United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)		
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Filing Date: June 12, 2025	)	Case No.:	PSH-25-0148
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Issued: January 8, 2026

Administrative Judge Decision

Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material 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 restored.

I. BACKGROUND

The Individual was granted access authorization in connection with her employment with a DOE contractor (DOE Contractor). In February 2025, the Individual submitted a Personnel Security Information Report (PSIR) to the local security office (LSO) disclosing that she had been voluntarily hospitalized for mental health reasons in January 2025. Exhibit (Ex.) 6 at 21–22.[2] The PSIR indicated that she was admitted to the hospital due to suicidal ideation and had been diagnosed with "Major [D]epression." *Id.* at 22.

In April 2025, the Individual met with a DOE-contracted psychologist (DOE Psychologist) for a psychological evaluation. Ex. 8 at 41. During the psychological evaluation, the Individual described having been hospitalized for mental health reasons in 2011. *Id.* at 42. Following the evaluation, the DOE Psychologist issued a report of the evaluation (Report) in which he endorsed

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

[2] The exhibits submitted by the LSO 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 the LSO.

diagnoses of Major Depression, Recurrent, Generalized Anxiety Disorder (GAD), and Post Traumatic Stress Disorder (PTSD) previously made by the Individual's treating clinicians and opined that these conditions could impair her judgment, stability, reliability, or trustworthiness. *Id.* at 44.

The LSO subsequently issued the Individual a Notification Letter advising her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. Ex. 1 at 6–8. A Summary of Security Concerns (SSC) attached to the letter explained that the derogatory information raised security concerns under Guideline I 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 conducted an administrative hearing. The LSO submitted eleven exhibits (Ex. 1–11). The Individual submitted twelve exhibits (Ex. A–L). The Individual testified on her own behalf and offered the testimony of a representative of a veteran service organization and a personal friend. Hearing Transcript, OHA Case No. PSH-25-0148 (Tr.) at 3, 13, 31, 42. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 102.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 1 at 5. "Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. The SSC cited the DOE Psychologist's opinion that the Individual's Major Depression, Recurrent, GAD, and PTSD were conditions that could impair her judgment, stability, reliability or trustworthiness and the fact that the Individual had been hospitalized for mental health reasons on multiple occasions. Ex. 1 at 5. The LSO's invocation of the DOE Psychologist's opinion that the Individual had conditions that may impair her judgment, stability, reliability, or trustworthiness and its reference to the Individual's multiple inpatient hospitalizations for mental health reasons justify its invocation of Guideline I. Adjudicative Guidelines at ¶ 28(b)–(c).

III. REGULATORY STANDARDS

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

must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting his or her 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. FINDINGS OF FACT

A. Individual's History of Mental Health Issues

In October 2010, the Individual reported having been sexually assaulted during her service in the U.S. Military and received treatment for PTSD, depression, and anxiety. Ex. 11 at 143. The Individual was prescribed numerous medications to manage her symptoms. Ex. 7 at 26. In April 2011, the Individual was involuntarily hospitalized for mental health reasons after attempting suicide by cutting her wrists. *Id.* at 25–26; Ex. 8 at 42; *but see* Tr. at 84 (Individual characterizing her actions as a "suicidal gesture" in her hearing testimony). The Individual met with a therapist for several months around this time but discontinued therapy because she "did not think that it was a good fit." Tr. at 49–50. The Individual also saw a psychiatrist for medication management. *Id.* at 50.

The Individual resumed therapy in 2012, which she participated in for approximately one year. *Id.* In 2013, the Individual discontinued therapy. *Id.* The Individual subsequently experienced a period of stability in which she did not experience suicidal ideation which lasted until 2020. *Id.* at 97. The Individual attributed her well-being during this period to living at home while pursuing higher education, social support from family and friends, and not being isolated. *Id.* at 46. The Individual did not receive any therapy or medication management from approximately 2013 to 2016. *Id.* at 50. In 2016, the Individual met with a therapist for Eye Movement Desensitization and Reprocessing (EMDR) therapy, which is intended to help people, including those with PTSD, process traumatic memories by recalling them while receiving stimulation to reduce the emotional intensity of the memories. *Id.* at 51. The Individual participated in this therapy until 2017 or 2018, but "did not find it as successful as [she] would [have] like[d] . . . ." *Id.*

In 2018, the Individual was deployed internationally for military service and discontinued mental health treatment. *Id.* at 52. The Individual returned from her deployment in 2019, but did not resume mental health treatment. *Id.* The Individual enrolled in a military training program in 2020 which included a course that provided intensive training to participants in avoiding capture and resisting interrogation in combat situations. *Id.* at 53–54, 85–86; Ex. J (certifying the Individual's completion of the intensive training course). The Individual withdrew from the military training program due to suffering an injury that prevented her from completing the program. *Id.* at 53. In May 2021, the Individual began cognitive behavioral therapy (CBT) to manage emotional

difficulties related to having to discontinuing the military training program and the dissolution of her marriage. *Id.* at 52–54; Ex. 8 at 42. The Individual discontinued CBT after approximately seven months when she moved to another state. Tr. at 55.

In December 2021, the Individual began meeting with a psychiatrist who diagnosed the Individual with Major Depressive Disorder, GAD, Binge Eating Disorder, and Recurring PTSD. Ex. 8 at 42. The Individual met with the psychiatrist for approximately eight months, during which the psychiatrist prescribed the Individual numerous medications and adjusted the medications to manage the Individual's symptoms and various side effects the Individual experienced from the medications. *Id.* The Individual also continued to meet with several therapists and a licensed professional counselor (LPC) throughout 2022. Ex. 8 at 43. The Individual received EDMR from the LPC to address trauma from her sexual assault. *Id.*; Tr. at 75.

B. Individual's 2025 Hospitalization for Mental Health Issues

In 2024, the Individual obtained a service dog through an organization providing services to veterans. Tr. at 15–16, 57. She testified that when she informed her employer that she was seeking a service dog, she was "flagged" due to her psychological issues. *Id.* at 57. The Individual was denied an accommodation that would allow her to bring the service dog to in-person work and was instead directed to shift from a hybrid work schedule in which she worked two to three days in an office environment to working fully remotely. *Id.* at 24–26, 57, 59–60, 96. The Individual felt "very isolated" by the remote work arrangement and was disappointed at not being able to attend in-person trainings and being passed over for a promotion. *Id.* at 57.

On January 26, 2025, the Individual was voluntarily hospitalized for mental health reasons due to suicidal ideation. Ex. 6 at 22. At that time, the Individual was experiencing "a lot of suicidal ideations" and had developed a plan for committing suicide. Tr. at 60. The Individual was released from the hospital on January 30, 2025. Ex. 6 at 22. Following her discharge from the hospital, the Individual received Electro Convulsive Therapy (ECT), in which electric currents are transmitted into the patient's brain to treat psychological symptoms, three times weekly for three weeks. Tr. at 62. The Individual found this treatment ineffective. *Id.*

The Individual voluntarily admitted herself for inpatient mental health treatment on February 17, 2025. Ex. 8 at 43. The Individual learned that this treatment program was tailored to veterans and believed that it would be helpful to her to receive treatment from persons with that background. Tr. at 62–63. The Individual received inpatient treatment for five weeks and was discharged on March 21, 2025. Ex. 8 at 43. According to the Individual, this treatment was helpful to her because it was "holistic" and "tailored to [her]." Tr. at 63.

C. Evaluation by the DOE Psychologist

The Individual met with the DOE Psychologist for a psychological evaluation on April 7, 2025. Ex. 8 at 41. The DOE Psychologist conducted a clinical interview of the Individual, in which the Individual communicated her history of psychological issues and treatment consistent with the factual history set forth in this Decision. *Id.* at 42–43. The Individual also reported having received a 70% mental health disability rating from the Veterans Administration (VA), seeking therapy and

medication management through the VA, and taking several antidepressant medications and an antianxiety medication prescribed to her through the VA. *Id.* at 43.

In addition to the clinical interview, the DOE Psychologist administered the Minnesota Multiphasic Personality Inventory 3rd Edition (MMPI-3) to the Individual. *Id.* The Individual's responses on the MMPI-3 produced clinically significant elevations on scales measuring depression and anxiety. *Id.* (reflecting the DOE Psychologist's recitation of the results as in the "top 7%" of MMPI-3 test takers for depression and the "top 2%" for anxiety "in terms of severity"). The Individual also tested in the "top 2% compared to peers" for "[s]uicidal ideation, self-doubt, social avoidance[,] and introversion" and responded affirmatively to questions on the MMPI-3 asking whether she had "recently considered killing [her]self," had "nightmares every few nights," and sometimes "sweat[s] and breath[s] fast for no apparent reason." *Id.* at 43–44, 58.

On April 9, 2025, the DOE Psychologist issued the Report wherein he endorsed the Individual's previous diagnoses of Major Depression, Recurrent, GAD, and PTSD. *Id.* at 44. He further indicated that her mental health conditions had previously caused mood instability leading to her multiple inpatient hospitalizations[3] for mental health reasons and thus that these conditions impaired her judgment, stability, reliability, or trustworthiness.[4] *Id.* The DOE Psychologist recommended that the Individual continue to receive therapy and medication management through the VA. *Id.* He further opined that she should demonstrate one year of stability and compliance with her treatment regimen. *Id.*

D. Individual's Recent Efforts and DOE Psychologist's Updated Opinion

Since the psychological evaluation with the DOE Psychologist, the Individual continued medication management with a VA psychiatrist and took the medication prescribed to her – including several antidepressant medications, an anti-anxiety medication, and an antipsychotic medication – as directed. Tr. at 65, 67–69. In July 2025, the Individual began seeing a therapist for weekly "goal-oriented" therapy focused on "recognizing your life values" and applying them to support behaviors "congruent with your values . . . ." *Id.* at 65–67, 93–94. The Individual has also

[3] In his Report, the DOE Psychologist incorrectly stated that the Individual was hospitalized twice for mental health reasons from 2010 to 2011 when in fact she was only hospitalized for mental health reasons on one occasion during this period. Ex. 8 at 42; Tr. at 102. The DOE Psychologist would not have altered his opinion if he had been aware of this fact when he authored the Report. Tr. at 102–03.

[4] The Individual argued that the DOE Psychologist had erroneously concluded that her mental health conditions impaired her judgment, stability, reliability, or trustworthiness. Tr. at 82. The Individual provided documentation of having received workplace awards for her performance in November 2024 and having received a positive performance review for the period of October 2024 to September 2025, during which time she was suffering from adverse symptoms of her psychological conditions, to show that her performance in the workplace was never affected. *Id.* at 84; Ex. C; Ex. D; Ex. L. It is readily apparent from the Individual's description of how her loneliness and frustration in late 2024 and early 2025 led to her contemplating suicide and being hospitalized for mental health reasons that she lacked an ordinary level of resilience to stressors due to her mental health symptoms and that her psychological conditions did affect her stability and reliability, even if she was able to manage these issues sufficiently to perform in the workplace. The Individual's ability to prevent her psychological symptoms from affecting her work performance during this period is not a sufficient basis for me to conclude that the DOE Psychologist erroneously concluded that the symptoms could adversely impact her as a clearance holder in light of the fact that the symptoms did in fact affect her stability and reliability.

received Esketamine therapy[5] approximately twice monthly since July 2025. *Id.* at 69–70. The Individual developed a safety plan that involves recognizing triggers, such as poor sleep and chronic pain, which could cause anxiety and lead to maladaptive behaviors, applying coping skills, and relying on her support network in the event of suicidal ideation. *Id.* at 64–65, 95; *see also id.* at 60 (identifying friends and family members as her support network).

The Individual enrolled in educational classes, which were held four times weekly at night beginning in August 2025, under the impression that she would not be allowed to return to work for the DOE Contractor until the adjudication of her eligibility for access authorization was completed. *Id.* at 76. Contrary to her expectations, the Individual resumed full-time work for the DOE Contractor in August 2025. *Id.* That same month, the Individual moved in with a friend and experienced an exacerbation of chronic pain that she suffers as a result of an injury from her military service. *Id.*

The Individual began experiencing suicidal ideation in September 2025, which she attributed to the cumulative effects of her chronic pain and the stress from her responsibilities. *Id.* at 77, 98. That month, the Individual was voluntarily admitted to a hospital for psychiatric treatment for two days. *Id.* at 75–77. The Individual presented at the hospital in accordance with her safety plan to ensure her suicidal ideation did "not progress to a point where it's life threatening." *Id.* at 77.

According to the Individual, her well-being had improved significantly since early 2025. *Id.* at 73; *see also id.* at 32–33, 35 (testimony of friend with whom the Individual resides that the Individual's wellbeing had "fluctuated" in the four years he had known her but had "improve[d] dramatically" since her February 2025 inpatient treatment). She attributed this improvement to obtaining help, utilizing her support system, learning to recognize triggers, and implementing a safety plan. *Id.* at 73–74; *see also id.* at 35–36 (friend testifying that the Individual's improved understanding of PTSD and lifestyle changes, such as cohabitating with him and avoiding isolation, supported her well-being and that he had observed improvements in her ability to regulate her symptoms).

The DOE Psychologist opined at the hearing that the benefits of the values-based therapy as described by the Individual were not tailored to the Individual's symptoms of triggering and reactivity resulting from her PTSD, suicidal ideation, or depression and anxiety. *Id.* at 106. Furthermore, the DOE Psychologist opined that, while Esketamine therapy can be helpful for some people with depression, he did not believe it could treat anxiety symptoms of PTSD or GAD. *Id.* at 106–07. The DOE Psychologist identified a twelve-week treatment program specifically focused on PTSD symptoms as an additional modality that might benefit the Individual. *Id.* at 108. Additionally, he emphasized the importance of a safety plan in light of the Individual's history of suicidal ideation and indicated that he believed that her existing safety plan, as she described it, would be improved with "more options and more specifics as [to] who she will call when and other action that she will take, including involving her practitioners in that." *Id.* at 109.

[5] Esketamine therapy involves the nasal administration of the anesthetic drug ketamine in a controlled environment to treat persons with treatment-resistant depression. *Esketamine for Treatment-Resistant Depression*, Johns Hopkins Medicine, hopkinsmedicine.org/health/treatment-tests-and-therapies/esketamine-for-treatment-resistant-depression (last accessed Jan. 8, 2026). Esketamine may counteract the brain-damaging effects of depression by helping the brain to form new pathways. *Id.*

The DOE Psychologist testified that his opinion was unchanged from that he communicated in the Report and that the Individual's prognosis remained fair to good. *Id.* at 109–10. He further indicated that her September 2025 hospitalization was a "big data point" that demonstrated recent instability and noted that her history of episodes of instability "intermixed with very high levels of functioning" reflected an element of unpredictability that was "potentially problematic." *Id.* at 108, 110, 115.

V. ANALYSIS

Guideline I

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 amendable 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.

While the Individual testified to receiving numerous treatments since her January 2025 hospitalization, she provided no documentation from treatment providers concerning her treatment plan or compliance therewith. Even if she had, this evidence would need to be weighed in light of her recent September 2025 hospitalization for mental health reasons. *See* 10 C.F.R. § 710.7(c) (requiring consideration of, among other things, the likelihood of continuation or recurrence and other relevant and material factors in applying the Adjudicative Guidelines). The fact that the Individual so recently experienced suicidal ideation and was hospitalized raises the question of whether her treatment plan has been, or should be, updated, in which case her compliance with the treatment plan is necessarily brief. Even if this was not the case, the DOE Psychologist called into question the appropriateness of the Individual's therapy for her symptoms and suggested that she would benefit from additional interventions for her PTSD and GAD that she was not receiving as of the hearing date. Thus, even if the Individual was complying with a treatment plan, it is not

certain that the plan is fully suitable for her needs. For these reasons, I find the first mitigating condition inapplicable. *Id.* at ¶ 29(a).

The second mitigating condition is inapplicable because the DOE Psychologist opined that aspects of the Individual's treatment plan were inadequate or inappropriate for her symptoms and did not offer an unqualified positive prognosis. *Id.* at ¶ 29(b). As to the third mitigating condition, the DOE Psychologist testified that his opinion was unchanged from that expressed in the Report wherein he opined that the Individual's psychological conditions were not under control and could impair her judgment, stability, reliability, or trustworthiness. While the Individual disagreed with the DOE Psychologist's opinion, she did not bring forward a contrary opinion from a duly qualified mental health professional. Thus, the third mitigating condition is inapplicable. *Id.* at ¶ 29(c).

With respect to the remaining mitigating conditions, considering the less than favorable opinion of the DOE Psychologist and the recency of the Individual's latest hospitalization following suicidal ideation, I cannot conclude that she no longer shows indications of emotional instability or that there is no indication of a current problem. Thus, the fourth and fifth mitigating conditions are inapplicable. *Id.* at ¶ 29(d)–(e).

Having concluded that none of the mitigating conditions are applicable to the facts of this case, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under 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 asserted by the LSO. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals