

*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: January 28, 2025)
)
_____)

Case No.: PSH-25-0069

Issued: July 3, 2025

Administrative Judge Decision

Matthew Rotman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (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's access authorization should not be granted.

I. BACKGROUND

In a Questionnaire for National Security Positions (QNSP) that the Individual completed in June 2023, the Individual disclosed that she had been hospitalized in October 2010 due to depression, and that in August 2019 she was diagnosed with Post-Traumatic Stress Disorder (PTSD) "related to military sexual assaults" and Bipolar Mood Disorder. Exhibit (Ex.) 9 at 182–83.²

The Local Security Office (LSO) issued the Individual a Letter of Interrogatory (LOI), which she completed on September 19, 2024. Ex. 6. In the LOI, she stated that she was voluntarily hospitalized for one month in October 2010 because she was having a "difficult time adjusting [to a] new environment, away from [her] one year old baby, and witness[ing] a friend end her own life." *Id.* at 21. She stated that she was diagnosed with depression, but that her condition improved when she obtained the resources to divorce her spouse and gain custody of her child. *Id.* In 2019, the Individual stated, she was faced with a number of difficult circumstances: she was sexually

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

² The exhibits submitted by DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

violated at work and subsequently bullied by her coworkers for reporting the perpetrator, her husband was diagnosed with cancer, and her mother entered long-term care due to a serious health condition. *Id.* at 22. As a result, the Individual found herself experiencing symptoms of sadness, lack of energy, low self-esteem, and uncontrollable crying. *Id.* at 23. She sought treatment at the Veterans Affairs (VA) clinic, where she was diagnosed with PTSD and Bipolar Mood Disorder. *Id.* at 22. According to the Individual, from 2019 through 2021, she found herself unable to talk to strangers in public, she was triggered by being in the presence of males, and she had thoughts of harming herself, but never planned or acted on it. *Id.* at 25. Her symptoms slowly improved through treatment, she claimed, which included weekly therapy and medication. *Id.* at 22–23. She further stated that she last experienced symptoms a couple weeks prior to completing the LOI, after her mother passed away. *Id.* at 23. She denied having ever stopped her medication against medical advice since it was first prescribed to her in 2019. *Id.* at 24.

On October 15, 2024, the Individual was evaluated by a DOE-contracted psychologist (DOE Psychologist), who conducted a 1.5-hour clinical interview with the Individual, reviewed the Individual's personnel security file and medical records, and consulted with the Individual's therapist. Ex. 7 at 30. The medical records reviewed by the DOE Psychologist dated back to June 2023 and revealed that the Individual was emotionally and sexually abused as a child, and was later married to an abusive husband for three years. *Id.* at 33. The Individual was hospitalized in 2010 for suicidal ideation after being raped, and had had undergone intermittent psychiatric treatment ever since. *Id.* She was sexually assaulted again in 2019. *Id.*

The medical records further revealed that in the spring of 2023, after moving across the country and obtaining a new job with a DOE contractor, the Individual began treatment at a local VA clinic. *Id.* at 32–33. The Individual did not consistently show up for her appointments, nor did she attend follow-ups or comply with referrals to specialists. *Id.* At her various appointments in 2023 and 2024, the Individual complained of extreme anxiety and depression due to a “toxic work environment” at her new job, her husband's cancer, and her children's serious mental health issues. *Id.* at 32. She reported daily panic attacks, nightmares, irritability, and passive suicidal ideation,³ and she asserted that her anxiety was “causing significant functional impairment.” *Id.* at 35. Her VA providers diagnosed her with PTSD, but did not find convincing evidence in support of a Bipolar diagnosis. *Id.* at 34–36. She had restarted her depression medication in June 2023, but reported taking it “infrequently,” before discontinuing it altogether in 2024 because it worsened her nightmares. *Id.* at 32, 35–36. She began seeing a therapist in April 2024, but her visits with the therapist were “seldom.”⁴ *Id.* at 35. At the last VA visit documented in the medical records, which

³ One of her VA providers noted that the Individual “attempted to take her life in 2020 by cutting her wrists.” Ex. 7 at 35.

⁴ The DOE Psychologist consulted telephonically with the Individual's therapist, who stated that she diagnosed the Individual with PTSD, chronic. Ex. 7 at 37. The therapist also indicated that the Individual had disclosed having a plan to drive her car off the road. *Id.* The therapist stated she had planned preparations for the Individual to have Eye Movement Desensitization Reprocessing treatments, “but those had not been initiated because of [the Individual's] sporadic attendance [at her weekly scheduled sessions] and because she was not emotionally stable enough for that level of psychological work.” *Id.* The Individual's last session with the therapist was on July 25, 2024. *Id.* When asked to provide a prognosis, the therapist stated, “I hope she'll be OK.” *Id.*

took place on October 3, 2024, the Individual reported that she had not been taking her medication for several months, and her anxiety was “killing her right now.” *Id.* at 36.

During the clinical interview with the DOE Psychologist, the Individual described her trauma, symptoms, and stressors consistent with how they were described in her medical records. *Id.* at 38. The DOE Psychologist found the Individual “clearly” met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* for a diagnosis of PTSD, including symptoms of “nightmares, avoidance, negative cognitions and emotions, irritability/anger, and hypervigilance.” *Id.* at 38–39. She also diagnosed the Individual with Major Depressive Disorder, Recurrent, Severe, and Generalized Anxiety Disorder.⁵ *Id.* at 39. All three of these conditions, she found, render the Individual emotionally unstable, impair her judgment, cause her to be unreliable, and raise concerns about her trustworthiness. *Id.* at 40. The DOE Psychologist stated she was unable to provide a prognosis, concluding that “it depends on [the Individual’s] attendance and participation in recommended treatments.” *Id.*

On December 26, 2024, the LSO issued the Individual a letter in which it notified her that it possessed reliable information that created substantial doubt regarding her eligibility to hold a security clearance. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted ten exhibits (Ex. 1–10). The Individual submitted one exhibit (Ex. A). At the hearing, the Individual testified on her own behalf. Transcript of Hearing, OHA Case No. PSH-25-0069 (Tr.) at 10–61. The LSO offered the testimony of the DOE Psychologist. *Id.* at 63–83.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline I as the basis for its determination that the Individual was ineligible for access authorization. Ex. 1 at 5. “Certain emotional, mental, and personality condition can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. According to the LSO, the Guideline I concern was raised by the DOE Psychologist’s conclusion that the Individual met sufficient *DSM-5* criteria for diagnoses of PTSD; Major Depressive Disorder, Recurrent, Severe; and Generalized Anxiety Disorder, and her opinion that these conditions can impair the Individual’s judgment, stability, reliability, and trustworthiness. Ex. 1 at 5. The LSO’s invocation of Guideline I is justified. *See* Adjudicative Guidelines at ¶ 27(b).

III. REGULATORY STANDARDS

⁵ The DOE Psychologist further diagnosed the Individual with Bulimia Nervosa; however, because she did not find this to be a condition that impairs the Individual’s judgment, nor was it cited by the LSO as giving rise to a security concern, I will not discuss it further in this Decision. Ex. 7 at 40.

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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.

IV. HEARING TESTIMONY

The Individual testified that she did not dispute the accuracy of anything contained in the DOE Psychologist's report. Tr. at 11–12. She confirmed her hospitalization for one month in 2010 and her diagnosis with depression, but claimed that she was doing "remarkably good" during the nine years that followed, other than needing some counseling for postpartum depression. *Id.* at 12–15. In 2019, the Individual entered into outpatient treatment at a VA clinic after being sexually assaulted. *Id.* at 15–16. From 2019 through 2021 her treatment was "more in-depth," but thereafter she transitioned to medication management only, which required her to see a provider only once every three or four months. *Id.* at 20–22. She was prescribed various different medications, including antidepressants and mood stabilizers, for PTSD and Bipolar Disorder. *Id.* at 17–18. She insisted that she took her medication daily as prescribed, except for occasions when she had changed providers, causing a delay in the availability of her prescriptions. *Id.* at 19–20.

In 2023, the Individual moved across the country, and it took a "little period of time" for the VA to find her a new doctor. *Id.* at 22. Her anxiety at this time was "really high" due to the difficult move, her husband receiving a cancer diagnosis, and her daughter and mother both dealing with serious medical issues. *Id.* at 23. Initially she was prescribed a high dose of antianxiety medication, but later stopped it for a period of time on the advice of her doctor, before resuming it again. *Id.* at 23–24. Since then, she testified, she has only stopped taking her medication as prescribed two times, when she was going through provider transitions. *Id.* at 24. Since 2023 she has seen her VA provider once every three months for medication management. *Id.* at 27. The only time she didn't see him as scheduled was because she was requesting a different provider, because she was dissatisfied that her current provider did not believe she was properly diagnosed with Bipolar Disorder. *Id.*; *but see*, e.g., Ex. 7 at 102–03 (February 20, 2024, provider notes indicating

Individual cancelled a November follow-up appointment and “did not respond to multiple efforts to reschedule”), 78 (April 24, 2024, provider note indicating Individual failed to report for scheduled appointment the day prior and had not responded to follow-up phone calls).

In early 2024, the Individual’s mother’s condition worsened, and as a result she experienced greater anxiety and suicidal ideation. *Id.* at 27–28. She acknowledged she may have missed appointments in 2024 because she was traveling frequently across the country to visit her mother. *Id.* at 28. The Individual began seeing a therapist in April 2024, whose name she could not remember until her memory was refreshed by the DOE counsel. *Id.* at 30. She acknowledged that she only met with the therapist for a couple of months “here and there” when she could “make the co-pay,” because the therapy was not wholly covered by insurance. *Id.* at 31–32; *see also* Ex. 7 (May 14, 2024, provider notes confirming that she saw her therapist seldomly because she was “paying out of pocket and interested in VA based therapy”).

In August 2024, the Individual’s mother passed away, which required her to be away from home and made her unable to see her VA doctor. *Id.* at 55–56. As a result, she was unable to renew her prescriptions for “several months.” *Id.*; *but see* Ex. 7 at 55 (October 3, 2024, provider notes indicating that she had “self-stopped [some of her medications] several months ago”). By October 2024, her PTSD and anxiety symptoms, including suicidal ideation, had substantially worsened. *Tr.* at 57–58. When she finally saw a VA provider in October, she was given new prescriptions to treat her anxiety as well as insomnia, sleep problems, and nightmares, and according to her testimony, she has consistently taken these medications as prescribed ever since. *Id.* at 33–34.

Since October 2024, the Individual testified, she has been “doing really good” with her anxiety, and she does not intend to pursue any additional therapy. *Id.* at 37; *see also* Ex. A (a two-sentence letter from Individual’s VA doctor dated May 19, 2025, indicating that her “mental health has been stable and there is nothing of concern from a mental health perspective that should prevent her from getting a clearance”). Her mother’s passing in August 2024 allowed her to release the overwhelming guilt she was feeling, which she stated was the primary cause of her anxiety. *Id.* In addition, she testified, she has several local friends and family members that she relies on for support, and she enjoys spending time with her children, reading, and going to the gym. *Id.* at 38, 43. Since her mother passed away, she has learned not to “self-isolate” when feeling stressed, but rather to talk about her feelings with family and friends. *Id.* at 47. As a result, she has been able to cope with continuing stressors in her life, which include situations at work and her husband’s ongoing cancer battle, without the need for therapy. *Id.* at 43. When pressed by DOE counsel as to whether she might still benefit from therapy to deal with past trauma, her testimony changed. *Id.* at 38–39. “[Y]es,” she stated, “of course, I will find another provider as needed to cope with in [sic] my stressor, and I believe that having another provider might be a good idea. Yes. You’re right.” *Id.* at 39. She also acknowledged that her VA doctor recently recommended therapy to help her handle the stress related to her security clearance hearing, although she had not understood if the therapy recommendation was meant for “now” or for only in the event that she loses her job. *Id.* at 55.

The DOE Psychologist testified that, after hearing the Individual’s hearing testimony, her diagnoses of the Individual had not changed. *Id.* at 71. Moreover, she felt that she lacked sufficient information to conclude that these diagnoses no longer impaired the Individual’s stability,

reliability, and trustworthiness. *Id.* Although she acknowledged the VA doctor's letter indicating that the Individual's mental health is currently "stable," she was troubled by the lack of explanation in the letter, the lack of evidence documenting the Individual's treatment since the psychological evaluation, and the multiple discrepancies in the Individual's testimony.⁶ *Id.* at 72. She was encouraged by the Individual's testimony that her medication is effective and that she feels supported by her friends and family. *Id.* at 74–76. Nonetheless, she felt that familial support and medication was insufficient to address the Individual's long and serious history of mental health issues, in the absence of "regular, frequent, individual counseling sessions" from a mental health professional. *Id.* at 74–75. Counseling, she asserted, has been recommended by "every provider who has worked with [the Individual]," and because the Individual has yet to participate in regular counseling, her prognosis has not changed. *Id.* at 77.

V. ANALYSIS

Conditions that could mitigate security concerns under Guideline I include:

- (a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) 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 has failed to demonstrate mitigation of the Guideline I security concerns under any of these conditions. Regarding paragraph (a), the Individual has not demonstrated ongoing and consistent compliance with a treatment plan. Despite her testimony otherwise, the medical records reviewed by the DOE Psychologist confirm a pattern of missed and unscheduled medical appointments, failure to take her medications consistently as prescribed, and reluctance to participate in mental health counseling despite recommendations from her treatment providers that she do so. Even accepting that the Individual's assertion that she has adhered to her medication and appointment schedule since October 2024, her compliance has not been "ongoing and

⁶ Those discrepancies, the DOE Psychologist indicated, included the Individual's testimony that she had consistently seen her providers and taken her medication as prescribed, except in occasional situations beyond her control. *Id.* at 73. The DOE Psychologist found this claim to be suspect in light of the "long history of noncompliance" documented in the medical records. *Id.*

consistent” over the duration of her mental health treatment since 2019. The Individual has thus not resolved the concerns under the conditions set forth in paragraph (a).

Similarly, the Individual has failed to demonstrate mitigation under the conditions set forth in paragraph (b), because although she is currently receiving treatment in the form of medication management, she has not received a favorable prognosis by a duly qualified mental health professional. Her VA doctor’s letter identifying “nothing of concern from a mental health perspective” was woefully insufficient to assure me that the Individual has resolved her ailments, particularly in light of the documented duration and severity of the Individual’s symptoms. The counselor who treated the Individual sporadically between April and July 2024, when asked by the DOE Psychologist for a prognosis, stated only, “I hope she’ll be okay,” but indicated no particular likelihood that she would be. And the DOE Psychologist was unable to give any prognosis at all, stating that it would depend on her attendance and participation in recommended treatment. As the Individual has yet to engage in regular therapy as part of her recommended treatment, I cannot find the Individual’s prognosis to be favorable so as to resolve the security concerns under the conditions of paragraph (b).

Regarding the mitigating condition at paragraph (c), the DOE Psychologist did not opine that the Individual’s PTSD and other diagnoses are under control or in remission or have a low probability of recurrence or exacerbation. On the contrary, she expressed concern that the Individual’s current course of treatment was insufficient to avoid recurrence of her symptoms. With regard to the VA doctor, even supposing she is a duly qualified mental health professional acceptable to and approved by the U.S. Government, her letter offers no support for her positive assessment of the Individual’s condition and, notably, does not indicate a prognosis. As such, the Individual has not resolved the Guideline I concerns under the conditions set forth at paragraph (c).

As to paragraphs (d) and (e), the Individual’s condition was certainly not temporary, but rather a chronic condition that has persisted since at least 2019, and with regard to some symptoms, as far back as 2010. The situation has not been resolved, but rather showed signs of worsening in recent years, and as recently as October 2024, was not properly managed. Although the record contains some evidence that the Individual is currently stable, there is also compelling evidence – including testimony from the DOE Psychologist – that her symptoms are not unlikely to recur. Therefore, the Individual has not resolved the concerns under the conditions set forth at paragraphs (d) or (e).

In light of the foregoing, I find the Individual has failed to resolve the concerns raised by the LSO under Guideline I.

VI. CONCLUSION

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

Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Matthew Rotman
Administrative Judge
Office of Hearings and Appeals