suffered from anxiety and depression for most of his life and felt that mental health problems had been stigmatized in his workplace in the past. Tr. at 135. He testified that he tried to deal with his issues on his own, but eventually, his wife threatened to leave if he did not get therapy. *Id.* at 135–36. He began attending individual counseling at that time, focusing mostly on anger management; interpersonal behaviors, particularly with his spouse; and triggers. *Id.* at 136, 138. He testified that the last time he had experienced serious suicidal ideations was in September 2021. *Id.* at 136.

The Individual received money from a homeowner's insurance claim in 2024 and, after repairs were completed, there was money left over, which was in a bank account in his name alone. Tr. at 141–42. He used this money to gamble during his six-week binge in spring 2024. *Id.* His wife did not know that there was money left after the cost of repairs was covered. *Id.* at 207. The Individual testified that because the money was not allotted to anything, he believed at the time that he had not harmed anyone by gambling with it. *Id.* at 142. In June 2024, his family noticed that the location on his phone was turned off and questioned him, at which point he admitted to gambling in secret and hiding his losses. *Id.* at 144. He testified that the deceit was part of the thrill of gambling. *Id.* at 140. He testified that he relapsed three times in July 2024 and August 2024, each time gambling $100.00 from the same pool of insurance money. *Id.* at 143–44. He testified that in August, when he went to the casino ATM to withdraw the money, he felt physically sick. *Id.* at 178. He realized that he was risking his family over gambling and accepted that he had a gambling addiction that he could not overcome on his own. *Id.* He turned to GA in earnest and began attending weekly. *Id.* at 181; Ex. I. He had also done a lifetime self-exclusion from online gambling in his state, a service offered by many states to assist with gambling addiction recovery. Ex. M at 7–8; *see also About Us*, *National Voluntary Self-Exclusion Program*, *available at* https://www.nvsep.org/about-us (last visited April 23, 2025). He testified that he had not done the same at his local casinos because it had to be done in person, and he did not want to be triggered by walking into the casinos. *Id.* at 205–06. He also planned to move in a year, so those casinos would no longer be local for him soon. *Id.* at 206.

The Individual testified that he intended to be in GA for the rest of his life and that his GA associate's twenty years in the GA program was the example he wanted to follow. Tr. at 234, 296–97. He stated that that "[i]n twenty years, I want to be going into a room, seeing new people, and sharing my story to keep it fresh in my mind so that . . . I don't get that guard let down . . . because I know that I don't have control." *Id.* at 297. He testified that he took his sobriety from gambling one day at a time. *Id.* at 234. The Individual had worked on identifying triggers in his various treatment activities. *Id.* at 233–34. He identified seeing poker chips and hearing conversations about gambling tournaments as triggers. *Id.* at 153–54, 212–13, 227. He also stated that he played a trading card game with his son and was triggered by the dice rolls associated with it. *Id.* at 227. The Individual testified that he had been doing CBT in his individual therapy sessions and described two homework assignments he had done in which he identified triggering emotions, paused, assessed his available options, considered the perspective of others involved in the situation, and then intentionally chose an action. *Id.* at 212–15, 217–22. He was able to recall CBT homework related to gambling easily but had more difficulty remembering a comparable example related to NPD. *Cf. id.* at 212–15 *and id.* at 217–22. The Individual testified that when he felt the urge to gamble, he called his sponsor or one of the long-time members of GA and talked to them until the urge passed. *Id.* at 152–53.

Over the course of his long gambling history, the Individual's wife had often been a voice of reason, placing limits on his casino time and expenditures. Tr. at 141, 145. He testified that they had always gambled for entertainment and used to go to the casino together. *Id.* at 145. The Individual testified that his spouse would still participate in online gambling on rare occasions. *Id.* at 146–47. He testified that she does not discuss it with him and that if it began to bother him, he would simply ask her not to do it. *Id.* His family, including his parents, knew about his addiction and that he was attending GA to recover. *Id.* at 217. The Individual described an instance in which while he was visiting home, his parents and a family friend began discussing a recent gambling tournament they had attended. *Id.* at 212–15. He testified that he waited a few minutes for them to finish, recognizing he was being triggered, and when it appeared the conversation would continue, he asked them to stop and offered to leave the room if they wanted to continue the conversation. *Id.* at 213. He testified that his parents seemed to realize suddenly what was happening and apologized. *Id.* He testified that they are very supportive of his recovery. *Id.* at 217.

The Individual saw his clearance suspension as damaging his trust in DOE's security organization because he had been forthcoming in his reporting and had engaged in months of recovery activities before the suspension occurred. Tr. at 187–88, 192–96. He acknowledged that when he reported his gambling issues—a requirement for security clearance holders—he knew it could affect his security clearance. *Id.* at 192. However, he testified, he was shocked when his clearance was suspended several months later. *Id.* at 194. He felt upset that he had not been given an opportunity to explain his mitigation efforts before the suspension. *Id.* at 194, 294. He stated, "I that think today is a waste of all of our time," because he believed he had already mitigated the LSO's concerns. *Id.* at 194. He testified that he had great confidence that he would not have a gambling relapse because he believed in manifesting and because he knew that if he continued doing what he was currently doing, he would not relapse. *Id.* at 295–96.

The Psychologist testified that the Individual was not yet rehabilitated or reformed from his gambling addiction, his MDD and GAD, or his NPD. Tr. at 283–85. She noted that the Individual's six months of IOP participation would be complete on May 5, 2025, and clarified that her recommendation was that the Individual should complete at least a year of treatment. *Id.* at 245–46. She further testified that the risk of relapse for gambling addicts increases after the one-year mark. *Id.* at 258. When the Individual asked if that was true generally or just for those who had not relapsed already in the initial twelve months, the Psychologist clarified that the rate of relapse increases at one year and she did not have additional information about subsequent relapses. *Id.* at 266–67. The Individual stated that regarding relapse, he had "already checked that box" in July and August 2024 and felt that he did not have an elevated relapse risk because of his personal awareness. *Id.* at 266. The Psychologist later testified that the Individual's certainty that he would not relapse struck her as narcissistic behavior. *Id.* at 271.

The Psychologist acknowledged that the Individual appeared committed to abstaining from gambling but expressed concern that his therapeutic treatment was more "supportive in nature," focusing more on talk therapy for situational stressors than on evidence-based methodologies to treat NPD or addiction. Tr. at 240–41, 279. She testified that the Individual's treatment did not appear to be addressing the issues she found most prominent in him. *Id.* at 240. She testified that while the Individual's description of his CBT homework included elements of CBT, she did not

hear much about "the difference in switching the way that you think about something." *Id.* at 255. She testified that the Individual's understanding of CBT was "probably a little bit different" than hers or his therapist's. *Id.* at 255–56.

The Psychologist testified that the Individual's responses on the psychological inventories measuring depression and anxiety that she had administered during his evaluation were not reliable because he appeared to be presenting himself in a favorable light. Tr. at 276–77. Similarly, because the Individual told the IOP counselor, "I don't put the work in it, I just say what I know [treatment providers] want to hear," she was unsure of the accuracy of the Individual's current symptom self-reporting. Tr. at 275; Ex. G at 61. The Psychologist acknowledged that while MDD and GAD can be lifelong disorders, people with those diagnoses can eventually reach a point at which they no longer need regular therapy to maintain a stable mood or their adapted personality structure. Tr. at 288–89. She clarified that when she recommended attending therapy until the provider determined it was no longer needed, she meant until it was determined regular therapy would no longer be needed, but as-needed sessions could still be available. *Id.* at 289–90. She clarified that the Individual would likely always need some form of treatment for NPD. *Id.* at 290.

The Psychologist expressed some concern over the Individual's statements at the hearing regarding his certainty that he would not relapse, his characterization of his clearance suspension as damaging trust, and his characterization of the hearing as a waste of time. Tr. at 272–73, 291. She was particularly concerned by the Individual's confidence that he had fully overcome his gambling addiction after such a short time, opining that early recovery is typically accompanied by a degree of humility that helped addicts remain vigilant against relapse. *Id.* at 271. She opined that the Individual lacked insight and that his concerning sentiments were consistent with narcissistic thought patterns. *Id.* at 286–87, 291–93. She testified that NPD treatment involves changing the structure of the person's personality and, as such, took years of evidence-based therapeutic methodologies to get to a place where the risk of returning to maladaptive thoughts and behaviors was low. *Id.* at 252–53, 290. The Psychologist testified that there was no FDA approved medication to treat NPD or any other personality disorder.[8] *Id.* at 252. She expressed concern that the therapist declined to diagnose the Individual with NPD but still stated that his treatment was focused on the disorder. *Id.* at 280.

The Psychologist gave the Individual a favorable prognosis for his Gambling Disorder and psychiatric conditions because of his commitment to treatment but added a caveat that for a better assessment of the Individual's current progress, she needed to hear from his IOP counselor, with whom he appeared to have been the most candid out of all the providers who had treated or evaluated him. Tr. at 249–50, 286. However, she opined that the Individual would need to go at least one year without any relapse to be rehabilitated from his Gambling Disorder. *Id.* at 283–84.

[8] *See also Narcissistic personality disorder: Symptoms, diagnosis, and treatments*, Harvard Health, *available at* https://www.health.harvard.edu/mind-and-mood/narcissistic-personality-disorder-symptoms-diagnosis-and-treatments#:~:text=There%20are%20no%20FDA%2Dapproved%20medications%20for%20the%20treatment%20of%20NPD ("There are no FDA-approved medications for the treatment of NPD. However, some medications, such as antidepressants, mood stabilizers, and antipsychotic medications, may relieve the symptoms associated with co-existing disorders including anxiety, depression, and other mood disorders.").

The Psychologist testified that the Individual had not discussed his MDD enough for her to determine whether they were in remission. Tr. at 284. She testified that symptoms of the depression and anxiety were consistently listed in the IOP notes, despite the Individual's claim that the conditions were well-managed, and, therefore, she did not have enough context to conclude that the conditions were in remission. *Id.*

The Psychologist testified that the Individual was not rehabilitated from NPD and that rehabilitation would take longer than one year. Tr. at 285. She opined that the Individual's treatment start date should be measured from the time that he told his therapist about his gambling issues because until the Individual was honest with him, the therapist did not have a full understanding of the Individual's situation on which to base his treatment plans and the Individual was not fully engaged in the treatment. *Id.* at 285.

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 ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

A. Guideline F

Conditions that could mitigate Guideline F security concerns include:

(a) The behavior happened so long ago, was so infrequent, or occurred under such circumstances that it is unlikely to recur and does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;

(b) The conditions that resulted in the financial problem were largely beyond the person's control (*e.g.,* loss of employment, a business downturn, unexpected medical emergency, a death, divorce or separation, clear victimization by predatory lending practices, or identity theft), and the individual acted responsibly under the circumstances;

(c) The individual has received or is receiving financial counseling for the problem from a legitimate and credible source, such as a non-profit credit counseling service, and there are clear indications that the problem is being resolved or is under control;

(d) The individual initiated and is adhering to a good-faith effort to repay overdue creditors or otherwise resolve debts;

(e) The individual has a reasonable basis to dispute the legitimacy of the past-due debt which is the cause of the problem and provides documented proof to substantiate the basis of the dispute or provides evidence of actions to resolve the issue;

(f) The affluence resulted from a legal source of income; and

(g) The individual has made arrangements with the appropriate tax authority to file or pay the amount owed and is in compliance with those arrangements.

Adjudicative Guidelines at ¶ 20. Only mitigating condition (a) is relevant to the Guideline F concerns in this case. I find that it has not been met.

The Individual gambled for twenty years, culminating in a six-week daily gambling binge during which he lost roughly $6,000.00 of money that remained from an insurance payout after home repairs were made. He concealed his losses and even his location while at the casino so that his family would not know what he was doing. He gambled on three occasions after being caught and committing to getting help, including one where he felt physically ill and realized he needed help while withdrawing money from the same insurance payout but proceeded to gamble with that money anyway. Less than a year has passed since these events so I cannot find that it was so long ago that it no longer casts doubt on the Individual's judgment, reliability, and trustworthiness. The Individual's pattern of gambling has persisted for decades, and his most harmful, daily gambling behavior lasted for six weeks; it is unclear when it would have stopped had his family not discovered his activities. I cannot find that this behavior was infrequent. The Individual's relapse happened early on in his recovery, and he has made quite a bit of progress since then. However, he has yet to go a full year—experiencing birthdays, holidays, life's joys and stresses—without gambling. There is even evidence to show that more time would be needed due to an increased risk of relapse for gambling addicts at twelve months of abstinence. When this is combined with the recency of events and the Individual's long history of gambling, I cannot find at this time that the Individual is unlikely to gamble in the future.

The Individual testified that he takes his sobriety one day at a time, his 12-Step program's recommended practice. However, he also stated with a surprising degree of certainty that he did not have a likelihood of relapsing, going so far as to indicate that his previous relapse precluded future relapse, as if a prerequisite for sustained recovery had been checked off by relapsing early on. These contradictory thoughts indicate, at a minimum, a lack of insight and, possibly, denial as well. The Individual has shown that he is committed to recovering from his addiction to gambling. Unfortunately, I cannot find that he has made enough progress to fully mitigate the Guideline F concerns because I cannot with reasonable certainty find that the Individual will not return to compulsive gambling in the future.

B. Guideline I

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;

(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. Conditions (a) and (d) are not relevant to this case because Gambling Disorder and NPD are not *readily* controllable, requiring instead years of work and a permanent vigilance against relapse, and because none of the diagnosed conditions are temporary. I find that the remaining conditions have also not been met.

Regarding condition (b), while the Individual is seeking treatment and received a favorable prognosis from his therapist, the therapist gave unpersuasive, conflicting testimony such that I cannot give it more weight than that of the Psychologist. The Psychologist's favorable prognosis was conditioned on further information from the IOP, which was not available. The Individual's therapist initially testified that he focused the Individual's treatment on his depression and anxiety and gambling disorder. He later testified that the treatment was focused on situational stressors. He then later testified that, though he had decided not to diagnose the Individual with NPD, that was a focus of the Individual's treatment. This kaleidoscope of stated foci suggests that the therapist's treatment has not been particularly focused, instead moving among multiple issues, including sessions dealing primarily with the normal stressors of life. The Psychologist characterized the therapist's treatment as primarily supportive talk therapy with far less time spent on the evidence-based methodologies that are the standard treatment for NPD and Gambling Disorder. She also had concerns about the way the Individual was pursuing CBT. While the Individual's therapist may have given him a favorable prognosis, his testimony left me with doubt regarding the content and form of the Individual's treatment, which limits the weight of his prognosis. As doubt must be resolved in favor of the national security, I find that the Individual has not met mitigating condition (b).

Assuming the Individual's therapist is acceptable to and approved by the U.S. Government, his testimony was conflicting and therefore of less value than the Psychologist's. As such, I do not afford substantial weight to the therapist's opinion in considering whether the Individual's conditions are in remission or under control and have a low probability of recurrence or exacerbation. From a clinical perspective, the Individual's Gambling Disorder cannot be in sustained remission until he has gone a full year without meeting any of the diagnostic criteria, and the Individual's gambling binge finished less than a year before the hearing. It is unclear whether any testimony that the Individual's MDD is in remission can be relied upon because the Individual has a history of endorsing only minimal symptoms but later admitting to having had suicidal ideations during those times. Finally, no mental health professional opined that the Individual's NPD is in remission. Each testified that though he was making progress, getting to remission takes years of work, and the Individual had just started. At this time, I cannot find that the Individual has met mitigating condition (c).

Because the Individual's conditions are not in remission, I cannot find that there is no indication of a current problem. Accordingly, I find that the Individual has not met mitigating condition (e).

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

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

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

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals