*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: June 12, 2025	)	Case No.: PSH-25-0150
	)	
	)	

Issued: January 26, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXX (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 be restored.

I. Background

The Individual is an employee with a DOE contractor. In late October 2024, she made some statements to her supervisor regarding "self-harm ideation[,]" and accordingly, was sent to the Occupational Health Services (OHS) Psychology department at the DOE site at which she worked. Exhibit (Ex.) 7 at 26.[2] When the Individual reported to OHS Psychology, she endorsed feelings of depress and anxiety, which had "worsened in the last two weeks due to increased familial stress." *Id.* The Individual also endorsed feelings of "passive suicidal and 'better off dead' ideation[,]" although she denied an actual plan or intent. *Id.* She had taken protective measures, which included the removal of alcohol and access to firearms from her home, and she expressed "a desire to live, future orientation, willingness to engage in treatment, and voluntary usage of her safety plan." *Id.* She was informed that this was a "reportable event" with respect to her security clearance. *Id.* The matter was accordingly reported to DOE on the same day. *Id.*

[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.

In a second incident report to DOE the same month, it was reported that the Individual had been "admitted to an inpatient mental health treatment facility[.]" Ex. 6 at 23. The Individual had "made an attempt at self-harm[,]" and was taken to the facility for treatment. *Id.*

The Individual was asked to complete a Letter of Interrogatory (LOI), which she submitted in December 2024 at the behest of the Local Security Office (LSO). Ex. 8. In the LOI, she answered questions pertaining to her mental health and mental health treatment. *Id.* As questions still remained, the Individual was asked to see a DOE-consultant Psychologist (DOE Psychologist) and underwent a psychological evaluation in February 2025. Ex. 9. The DOE Psychologist compiled a report (the Report) of her findings in March 2025. *Id.* In the Report, she concluded that the Individual suffers from an "emotional, mental, or personality condition . . . that can impair judgment, stability, and reliability or trustworthiness." *Id.* at 48. Namely, she concluded that the Individual's "history of depression coupled with a pattern of behavioral, emotional and relational instability associated with borderline traits . . . has impaired her judgment, stability, and reliability[.]" *Id.* at 48.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified her that it possessed reliable information that created a substantial doubt regarding her continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline I (Psychological Conditions) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that she was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding her eligibility to hold 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 Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on her own behalf and presented the testimony of her therapist and her consultant psychologist (Individual's Psychologist). *See* Transcript of Hearing, OHA Case No. PSH-25-0150 (hereinafter cited as "Tr.") The Individual also submitted four exhibits, marked Exhibits A through D. The DOE Counsel submitted twelve exhibits marked as Exhibits 1 through 12 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Guideline I

Under Guideline I, "[c]ertain emotional, mental, and personality conditions can impair one's judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include "behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, . . . and that may indicate an emotional, mental, or personality condition, including . . . suicidal [behaviors]," "[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness" and "[v]oluntary or involuntary inpatient

hospitalization." *Id.* at ¶ 28(a)–(c). Under Guideline I, the LSO alleged that the DOE Psychologist concluded that the Individual:

> has a history of depression coupled with a pattern of behavioral, emotional and relational inability associated with her borderline traits which has impaired her judgment, stability, and reliability to the extent that she was recently hospitalized following a suicide attempt that stemmed from relationship chaos.

Ex. 1 at 5. The LSO's invocation of Guideline I is justified.

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 the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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

The Individual, having been born a biological male, had "a strong desire to be female from a very early age." Ex. 9 at 40. She also hid the fact that she would wear her sister's clothes from her parents, as she wanted to avoid "negative judgement" that "she associated with their religious beliefs." *Id.* The Individual first exhibited feelings of depression and "passive suicidal ideation in eighth grade, stemming from distress around her gender identity." *Id.* After revealing her gender identity to her parents after the completion of high school, she enjoyed a "loving and accepting" response from her father but felt rejection from her mother. *Id.*

In 2012, the Individual was diagnosed with gender dysphoria by her university's student counseling center and began counseling. *Id.*; Ex. 8 at 28. She began hormone therapy a year after she started counseling for gender dysphoria, but discontinued hormone therapy six weeks after she first started it, due to "family pressure." Ex. 9 at 40. The Individual moved back home in 2013,

and did not present as female, because of "her mother's refusal to accept her as transgender." *Id.* She indicated that her mother subjected her to "critical and disparaging comments about [her] gender identity" and her mother "made attempts to encourage and reinforce her presenting as male." *Id.* The Individual left her mother and father's home to attend university elsewhere and was "determined to avail herself to the gender affirming care resources there." *Id.* However, as she occasionally questioned her identity and the decision to transition, "in the context of relationships[,]" she "reported a number of times when she stopped and started hormone therapy as a result." *Id.*

When the Individual moved to a different state for work in 2017, she "enjoy[ed] a sense of freedom to be able to continue the process of transitioning to female" and began counseling again for the first time since 2012. *Id.* The Individual was presenting as female and would do the same on the occasions she would see her family. *Id.* at 41. The therapist the Individual was seeing in 2017 diagnosed her with Depression and Generalized Anxiety Disorder. *Id.* at 44. The Individual was "prescribed psychotropic medication" for the first time. *Id.*

The Individual's father passed away in 2018, and in the midst of mourning the loss of her father, she also suffered her mother's accusations that she was a "source of stress" to her father. *Id.* at 41. She became less "forthcoming about her transition" to avoid causing her mother distress. *Id.* The Individual was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in 2021, and she was prescribed medication to treat ADHD. *Id.* at 44. In 2023, the Individual changed her given name to reflect her gender identity and moved closer to family members when she secured a job with the DOE contractor. Ex. 8 at 28. Following the move, she engaged a counselor and medication provider. Ex. 9 at 41.

After her move closer to family members, she intended to consistently present as female. *Id.* Her plans were somewhat thwarted when her grandmother required more consistent care, and as she did not want to "add more stress to her family" than her grandmother's health condition was already causing, she stopped presenting as female. *Id.*; Ex. 8 at 38. Her inability to move forward with her transition contributed to her feelings of depression, as did her dissatisfaction with her job. Ex. 9 at 41; Ex. 8 at 28. The Individual stopped seeing her counselor in July 2024, as she did not feel that her counselor was a good fit, and she felt that her own methods of managing her depression and the medication she took for depression and anxiety were sufficient. Ex. 9 at 41. Despite her efforts, her depression worsened, in part due to complications in a long-distance relationship. *Id.* She "developed a plan to commit suicide." *Id.*

In late October 2024, the Individual's supervisor convened a meeting with the Individual to discuss her declining work performance. *Id.* During that meeting, the Individual told her supervisor about her feelings of depression and suicidal ideation. *Id.* As a result, the Individual was taken to OHS, where she met with a psychologist. *Id.* at 41–42. The OHS psychologist noted that the Individual exhibited emotional dysregulation "while discussing chaotic interpersonal relationships and sex and gender issues and how they have contributed to [the Individual's] depressed mood and anxiety." *Id.* at 42. The Individual, however, denied a plan or intent to act on her suicidal thoughts. *Id.* The Individual was provided with resource information and had a follow-up meeting with the same OHS psychologist the following day. *Id.* During the second visit, the OHS psychologist noted that the Individual "presented as dysregulated and went into very personal details about her

relationship problems." *Id.* The Individual again denied any intent or plan to harm herself and planned to take a couple of weeks off work to "deal with her mental health." *Id.* The same day of the second meeting with the OHS psychologist, the Individual placed her firearms with a friend for safe keeping. *Id.* Later that night, the Individual argued with her long-distance girlfriend, who had come to stay with her. *Id.* Her long-distance girlfriend left after the argument, which resulted in the Individual's "mental health . . . spiraling sharply." *Id.* The Individual decided to purchase two "handles" of liquor to commit suicide. *Id.* After drinking to the point of almost blacking out, the Individual made herself coffee to try to "sober up," so that she could drive to her friend's house and retrieve her firearms. *Id.* at 42–43. She did not, however, follow through with her plan, realizing that her "feelings could be temporary[.]" *Id.* at 43. She contacted a friend the following day to go to an inpatient care facility. *Id.* Within 24 hours of her admission to the facility, the Individual was "approved for discharge by the treatment team." *Id.* She reported the matter to her supervisor and returned to work when her leave ended. *Id.*

The Individual found her current therapist in December 2024 and was placed on new medication in December 2024 and January 2025, "with good effect."[3] *Id.* at 45; Ex. B at 14; Tr. at 16, 116–18. The Individual's therapist, who sees the Individual in-person approximately once a week, diagnosed her with Major Depressive Disorder, ADHD Combined Type, and "Gender Identity Disorder," Unspecified, with a "good" prognosis for each diagnosis. Ex. B at 14; Tr. at 17, 45.

The Individual had two more meetings with the OHS psychologist, in mid and late February 2025. Ex. 9 at 43. Based on the Individual's presentation at those meetings, the OHS psychologist described the Individual as "stable" and "put together" and noted that "her affect was well regulated." *Id.* During the February 2025 meetings, the Individual "reported significant improvement in her mood attributed to a change in her medications for depression and ADHD." *Id.*

During her February 2025 psychological evaluation with the DOE Psychologist, the Individual reported a "significant improvement in her mood since" her medications were changed in December 2024. *Id.* at 45. However, she still faced stressors like criticism from her mother and being required to use a different restroom than her preferred one at work. *Id.* The DOE Psychologist noted that the Individual had been positive despite the aforementioned stressors but surmised that the positivity had "been over a relatively short period of time, which makes it difficult to be confident in a good prognosis for" the Individual. *Id.* at 46. She also noted that the Individual's "emotional volatility historically has been tied to volatility in her interpersonal relationships, which appear to be relatively placid at present." *Id.* The DOE Psychologist also opined that the Individual's judgment was negatively impacted "when she acted on her suicidal thoughts and general distress[,]" stating that although depression does not necessarily impair one's judgment or reliability, the Individual "demonstrates a pattern of mood disturbance that leads to significant affect dysregulation even in the workplace, and impaired judgment." *Id.* The Report also indicates that the Individual's unstable relationships and her struggles to create boundaries are

[3] The Individual's treatment goals include "[i]dentifying and adjusting boundaries[,]" "[i]dentifying emotional experiences to increase emotional intelligence[,]" "[p]rocess past and current events[,]" and "[i]dentify ways to foster healthy relationships.[.]" Ex. B at 14. The Individual's therapist employs Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Emotive and Existential Therapy. *Id.*

a problem for people who suffer from Borderline Personality Disorder (BPD), and that she exhibits "some borderline traits[.]"[4] *Id.* at 46–47. However, due to the constraints inherent in a one-time evaluation, BPD could not be ruled out as a diagnosis. *Id.* at 47. The DOE Psychologist opined that "[t]his set of traits . . . warrant[s] concern about [the Individual's] mental and/or emotional wellbeing, judgment, reliability, or trustworthiness[.]" *Id.* While the DOE Psychologist was heartened by the fact that the Individual sought treatment, she noted that the Individual had minimized her mental health struggles to mental health professionals, herself, and her friends, which would limit progress in treatment. *Id.*

Following her psychological evaluation with the DOE Psychologist, the Individual saw the Individual's Psychologist on six different occasions for an evaluation. Ex. A. In his subsequent report, the Individual's Psychologist deferred to the recounting of events contained in the Report. *Id.* at 2. He described the Individual as having an "adolescent quality" in that "com[ing] to terms with her gender and sexual identity has been [the] primary occupation" of her life. *Id.* at 4. Further, her family and cultural background had been an "obstacle" to her exploring these facets of her life. *Id.* at 4–5. The Individual's Psychologist noted in his report that the Individual's gender affirming care had "helped [her] consolidate her sense of being a woman as she reports satisfaction with her newfound body configuration." *Id.* at 6. He concurred with the DOE Psychologist's suggestion in the Report that the Individual should seek out and work with a psychotherapist on a regular basis. *Id.* He did not, however, agree that the Individual exhibited impulsive behavior. *Id.* He believed that the Individual repressed her emptions and tried to avoid feelings, instead. *Id.* He concluded in his report that the Individual was "emotionally stable and has the ability to form emotional bonds with others and to accurately assess situations and reactions of others." *Id.* He also opined that the Individual had "taken active steps to address [her] concerns both in terms of her increasing comfort making the transition to being a female, but also in standing up to her family and asserting her right to her sexual life." *Id.* The Individual's Psychologist stated his belief that the October 2024 suicide attempt actually "consolidated [the Individual's] determination to live her life without having to compromise her identity." *Id.* He diagnosed her with Major Depressive Disorder, in Remission, ADHD, and Gender Dysphoria.[5] *Id.*

At the hearing, the Individual testified that she had, in late November 2025, informed her mother of her legal name change and her desire for her mother to respect her. Tr. at 101. When she returned to her mother's home in late December 2025, she found her mother to be "very hostile[,]" and her mother said a number of hurtful things to her. *Id.* However, she had good boundaries in place and did not engage with her mother's behavior. *Id.* She ultimately decided to cut her visit with her mother short, and she left her mother's home earlier than initially planned. *Id.* at 102, 104–05. This was how the Individual was able to get herself back to a safe environment, and she felt that this was a step in the right direction for her. *Id.* at 102. The Individual also explained that she has a good support system in her extended family and friends, some of whom stayed with her after she underwent major surgery. *Id.* at 108–09, 160–61.

[4] The DOE Psychologist stated that those BPD traits include, "a fear of abandonment, a pattern of unstable and intense interpersonal relationships, identity disturbance," as well as "affective instability[,]" and "recurrent self-harm and/or suicidality." Ex. 9 at 47.

[5] The Individual's Psychologist noted that the diagnosis of Gender Dysphoria "is not fully accepted as a mental health disorder, since being transgender is not a mental health condition but part of a[n] individual's identity." Ex. A at 7.

The Individual testified that she employs different techniques, like grounding, to be "more present" and "in the now[.]" *Id.* at 111–12. She does breath work and yoga to stop herself from going "into a darker place." *Id.* at 112. These practices also help the Individual release her "pent up emotion[.]" *Id.* She practices sitting with her feelings and thoughts so that she can process them. *Id.* at 112–13. She has not attempted suicide or experienced suicidal ideation since October 2024 and keeps the safety plan she created with her therapist in her desk. *Id.* at 114–15, 134. She has reasons for "why [she] want[s] to keep living[.]" *Id.* at 115, 161. Although she has dealt with recent stressors, like lack of access to bathrooms and hormone therapy, she has worked through them by remembering that there are "certain things that [she] can control and certain things that [she cannot.]" *Id.* at 119. She understands that she must be her own advocate and that she needs to be herself, irrespective of what her mother thinks. *Id.* at 130, 134–35, 156–57. As she has been able to better keep in touch with her emotions and the sensation of her body reacting to her feelings, she is better able to keep herself safe. *Id.* at 153–54. In terms of any fear of abandonment, the Individual feels that she would "be okay on [her] own." *Id.* at 163. Finally, the Individual feels that she has been more diligent at work and has "taken more agency over [her] work[,]" but as she has a new supervisor, she has not received formal feedback yet. *Id.* at 124–25.

At the hearing, the Individual's therapist testified that since engaging in therapy in December 2024, the Individual had been able to better communicate her gender identity to her family members and friends. Tr. at 22. Accordingly, her mood had improved "substantially," and she had experienced greater confidence, as it had "solidified her self-image." *Id.* at 23, 43. The Individual also reported better use of grounding techniques that help her regulate her nervous system. *Id.* at 24–25. She is also able to better recognize her emotions as she is experiencing them to "recognize the impact of them in the moment[.]" *Id.* at 25–26. The Individual's therapist stated that these tools are important for people who have previously experienced suicidal ideation, as they can better regulate themselves and manage symptoms as they arise. *Id.* at 27, 31–32. She has also noticed that the Individual had demonstrated greater insight into past events in her life. *Id.* at 30–31. She also indicated that she has worked with the Individual to "promote sound judgment," as "[j]udgment often ties back to recognizing . . . [one's] perception of things." *Id.* at 40–41. She also indicated that when she screened the Individual for BPD, the Individual did not meet BPD criteria, and further, some of the BPD symptoms that the DOE Psycholgist identified can appear as a feature of another diagnosis that the Individual has, like ADHD.[6] *Id.* at 41–44. With respect to the Individual's depressive symptoms, the Individual's therapist had helped her develop a safety plan for use if she experiences suicidal ideation. *Id.* at 61–62. The safety plan helps her stay safe both physically and emotionally. *Id.* at 62. The safety plan has not been updated, as the Individual has not experienced suicidal ideation since they started seeing each other in December 2024. *Id.* at 63. The Individual's therapist noted a "significant alleviation" in the Individual's depressive symptoms.[7] *Id.* at 70. The Individual's therapist opined that her prognosis is still good. *Id.* at 34.

[6] The Individual's therapist noted that the impulsivity associated with the Individual's ADHD diagnosis reveals itself in the form of "blurting out answers" or difficulty "waiting . . . her turn[,]" and "does not appear to have a significant impact on her . . . depressive symptoms." *Id.* at 67.

[7] The Individual testified that she had "never been happier" as she had been since receiving gender affirming care. Tr. at 107. She testified that she had not "gotten anywhere near" the mental and emotion place in which she was in October 2024. *Id.* at 118.

The Individual's Psychologist testified that he did not identify BPD traits in the Individual. *Id.* at 170–71. Furthermore, although the Individual had experienced "conflictual relationships with her mother[,]" her relationships have been "pretty stable over time." *Id.* at 172. In fact, in his estimation, the Individual stays in relationships "longer than she might need to." *Id.* The Individual's Psychologist suggested that the gender affirming care that the Individual received "was a very successful experience" for the Individual, and in general, for people seeking gender affirming care, certain "development and autonomy" is put by the wayside as "they . . . struggle with who they are[.]" *Id.* at 172–73. The Individual's Psychologist did not detect any ambivalence about the Individual's desire to transition; rather, her desire to have a "female appearance" caused "struggles in her family[.]" *Id.* at 173–74. Further, presenting oneself differently at different times is "a feature with many trans people[.]" *Id.* at 176–77. Regarding any impulsivity the Individual may have exhibited and how that interfaces with suicidal actions, the Individual's Psychologist indicated that the Individual's suicidal episode in October 2024 was "hardly impulsive" and "very calculated." *Id.* at 176. He opined that the Individual does not presently have a condition or diagnosis that could impair her judgment, trustworthiness, stability, or reliability. *Id.* at 178–79. Further, he opined that her conditions are readily controllable with treatment. *Id.* at 179. He also confirmed his belief that the actions the Individual had taken "give her some protection against recurrence" of major depressive symptoms. *Id.* at 181. He also indicated that although the Individual was not stable in October 2024, there is no indication that she was unstable at any other time, and since then, she has been able "to function adaptively and effectively." *Id.* at 182–83.

The DOE Psychologist testified that after reviewing the evidence in the record and hearing the testimony offered, she believes that the Individual has a good prognosis, and that at present, she does not have a condition that could impair her judgment. *Id.* at 195. She confirmed that the Individual's depression is in remission, which she believes is something that the Individual's Psychologist was able to appropriately document in his report. *Id.* Further, she determined that the Individual is able to appropriately self-report symptoms and update treatment goals with her therapist. *Id.* at 196. She also observed that the Individual was reporting a reduction in her depressive symptoms to her therapist, and that even during the psychological evaluation, the Individual "was not reporting symptoms of depression at a clinical level." *Id.* The DOE Psychologist was satisfied that the Individual had learned and could apply "effective coping skills through therapy for depression." *Id.* Accordingly, there has not been a return of the Individual's previously reported depressive symptoms. *Id.* She confirmed her belief that there is an overlap in symptoms of other conditions with features of BPD, and that the BPD traits that she had identified in the Report had remitted. *Id.* at 197–99.

V. Analysis

The Adjudicative Guidelines indicate that an individual may mitigate Guideline I concerns if:

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(a)–(e).

Pursuant to 10 C.F.R. § 710.7(c), I am tasked with considering, among other things, the "seriousness of the conduct[,]" the "circumstances surrounding the conduct[,]" "pertinent behavioral changes[,]" and the "likelihood of . . . recurrence[.]"

Foremost, I am heartened by the fact that the Individual did not give up on therapy, and that she sought out and secured a therapist who she has seen about weekly since December 2024. It appears from the record that the Individual's therapist is attuned to the Individual's needs, that they have set appropriate goals together that they assess intermittently, and that the Individual has learned ways of coping with her uncomfortable emotions. As is reflected in the testimony offered, the Individual's coping skills have not only resulted in the abatement of her depressive symptoms but will also work to keep these symptoms at bay. The record also indicates that the Individual has a safety plan that has gone unaltered, as there has been no suicidal ideation or attempt since October 2024, so the plan remains acceptable. It is also of paramount importance to consider the fact that the Individual has received gender affirming care, which has resulted in feelings of affirmation, happiness, and confidence for the Individual. This fact alone provides me with great assurance that the Individual's feelings of dysphoria have greatly reduced, making suicidal ideation or attempts less likely. Finally, I accept expert testimony that the characteristics of BPD that the DOE Psychologist identified in the Report overlap with symptoms of other conditions with which the Individual has been diagnosed, and which are not identified as conditions that could impair her judgment and reliability.

Importantly, the DOE Psychologist determined that the Individual's prognosis is good and that there is no indication that the Individual currently has a condition that would impair her judgment, stability, trustworthiness, or reliability. Finally, both psychologists agreed that the Individual's depressive symptoms are in remission. I am satisfied that the Individual has mitigated the stated concerns pursuant to mitigating factor (c).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline I of the Adjudicative Guidelines. After considering all the evidence, both 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 brought forth sufficient evidence to resolve the Guideline I concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring her security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals