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United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing
Filing Date: July 9, 2025

Case No.: PSH-25-0165

Issued: February 5, 2026

Administrative Judge Decision

Matthew Rotman, 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 is employed by a DOE contractor in a position requiring a security clearance. Exhibit (Ex.) 1 at 6.² During a 2024 investigation into the Individual's background, two sources revealed to the investigator that the Individual had banned himself from casinos because he was gambling too frequently. Ex. 10 at 142, 144. One source reported that the Individual's girlfriend had recently died and that the Individual was "consistently thinking about his girlfriend and basing his life around her death." *Id.* at 145. He added that the Individual "shuts down in stressful situations." *Id.*

Upon learning this information, the local security office (LSO) requested that the Individual respond to a letter of interrogatory (LOI), which the Individual completed on November 22, 2024. Ex. 6. In his response, the Individual acknowledged playing slot machines at casinos regularly since April 2017. *Id.* at 25. He claimed he had never engaged in other types of gambling, such as

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.

cards or sports betting. *Id.* When asked why he gambled, the Individual explained that he was “bored,” that gambling was “fun,” and that he “thought [he] could win money.” *Id.* at 25, 28. He reported spending approximately \$300 per gambling session but insisted that he would “pay [his] bills first” and only gamble with the money left over. *Id.* at 25–26. According to the Individual, gambling had never caused him financial difficulties. *Id.* at 27. Nonetheless, he wanted to quit because, as he explained, “I liked having money in my pocket and being able to go out with friends when invited.” *Id.* at 25. The Individual reported having attended Gamblers Anonymous (GA) meetings in 2020. *Id.* at 30. He also acknowledged banning himself from casinos in 2022 in order to help break what was then a daily gambling habit. *Id.* at 24, 29. At the time of responding to the LOI, he had reduced his gambling frequency from daily to once per week and was hoping to cut the habit completely. *Id.* at 25.

The Individual also acknowledged struggling with his mental health after his girlfriend’s recent death. *Id.* at 30. “I shut down [in] stressful situations,” he reported, “so I can figure out away [sic] to fix the situation without making it worse.” *Id.* To manage his symptoms, he stated, he would engage in activities like going for walks, “stopping to regroup [sic]”, or “hanging out with friends.” *Id.* at 32. The Individual had met with a therapist at work on three occasions in 2024. *Id.* at 30. He had not been diagnosed with a mental health condition. *Id.* at 31.

On January 7, 2025, the Individual underwent an evaluation with a DOE-contracted psychiatrist (DOE Psychiatrist). Ex. 7 at 41. The DOE Psychiatrist reviewed the Individual’s personnel security file and conducted a 2.25-hour clinical interview with the Individual. *Id.* During the interview, the Individual reported that his therapy sessions at work helped him to grieve his girlfriend, who had died in February 2024. *Id.* at 42. He had also attended an online faith-based grief group. *Id.* As to his gambling, the Individual reported that he continued to spend approximately \$300 weekly and acknowledged spending \$500 at a casino the prior evening. *Id.* at 43. He had successfully limited his gambling after his girlfriend died, reporting that he “barely went” to the casino until December 2024, when he went two or three times. *Id.* at 44. He then vowed to stop gambling again at the beginning of 2025, but his abstinence lasted only one week. *Id.* His gambling had previously caused him to accumulate significant credit card debt, but he had since cut up his credit cards and paid the balances. *Id.* He found GA helpful when he attended for approximately one month in 2020,³ but had not attended since. *Id.* He admitted that seeing the bright lights of a casino is “a trigger,” which he can only avoid by refraining from driving near them. *Id.* at 45. He had considered giving control of his money to a family member to prevent him from spending at casinos, but he had not done so. *Id.*

The DOE Psychiatrist found the Individual met sufficient criteria for a diagnosis of Gambling Disorder, Persistent, Moderate, pursuant to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision*. *Id.* This is a condition that impairs his stability and judgment, the DOE Psychiatrist opined, and is likely exacerbated by unresolved grief from his girlfriend’s death. *Id.* at 48. The DOE Psychiatrist stated that to address the condition, the Individual should attend the eight annual counseling sessions available to him at work, followed by monthly counseling outside of work. *Id.* He should also attend GA meetings three times per week for one year, with at least some in-person, obtain a sponsor, and work the twelve steps. *Id.*

³ The DOE Psychiatrist’s report said “2022,” but as confirmed in both the Individual’s LOI response and his hearing testimony, the correct year was “2020,” prior to the COVID-19 pandemic. Ex. 6 at 30; Tr. at 16.

As an alternative to GA, the Individual could attend SMART Recovery⁴ or a similar program, which must also include some in-person sessions and documentation of his progress. *Id.* The DOE Psychiatrist gave the Individual a “good” prognosis for recovering from the unresolved bereavement, and a “poor” prognosis for stopping gambling unless he fully invests in his recovery. *Id.*

On April 14, 2025, the LSO issued the Individual a letter in which it notified him that it possessed reliable information that created substantial doubt regarding his 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 his 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 eleven exhibits (Ex. A–K). At the hearing, the Individual testified on his own behalf and called his therapist as a witness. Transcript of Hearing, OHA Case No. PSH-25-0165 (Tr.) at 10, 69. The LSO offered the testimony of the DOE Psychiatrist. *Id.* at 90.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline I as the basis for its substantial doubt concerning the Individual’s eligibility for access authorization. Ex. 1 at 5. Pursuant to Guideline I, “[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. One condition that could raise a security concern under Guideline I is “an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). According to the LSO, the Guideline I concerns were raised by the DOE Psychiatrist’s diagnosis of the Individual with Gambling Disorder, Persistent, Moderate. 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

⁴ Self Management and Recovery Training (SMART) Recovery is a program that

uses a four point system to Build and Maintain Motivation, Cope with Triggers and Urges, Manage Thoughts, Feelings, and Behaviors, and strive to Live a Balanced Life. SMART is focused on empowering individuals to take ownership of their own recovery through the development of emotional intelligence and advanced coping skills.

Ex. F (letter from SMART Recovery counselor dated November 24, 2025).

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 has long known that gambling was a problem for him. Tr. at 11. In 2020, he briefly participated in GA, although he continued to gamble on a daily basis. *Id.* at 51, 56 (testifying, "I hadn't fully committed to stopping gambling"). The Individual abstained from gambling for multiple years during the COVID-19 pandemic when the casinos were closed. *Id.* at 50. When the casinos reopened in approximately 2022, the Individual resumed gambling, but quickly realized he "wanted better for himself" and to stop "throw[ing] his money away." *Id.* at 12, 51. Accordingly, he made the decision "self-ban" himself from the casinos, which meant he would be escorted off the property if caught entering and would have to forfeit any winnings. *Id.* at 12–13, 51. The self-ban helped him to reduce his gambling frequency, but he continued to visit the casinos, even gambling at the slot machines outside the front entrance. *Id.* at 13.

The Individual testified that his last time gambling was on January 6, 2025. *Id.* at 10. "January 7th is the first day of my recovery" he testified. *Id.* at 48. "That was the first day that I made the determination that I wasn't going to gamble anymore." *Id.* In February 2025, he began attending GA meetings twice per week. *Id.* One weekly meeting is online, he testified, and the other is in person. *Id.* at 19; *but see* Ex. B (undated letter from an individual who the Individual testified was his sponsor, indicating the Individual "has been attending GA meetings over the telephone weekly"); Ex. K (typewritten log showing only five "In Person" meetings since February 2025 and more than 80 by telephone). He does not attend three meetings per week as recommended by the DOE Psychiatrist, he testified, "[b]ecause in my area, we only have Gamblers Anonymous twice a week." Tr. at 20. In April 2025, he obtained a sponsor, who helps him to set goals and holds him accountable. *Id.* at 17–19. He speaks to his sponsor daily. *Id.* at 16–18. He is currently working "Step 10" of the twelve steps. *Id.* at 16. Because of his work in GA, he asserted, he has developed better problem-solving and social skills, his "train of thought is no longer clouded," he has "better judgment," and he's "learned to take it one day at a time." *Id.* at 22, 24. He's come to understand the cascade of financial hardship that could result if he continued taking on gambling debt. *Id.*

Most importantly, he has learned that “the casino’s not a good place to be in, that nothing good can happen in that place.” *Id.* He intends to continue participating in GA, he testified, “[p]robably for the rest of my life, because it gives me strength to continue to not place a bet.” *Id.* at 18.

In April 2025, the day after receiving the DOE Psychiatrist’s report, the Individual began attending SMART Recovery. *Id.* at 14, 19–20, 25; Ex. F. He attends one session per week. Tr. at 26. He testified that he likes SMART Recovery “a little bit more [than GA] because it’s more therapy based.” *Id.* at 25. In SMART Recovery, he explained, he learns how to be mindful, how to avoid acting on anger, how to “live in the moment,” and how to combat his impulse to visit the casino. *Id.* at 28–30. In a letter dated November 24, 2025, the Individual’s SMART Recovery counselor described the Individual as “a positive, thoughtful and contributing member of our group. He shows a strong desire for personal growth and development of insight since first attending our meetings and is always a valued member of our group.” Ex. F. The Individual intends to continue participating in SMART Recovery “no matter what.” Tr. at 31.

The Individual has seen three therapists to help treat his Gambling Disorder. *Id.* at 14–15. He met with the first therapist for eight sessions between April and July 2025, which was the total number of sessions his insurance would cover. *Id.* at 36–38. In a letter dated August 5, 2025, this therapist reported that the Individual “has consistently been open and cooperative in his sessions and demonstrates good insight into the importance of making positive choices and maintaining a strong support system to help him do so.” Ex. E at 1. She further reported that “over the course of treatment [he] has managed to pay off \$9,000 in credit card debt and began to add to his savings.” *Id.*

Beginning in May 2025, the Individual attended eight sessions with the therapist at work. Ex. G at 1 (letter from the therapist dated November 19, 2025). In these sessions, the therapist indicated, the Individual addressed his “gambling disorder and recovery and accompanying topics such as grief and loss, strengthening coping tools for stress management, and frustration management.” *Id.* According to the therapist, the Individual demonstrated consistent insight and reflection. *Id.* at 2. She referred him to an external individual therapist in July 2025, and subsequently closed out his case. *Id.*

In September 2025, the Individual began seeing his current therapist, whom he meets with twice per month. Tr. at 40. The Individual testified that they do not frequently discuss his gambling “because it’s not an issue at this point.” *Id.* at 41. Rather, they focus on mindfulness techniques. *Id.* On the contrary, the therapist testified that addressing the Individual’s gambling is one of the two main goals of their therapy, the other being to address the Individual’s trauma from the loss of his girlfriend. *Id.* at 71, 83. The therapist agrees with the DOE Psychiatrist’s diagnosis. *Id.* at 71–72. He has been pleased to observe the Individual’s positive attitude toward treatment and the strong support system he has established. *Id.* at 72. He encourages the Individual to attend his GA and SMART Recovery meetings regularly, including talking to his sponsor. *Id.* at 75. He believes the Individual “still has work to do” in his recovery, but that he is “well-positioned to keep doing that work.” *Id.* at 78. He estimated that, to meet his therapeutic plan for the Individual, it will take at least six additional months of therapy sessions. *Id.* at 82; *see also id.* at 72 (testifying that after just seven sessions, “we’re just barely getting into like the meat of the – the actual therapeutic process”). He characterized the Individual’s risk of relapse as “moderate.” *Id.* at 84–85 (explaining

that he “needs more time with the supports that he has, but he’s – he’s quickly going to work that down”).

The Individual testified that he used to gamble as a way to “escape” from his problems, but he has since learned to address problems head-on when they arise. *Id.* at 44–45. He no longer feels the urge to gamble, and he can even drive past a casino without feeling the urge to go inside. *Id.* at 45. To address his boredom, he has developed a number of hobbies including writing, repairing electronics, working on his car, doing yardwork, going to church, meditating, and caring for his elderly grandparents, with whom he lives. *Id.* at 46, 48. Between all these activities and attending his recovery programs, he stated, “I don’t have time to twiddle my hands.” *Id.* The Individual’s support system consists of his GA sponsor, his uncle, and especially his aunt. *Id.* at 47, 57. If he were to gamble again, he would tell his aunt, and she would “probably take me to talk to my sponsor face-to-face, or she would drag me to a Gamblers Anonymous program.” *Id.* at 47. In addition, the Individual testified, his grandfather does not allow him out of the house unless he is with friends or family members, because he doesn’t want the Individual to succumb to temptation. *Id.* at 64–65. The Individual testified that during the last year, he paid off \$9,000 in credit card debt, he went from five credit cards to one, which he pays off every month, and he began adding to his savings. *Id.* at 23. He is working toward having his own residence. *Id.* at 52.

The Individual believes his current period of abstinence is different from his previous period during the COVID-19 pandemic because it is driven by personal choice and a desire for self-improvement, he has surrounded himself with a robust support system, and he knows how to better manage his time and well-being. *Id.* at 51–52, 60. “It’s taken a lot of work and a lot of dedication,” he testified. *Id.* at 24–25. “I’m determined to – to stay out of the casino for the rest of my life because I know how unhappy I was in that place.” *Id.*

At the recommendation of a lawyer, the Individual underwent an evaluation by his own psychiatrist. *Id.* at 41–42; Ex. D. In a letter dated May 3, 2025, the psychiatrist diagnosed the Individual with Pathological Gambling, in early remission. Ex. D at 1. According to the psychiatrist, the Individual “has made a successful effort to stop gambling and is committed to remain sober.” *Id.* at 2. He stated that the Individual reported “that he is now on a budget and is paying off his past debts.” *Id.* He further noted that the Individual had a relapse prevention plan in place, and he encouraged the Individual to stay in therapy for 12 months and to continue participating in his support and recovery groups. *Id.*

In his testimony, the DOE Psychiatrist confirmed that a Gambling Disorder is a “lifetime condition,” but that the Individual can take steps to demonstrate rehabilitation. Tr. at 93. As of the hearing, the Individual was on the path to fulfilling those steps. *Id.* at 94–96. He credited the Individual’s strong support system and strong personal commitment to abstain from gambling. *Id.* at 95. The Individual has “not yet” demonstrated rehabilitation from his Gambling Disorder, he opined, but “he’s on the way.” *Id.* at 96. According to the DOE Psychiatrist, if the Individual continues on his current track, he will have demonstrated rehabilitation by “May or June of 2026.” *Id.* at 98. At that point, he explained, the Individual will have been in SMART Recovery for one year and will have completed six additional months under his therapeutic plan. *Id.* As of the hearing, he testified, the Individual had not yet fully reaped the benefits of therapy, because he hadn’t yet explored the “trauma topics” that the DOE Psychiatrist believes “have some

contribution to his gambling.” *Id.* at 98–99. The DOE Psychiatrist was encouraged to hear that the Individual recognizes his recovery will be a continuing effort. *Id.* at 100. At the same time, he opined, “the severity of his gambling addiction is such that if he dropped treatment, his risk for returning to old patterns is high.” *Id.* at 101.

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’s condition is readily controllable with treatment, and the Individual has taken admirable steps to begin treating it. He has attended therapy sessions since April 2025 to address his Gambling Disorder, and by his own account, his gambling is “not an issue at this point.” But according to the testimony of his own therapist, the Individual “still has work to do” and has only “barely” begun to embark on the therapeutic plan. The DOE Psychiatrist concurred that at least six additional months of therapy are necessary to demonstrate rehabilitation. Thus, at this early stage of the Individual’s therapeutic treatment, he is unable to show “ongoing and consistent compliance with the treatment plan.”

As for the additional steps the Individual has taken since he last gambled in January 2025, I was impressed by the Individual’s account of the growth he has undergone, his reported success in staying away from the casino, and his active involvement in GA and SMART Therapy. Unfortunately, the record is not sufficiently developed for me to fully credit his efforts. The Individual failed to present any witnesses who could corroborate his GA participation,⁵ the personal and financial strides he has made, and his abstinence from gambling for the past year. The lack of corroboration is troubling, particularly in light of multiple inconsistencies in the record

⁵ The typewritten attendance log, which appears to have been prepared by the Individual himself, and the letter from an individual purported to be the Individual’s sponsor, do not provide me with an adequate basis to credit the Individual’s account. *See* Ex. B; Ex. K.

that raise questions about the Individual's candor. First, while the Individual testified that he attends one in-person and one telephonic GA meeting every week, the documentary evidence he submitted tends to undermine that claim. Second, the record contains inconsistent accounts of the Individual's finances. In his November 2024 LOI response, the Individual denied that gambling had caused him any financial difficulty and claimed he would only gamble with money "left over" after paying his bills. Less than two months later, he told the DOE Psychiatrist that he had accrued "increasing gambling debts" on his credit cards, but had since paid the balances and destroyed the cards. His therapist contradicted this claim yet again when, in her August 2025 letter, she stated he had just paid off \$9,000 in gambling-related credit card debt during the course of their treatment, which began in April 2025. The Individual's psychiatrist's May 2025 letter also indicated that the Individual was in the process of paying off his past debts. The Individual failed to submit credit card statements or other evidence that could resolve the discrepancy. In light of the foregoing, I am left with an insufficient basis to credit the Individual's account of his recovery efforts to date. The Individual has failed to resolve the concerns arising from his Gambling Disorder under the mitigating conditions set forth in paragraph (a).

The Individual has similarly not met the conditions set forth in paragraph (b). Although he voluntarily entered into treatment for his Gambling Disorder, he has not yet received a favorable prognosis. Rather, both mental health experts who testified at the hearing opined that the Individual requires an additional six months of treatment to demonstrate rehabilitation or recovery.

Regarding the conditions set forth in paragraph (c), the record does not contain the opinion of a mental health professional that the Individual's Gambling Disorder is under control or in remission, or that it has a low probability of recurrence. Both the Individual's therapist and the DOE Psychiatrist testified that, in spite of the positive steps the Individual has taken, his treatment has not progressed far enough to indicate a low risk of relapse.

As to the conditions set forth in paragraphs (d) and (e), the DOE Psychiatrist confirmed that Gambling Disorder is a "lifetime condition," which both experts agreed the Individual had not fully resolved. Accordingly, neither of these mitigating conditions is present.

For the foregoing reasons, I find the Individual has failed to resolved 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 under Guideline I. 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.

Matthew Rotman
Administrative Judge
Office of Hearings and Appeals