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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of:	Personnel Security Hearing)	
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Filing Date:	September 5, 2025)	Case No.: PSH-25-0197
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)	

Issued: March 10, 2026

Administrative Judge Decision

Diane L. Miles, 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*. (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 that requires that he hold a security clearance. In February 2025, the Individual completed a Questionnaire for National Security Positions (QNSP). Exhibit (Ex.) 10.² In the QNSP, the Individual reported that in March 2014, he was voluntarily hospitalized after taking anti-depressant medication, at which time he was diagnosed with Bipolar Mood Disorder. *Id.* at 681–682. The Individual also reported that in December 2024, he "intentionally engaged in the misuse of prescription drugs." *Id.* at 684. He explained that in December 2024, he was hospitalized after he felt depressed and ingested several pills of prescription medication. *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 DOE's exhibits were combined and submitted in a single, 693-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

In April 2025, the Local Security Office (LSO) issued a Letter of Interrogatory (LOI) to the Individual requesting additional details about his hospitalization. Ex. 9. In the LOI, the Individual reported that he had “a long history of mental health issues,” for which he has received care since 2010, and that in about 2013, he was diagnosed with “Bipolar [Disorder] with anxiety and depression.” *Id.* at 642–647.

Due to the security concerns raised by the Individual’s LOI responses, the LSO referred the Individual for an evaluation by a DOE-contractor psychiatrist (DOE Psychiatrist), who conducted a clinical interview of the Individual in June 2025 and issued a report (the Report) of her findings. Ex. 6. Based on her evaluation, the DOE Psychiatrist opined that the Individual met sufficient diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for diagnoses of Borderline Personality Disorder and Bipolar II Disorder. *Id.* at 34. She also opined that both diagnoses “have characteristics that affect [the Individual’s] judgment, stability, and reliability.” *Id.*

In August 2025, the LSO informed the Individual, in a Notification Letter, 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 Notification 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 requested an administrative hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened on January 22, 2026, pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from three witnesses: the Individual, the Individual’s wife, and the DOE Psychiatrist. *See* Transcript of Hearing, OHA Case No. PSH-25-0197 (Tr.). Counsel for the DOE submitted ten exhibits, marked as Exhibits 1 through 10. The Individual submitted two exhibits, marked as Exhibits A and B.

II. The Summary of Security Concerns

Guideline I states that certain “emotional, mental, and personality conditions” can impair one’s judgment, reliability, or trustworthiness. Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern under this guideline include: “an opinion by a duly qualified mental health professional that the individual has a condition that may impair [their] judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). In invoking Guideline I, the LSO cited the opinion of the DOE Psychiatrist, who opined that the Individual met sufficient *DSM-5-TR* diagnostic criteria for diagnoses of Borderline Personality Disorder and Bipolar II Disorder and that these conditions could impair the Individual’s judgment, stability, reliability, or trustworthiness. Ex. 1 at 5.

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 their 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

In 2012, the Individual was diagnosed with depression, which he treats using several different types of prescription medication and multiple therapists. Ex. 8 at 357; Ex. 6 at 26–28. In 2014, the Individual went to a hospital and reported experiencing severe anxiety, difficulty sitting still, and difficulty concentrating. Ex. 8 at 347. He also reported having thoughts of suicide, he displayed “multiple scabs on both his forearms,” and he reported cutting himself with knives and thinking of ways he could harm himself. *Id.* He reported using different antidepressants, none of which improved his mood and which increased his anxiety. *Id.* He was hospitalized for eight days, during which he was diagnosed with Bipolar II Disorder, and his medication was adjusted to stabilize his mood. *Id.* at 124, 349, 359, 361–363. From April 2014 to October 2019, the Individual was treated by a psychiatrist, whom he saw “several times about every one to two months.” Ex. 10 at 137. Since 2019, the Individual has been treated by a psychiatrist and a psychologist. *Id.* at 645.

In the LOI, the Individual reported that in December 2024, he experienced “an extreme stressor” before bedtime and he took “a larger than usual” dose of his prescription medications to help him sleep. Ex. 9 at 644. At the hearing, he testified that he took six Tizanidine pills, six Xanax pills, and six Clonazepam pills. Tr. at 80, 84. After he took the medication, he worried that his dosage was too high, so he told his wife what he had done, and his wife took him to the hospital. Ex. 9 at 644. The Individual reported that the hospital stated the reason for his visit was an “accidental overdose of prescribed medications.” *Id.* at 645. In his hearing testimony, the Individual claimed that his doctors prescribed him a specific dose of each drug but also told him that he could take more medication “as needed.” Tr. at 86. He acknowledged that he showed “questionable” judgment in taking higher than needed dosage of these medications. *Id.* at 84, 103.

In the DOE Psychiatrist's Report of the Individual's June 2025 psychiatric evaluation, the DOE Psychiatrist noted that the Individual's records from his 2014 hospitalization indicated that he went

to the hospital complaining of anxiety and suicidal ideation. Ex. 6 at 26. However, during his clinical interview, the Individual “downplayed” the symptoms he experienced before his 2014 hospitalization and told the DOE Psychiatrist that he went to the hospital because he suffered a panic attack while driving. *Id.* As for his December 2024 hospitalization, he admitted to the DOE Psychiatrist that he lied to the medical providers at the hospital, when he told them that he thought of committing suicide, but he would not do anything to harm himself, when in fact he had intended to commit suicide by overdosing on medication. *Id.* at 27. During the evaluation, the Individual did not have thoughts of harming himself, but he reported that his suicidal ideation was chronic and that he “often scans his environment for ways he could hurt himself.” *Id.* at 28–30. He reported that he always had low self-esteem, and that he felt an “overwhelming” feeling of emptiness. *Id.* at 31.

As for the Individual’s treatment, he reported to the DOE Psychiatrist that he was seeing a psychologist every two to three weeks, and a psychiatrist for medication management every two to three months. Ex. 6 at 28; Tr. 77–79; 100. He reported being prescribed several medications to treat his depression and anxiety and to having received approximately 20 injections of Ketamine, an intervention for treatment resistant depression. Ex. 6 at 28. In his hearing testimony, the Individual explained that he did not believe the Ketamine injections were “working for him.” Tr. at 77, 89–90, 106. As to one drug, Clonazepam, the Individual admitted to ingesting a higher dosage of the drug than originally prescribed by his medical provider, and to taking the drug “3 to 4 times a month,” rather than every day, so he could build “a reserve” of the drug. Ex. 6 at 28. He also admitted that in 2014, he was prescribed Xanax, which he reportedly loved. *Id.* In 2024, his psychiatrist stopped prescribing him Xanax and advised him to stop taking it, but he admitted to keeping stashes of the drug at home and to taking the drug several times a year, at a higher dosage than he was originally advised to take. *Id.* The Individual admitted that he keeps his remaining Xanax in his home as a “security blanket” because of how well it works. Tr. at 105. When the DOE Psychiatrist asked the Individual what he would do when he ran out of Xanax, he replied that he would “go to Mexico.” Ex. 6 at 28.

Based on her evaluation of the Individual, the DOE Psychiatrist opined that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for diagnoses of Borderline Personality Disorder and Bipolar II Disorder, and that both diagnoses have characteristics that affect the Individual’s judgment, stability, and reliability. Ex. 6 at 34. She explained that the symptoms of the Individual’s two disorders overlap, but his Borderline Personality Disorder caused his “most debilitating symptoms,” his anxiety and his suicidal ideation. Ex. 6 at 30; Tr. at 124.³ As for treatment, the DOE Psychiatrist noted that the Individual continued to have significant symptoms, despite having received treatment for his Bipolar II Disorder for an extended period, so her prognosis was “guarded.” Ex. 6 at 34. However, she opined that with “intensive, targeted treatment for Borderline Personality Disorder, while continuing treatment for Bipolar II Disorder, his prognosis would be fair.” *Id.*

At the hearing, the Individual testified that he still experiences depression and anxiety, but he disagreed with the DOE Psychiatrist’s diagnosis of Borderline Personality Disorder, stating his own doctors did not believe he had that condition. Tr. at 68–74, 95–96. To support his testimony, he submitted a letter from his psychologist, dated January 20, 2026, which indicated that, in the

³ At the hearing, the DOE Psychiatrist explained that the Individual’s overlapping symptoms included irritability, anxiety, distractibility, and having “ruminating thoughts.” Tr. at 122–23.

psychologist's opinion, the Individual had Bipolar II Disorder and Generalized Anxiety Disorder, but he did not meet sufficient diagnostic criteria for a diagnosis of Borderline Personal Disorder. Ex. A at 1. The letter shows that the Individual's psychologist agreed with the DOE Psychiatrist, in her finding that the Individual did not meet some of the *DSM-5-TR* criteria for Borderline Personality Disorder – specifically that he did not demonstrate efforts to avoid abandonment, did not have unstable relationships, and did not show paranoid ideation or dissociative symptoms. *Id.* The psychologist also agreed with the DOE Psychiatrist, in concluding that the Individual did meet the *DSM-5-TR* criteria of recurrent suicidal ideation and affective instability. *Id.*

However, the Individual's psychologist disagreed with the DOE Psychiatrist's opinion that the Individual met three of the diagnostic criteria to support a diagnosis of Borderline Personality Disorder, for reasons that were not clear. As for the Individual's sense of self, his psychologist found that he had a "clear and stable" sense of self, without explaining why she believed this to be true. Ex. A at 1. The psychologist also wrote that during six years of therapy, she had never observed the Individual discuss issues related to anger, beyond "mild" anger about his daily life challenges. *Id.* The psychologist assumed that if the Individual did not report such feelings, they did not exist. As for the Individual's impulsivity, his psychologist believed that the Individual showed impulsivity with his spending, but not in other areas that were potentially self-damaging. *Id.* She also believed the Individual's impulsivity was better accounted for by his Bipolar II Disorder, without explaining how she determined this to be so. *Id.* The letter did not indicate whether the Individual's psychologist reviewed the Individual's medical records before forming her opinion, so it is not known why his symptoms were better explained by his Bipolar II Disorder but remained resistant to the treatments he had received. *Id.* Nor did the letter indicate whether the psychologist was aware of the Individual's accidental overdose in December 2024. *Id.*

The Individual testified that he has attended outpatient therapy sessions with his psychologist, since March 2020, the frequency of which depends on the severity of his symptoms. Ex. A at 1; Tr. at 97–98. Since 2025, the Individual has attended sessions with the psychologist every one to two weeks. Tr. at 97; Ex. A at 1. In the letter, the Individual's psychologist wrote that the Individual's "periods of stability are shortening, and [his] periods of heightened depression and anxiety are increasing." Ex. A at 2. During their sessions, the Individual is honest about his shortcomings, he is transparent about his use of medication, and he discloses when he experiences thoughts of self-harm. *Id.* The letter also indicated that the therapy sessions included using cognitive behavioral therapy to manage the Individual's anxiety and depression, such as "thought stopping, cognitive restructuring, [and] deep breathing." *Id.* The letter also indicated that the psychologist could not "speak confidently about [the Individual's] prognosis," but the psychologist believed the Individual was being honest during his sessions. *Id.* The Individual testified that he did not believe the cognitive behavioral treatments, mindfulness training, or meditation practices he engaged in during his sessions with his psychologist were working for him. Tr. at 77, 94. He also stated that his psychologist recommended that he use exercise to manage his depression and anxiety, but he has not done so. *Id.* at 99–100. He stated his last therapy session with the psychologist was approximately two weeks before the hearing. *Id.* at 97.

Since October 2025, the Individual has been reading bible scriptures, daily, which improves his mood. Tr. at 48–49, 78, 88, 94–95. Since he started reading bible scriptures, he had thoughts of self-harm once. *Id.* at 78. He also stated that he intends to continue receiving treatment for his Bipolar II Disorder as long as he can. *Id.* at 88. As to his diagnosis of Borderline Personality Disorder, he stated that he would discuss that diagnosis with his medical providers and let them decide if he needs treatment. *Id.* at 89.

Since approximately 2014, the Individual's wife has kept the Individual's firearms locked away in their home so the Individual cannot access them. Tr. at 87; Ex. 8 at 348. She also testified that because the Individual's level of anxiety fluctuates, she must keep his medication away from him, as a proactive measure. Tr. at 47, 53. She stores his Xanax, Clonazepam, and Tizanidine in a locked box, so he cannot access them without her assistance. *Id.* at 56, 87; Ex. 8 at 348. She gives the Individual the box so he can take the medication he needs, and then "hides" the box where the Individual can't find it. Tr. at 46–47, 55, 87. The amount of medication the Individual takes depends on the level of his anxiety he is experiencing. *Id.* at 54. The Individual's wife recalled instances where she gave the Individual control over his medication but had to lock it away because his anxiety was high. *Id.* at 53–54. At the time of the hearing, the Individual's medication was locked away. *Id.* at 56.

The Individual's wife also attends the Individual's treatment sessions with his psychologist, psychiatrist, and family doctor. Tr. at 38. She believed that she saw things differently from the Individual and that she needed to be present during his treatment sessions to make sure his medical providers "really understood what was going on." *Id.* at 39. The Individual's medical providers ask his wife questions, and his wife provides her opinion as to matters discussed during the sessions. *Id.* at 59. The Individual's wife believed that the Individual's symptoms were a result of him having a bad reaction to his medication, and she wanted to ensure the doctors were "not trying to fix something that wasn't broken." *Id.* at 40. The Individual's wife also stated that she and the Individual have worked as a team to manage his symptoms. *Id.* at 25. Depending on the severity of the Individual's symptoms, they will schedule a Ketamine treatment or make an appointment to see his psychologist. *Id.* at 49.

The DOE Psychiatrist testified that after listening to the testimony provided at the hearing, she would not change her initial diagnoses of Borderline Personality Disorder and Bipolar II Disorder. Tr. at 119, 132. As for the Individual's treatment, she explained that the Individual's use of cognitive behavioral strategies, with his psychologist, to manage his anxiety and depression was excellent. *Id.* at 119, 126. She observed that the Individual's scripture study and mindfulness exercises align with Dialectical Behavioral Therapy (DBT), which is an effective treatment for Borderline Personality Disorder, even if he didn't realize it. *Id.* at 119, 131. However, she stated that she would like the Individual to obtain treatment in a more structured setting, such as three hours a day, several times a week, rather than as needed. *Id.* at 119, 127, 131. She was also concerned about the Individual's wife's presence at his therapy sessions, as she believed it might impede the Individual's progress because he would be less likely to be honest with his providers, especially regarding uncomfortable topics, such as his suicidal ideation. *Id.* at 130–131. Regarding the Individual's use of medication, the DOE Psychiatrist explained that if the Individual was advised to take his medication as needed, which she referred to as "range dosing," that suggests that his symptoms are not yet under control. *Id.* at 128–129. Therefore, she opined that both disorders continue to impair the Individual's judgment, stability, and reliability, and that her prognosis for the Individual remained "guarded." *Id.* at 119.

V. Analysis

The Adjudicative Guidelines provide that 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.

As to factor (a), the DOE Psychiatrist opined that the Individual's Bipolar II Disorder and Borderline Personality Disorder can be controlled with treatment. As for his Borderline Personality Disorder, the Individual did not agree with the DOE Psychiatrist's diagnosis and therefore, he has not sought treatment related to this disorder. Although the Individual submitted a letter from his psychologist to support that he does not have Borderline Personality Disorder, I am not convinced the psychologist's opinion was based on a complete picture of the Individual's medical history and reporting of his symptoms. I do not believe his psychologist's opinion adequately addressed his medical history and why his symptoms were better explained by his Bipolar II Disorder, while being resistant to the treatments he has received for the past several years. The psychologist also concluded certain diagnostic criteria were not met, but these conclusions were either not based on the Individual's reporting or were based on assumptions the psychologist made. Furthermore, the Individual's psychologist was not present at the hearing and could not be cross-examined as to her opinion. In contrast, the DOE Psychiatrist provided testimony as to how she formulated her diagnoses, including how she relied on the Individual's reporting of his symptoms during his evaluation, as well as information reflected in the Individual's medical records. Tr. at 112–118. Therefore, I give more weight to the opinion of the DOE Psychiatrist, than the Individual's psychologist.

As to the Individual's Bipolar II Disorder, the Individual has received treatment for this disorder since 2014, through medication and sessions with his psychologist. But the frequency of the Individual's treatment sessions and the type of medication he uses changes depending on the severity of his symptoms, which suggests that his treatment providers have not identified a treatment plan that can consistently control his symptoms. The Individual testified that he did not believe his cognitive behavioral therapy, Ketamine injections, or mindfulness exercises he engaged in with his psychologist were helping him manage his symptoms. Finally, the Individual's accidental overdose of medication in December 2024, his admission to the DOE Psychiatrist that

he does not take his Clonazepam as prescribed, and his admission during the hearing that he continued to use Xanax after being advised against doing so, demonstrate that he has not complied with the medication plan outlined by his medical providers to control his symptoms. Therefore, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 29(a).

As to factor (b), despite being notified of the security concerns raised by the DOE, the Individual has not entered a counseling or treatment program for his Borderline Personality Disorder because he does not believe he has this disorder and does not agree with the DOE Psychiatrist's diagnosis. Although the Individual was receiving treatment for his Bipolar II Disorder from his psychologist, the psychologist could not provide a prognosis for him, despite treating him since 2020. Furthermore, after listening to the testimony provided during the hearing, the DOE Psychiatrist's prognosis for the Individual was not favorable. Her prognosis remained guarded because the Individual did not seek treatment for his Borderline Personality Disorder, his treatment for his Bipolar II Disorder was not sufficiently structured, and the fact that he took his medication as needed, and not always as prescribed, supported that his symptoms are not under control. Therefore, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 29(b).

As to factor (c), the DOE Psychiatrist opined, during the hearing, that her prognosis for the Individual remained guarded because the Individual did not seek treatment for his Borderline Personality Disorder, which needed to be treated with his Bipolar II Disorder to adequately address his symptoms. His treatment for Bipolar II Disorder was also not sufficiently structured, and the manner in which he used his medication supported that his symptoms were not yet under control. Furthermore, the letter from the Individual's psychologist indicated that as of January 2026, his periods of depression and anxiety were increasing and that his psychologist could not speak confidently about the Individual's prognosis. Therefore, I do not have an opinion from a duly qualified mental health professional that the Individual's disorders are under control and have a low probability of recurrence, and the Individual has not satisfied the mitigating condition set forth at ¶ 29(c).

As to factor (d), the Individual was diagnosed with Bipolar II Disorder in 2012. Evidence of the Individual's hospitalization in 2014, his accidental overdose in December 2024, and his testimony at the hearing, that he still experiences depression and anxiety, despite receiving treatment, demonstrates that his symptoms of Bipolar II Disorder were not temporary. Furthermore, the DOE Psychiatrist opined that although the symptoms of Bipolar II Disorder and Borderline Personality Disorder overlap, the Individual's most debilitating symptoms – his anxiety and suicidal ideation – are likely caused by his Borderline Personality Disorder. Because the Individual has not sought treatment for his Borderline Personality Disorder, I am unable to conclude that this condition was temporary and has been resolved.

Furthermore, at the hearing, the Individual testified that he still experiences depression and anxiety, and that these symptoms have been resistant to the treatments he has received. I also remain concerned by the Individual's inability, or refusal, to take his medication as prescribed by his medical providers. After being hospitalized for an accidental overdose in December 2024, the Individual admitted to the DOE Psychiatrist, that he does not take his Clonazepam as prescribed because he wants to build a reserve of the drug, and that he continues to take Xanax, after being advised by his medical provider to stop taking the drug. Finally, the Individual, and his wife, testified that the Individual's medication is kept locked away from him because he cannot be trusted to take his medication as prescribed if he experiences a certain level of anxiety. Therefore,

the Individual continues to show indications of emotional instability and he has not satisfied the mitigating condition set forth at ¶ 29(d).

As to factor (e), the Individual testified that, as of the hearing, he still experiences feelings of depression and anxiety, and that these symptoms have persisted despite the treatment he has received from his medical providers for his Bipolar II Disorder, since 2014. He also testified that since October 2025, he has had thoughts of self-harm on one occasion. The letter from the Individual's psychologist indicated that the Individual's periods of anxiety were increasing as of January 2026. Furthermore, the Individual has not sought treatment for his Borderline Personality Disorder, which the DOE Psychiatrist opined was responsible for his most debilitating symptoms, so this condition, and the Individual's depression and anxiety associated with it, remain a current problem. Finally, as explained above, the DOE Psychiatrist opined that both disorders continue to impair the Individual's judgment, stability, reliability, or trustworthiness, and that her prognosis for the Individual remains guarded. Therefore, neither disorder has been resolved or sufficiently controlled with treatment, and they continue to be a problem. The Individual has not satisfied the mitigating condition set forth at ¶ 29(e).

Having concluded that the Individual has not demonstrated the applicability of any of the mitigating conditions, I find that he has not resolved the security concerns asserted by the LSO under Guideline I.

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 not brought forth sufficient evidence to resolve the concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring his 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 not be restored.

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

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals