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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 11, 2025	)	Case No.: PSH-25-0203
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Issued: April 10, 2026

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**Administrative Judge Decision**

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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."<sup>1</sup> 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 employed by a DOE Contractor, in a position that requires that he hold a security clearance. In January 2025, the Individual was arrested and charged with Criminal Damage to Property, during which he "made a statement about harming himself." Exhibit (Ex.) 3 at 16.<sup>2</sup> In April 2025, the Local Security Office (LSO) issued two Letters of Interrogatory (LOI) to the Individual requesting details about his arrest and his mental health. Ex. 6; Ex. 7. In an April 18, 2025, LOI, the Individual reported that before his January 2025 arrest, he punched a hole in the wall during an argument with his wife. Ex. 7 at 32. In an April 27, 2025, LOI, the Individual reported that before his January 2025 arrest, he made a statement about harming himself. Ex. 6 at 24.

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<sup>1</sup> 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.

<sup>2</sup> The DOE's exhibits were combined and submitted in a single, 156-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.

Due to the security concerns raised by the Individual's LOI responses, the LSO referred the Individual for an evaluation by a DOE-contractor psychologist (DOE Psychologist), who conducted a clinical interview of the Individual in June 2025 and issued a report (the Report) of his findings. Ex. 8. Based on his evaluation of the Individual, the DOE Psychologist 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 a diagnosis of Major Depression, Mild, and that this mental condition impaired his judgment, stability, reliability, and trustworthiness. *Id.* at 41.

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 pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from four witnesses: the Individual, the Individual's Pastor, the Individual's Counselor, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-25-0203 (Tr.). Counsel for the DOE submitted 12 exhibits, marked as Exhibits 1 through 12. The Individual submitted eight exhibits, marked as Exhibits A through H.<sup>3</sup>

## **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 judgment, stability, reliability, or trustworthiness.” *Id.* at ¶ 28(b). In invoking Guideline I, the LSO cited the opinion of the DOE Psychologist, who opined that the Individual met sufficient *DSM-5-TR* diagnostic criteria for a diagnosis of Major Depression, Mild, which was a mental condition that impaired the Individual's judgment, reliability, stability, and 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

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<sup>3</sup> The Individual's exhibits included three character reference letters. Ex. B; Ex. C. Ex. H. Although these exhibits are a part of the administrative record, they will not be specifically referenced in the Decision.

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 January 2025, the Individual reported to his employer that on January 25, 2025, he was arrested and charged with Criminal Damage to Property. Ex. 5 at 22. The Individual reported that before his arrest, he got into an argument with his wife, and as he went to another room to “cool off,” he punched a hole in a wall. *Id.* He later left the house and spent three hours walking in a park, so he could cool down. *Id.* Upon returning home, the Individual and his wife started arguing again, and the Individual’s wife called their Pastor, who heard the argument and called the police. *Id.* When the police arrived at the Individual’s home, he was arrested. *Id.* The Individual’s wife told the police that the Individual had threatened to harm himself in the past. Ex. 10. The Individual also admitted, in the April 27, 2025, LOI, that he attempted to harm himself during the summer of 2024. Ex. 6 at 24.

During his June 2025 psychological evaluation, the Individual told the DOE Psychologist that before his January 2025 arrest, he left his home and went for a walk to “cool off” for almost three hours, but when he returned home, he realized he still felt angry. Ex. 8 at 38. The Individual also admitted that during his argument with his wife, he stated that he would stop taking his diabetic medication and consume a large amount of sugar, which the DOE Psychologist interpreted as a suicidal statement, because the Individual had Type 2 diabetes and consuming a large amount of sugar would have killed him. *Id.* at 39. The Individual explained that he had been married for eight years, and for the past seven, he and his wife had tried couples therapy with “multiple therapists,” none of which he believed were helpful to him. *Id.* at 40. He explained that his current family therapist, whom he has seen since November 2024, was “different because he actually tries to engage [him] in the sessions and listens to what he says.” *Id.*; Ex. C. He described his January 2025 arrest as him hitting “rock bottom,” and as a wake-up call that he needed figure out a way to regulate his emotions. *Id.*

After his January 2025 arrest, the Individual was court-ordered to complete a 12-month diversion program, which included participating in “anger control therapy sessions.” *Id.*<sup>4</sup> As of the date of the evaluation, the Individual reported that he had completed four anger control therapy sessions and that he found them useful. *Id.* The Individual was also receiving therapy from his Counselor and counseling services from his Pastor. *Id.* at 40. The Individual also reported that in

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<sup>4</sup> At the hearing, the Individual submitted records to support that he completed the diversion program related to his January 2025 arrest. Ex. A.

approximately November 2024, his primary care physician prescribed Wellbutrin. *Id.* Lastly, the Individual explained that he had started reading scriptures from the bible, that he was trying to have more open communication with his wife, and that he was taking better care of his health by walking more. *Id.* at 50.

As part of the psychological evaluation, the DOE Psychologist administered the Minnesota Multiphasic Personality Inventory 3<sup>rd</sup> Edition (MMPI-3), the result of which reflected that the Individual was depressed. Ex. 8 at 41. The Report reflects that the DOE Psychologist was concerned that despite the Individual participating in family therapy with his wife for years, and using medication to treat his symptoms of depression, he had experienced several “blowups,” and had threatened to harm himself in the past. *Id.* He was also concerned that on the day of his January 2025 arrest, the Individual was unable to control his emotions after spending three hours walking alone. *Id.* The DOE Psychologist opined that the Individual met sufficient diagnostic criteria in the *DSM-5-TR* for a diagnosis of Major Depression, Mild, which he opined impaired the Individual’s judgment, stability, reliability and trustworthiness. *Id.* Although the Individual was receiving therapy and managing his symptoms with medication, the DOE Psychologist found that the Individual was still “symptomatic to a concerning degree,” and that he needed to achieve a level of stability and regulate his emotions on a consistent basis, which had not occurred. *Id.* His prognosis for the Individual was “fair.” *Id.*<sup>5</sup>

At the hearing, the Individual’s Pastor testified that he has known the Individual since 2021, when the Individual and his family started attending his church. Tr. at 12. Since 2022, the pastor and his wife have counseled the Individual and the Individual’s wife, providing general advice as to “some family situations and career choices.” *Id.* at 12–13; Ex. F; Ex. G. As of 2023, the Pastor also started providing emotional and spiritual counseling to the Individual solely. Tr. at 13–14. The Individual’s therapy sessions occurred weekly, and were focused on the Individual using principles found in scripture to improve his communication with his wife and better manage his feelings of depression and sadness, by doing things such as reaching out to talk to someone when he feels sad. *Id.* at 16, 19–20. Since the Pastor began provided individual counseling sessions to the Individual, he has noticed that the Individual is more open and transparent in dealing with his feelings, and he feels better about himself. *Id.* at 16, 21. As for tools the Individual could use to manage his anger, the Pastor explained that he taught the Individual to view his anger, not as an emotion, but as an “energy that [he] can use to solve problems”; no longer viewing anger as an emotion that he is not in control of, but as something he could use to evaluate his situation and do things differently. *Id.* at 21–22. The Pastor was not aware of the Individual having had thoughts of harming himself since the January 2025 incident. *Id.* at 23. The Pastor explained that the Individual has also connected with other families at church to build relationships with them, which he described as a very “important, positive step.” *Id.* at 25, 59. The Individual intended to continue his individual counseling sessions with his Pastor, the frequency of which will depend on his progress. *Id.* at 77–78.

The Individual’s Counselor testified that he has provided therapy services to the Individual, weekly, since March 2025. Tr. at 32, 44, 59; Ex. E. The Individual told the Counselor that he needed treatment to become more aware of his emotions. Tr. at 31. The Counselor explained that

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<sup>5</sup> The Report indicates that “Fair” is defined as “[w]orking an appropriate treatment plan only intermittently or not having an appropriate treatment plan covering all needed areas; Control of only some factors facilitating progress for less than 50% likelihood of success.” Ex. 8 at 43.

he developed a treatment plan for the Individual, which included working on “emotional awareness, learning how to talk about his emotions, and improving his conflict management skills.” *Id.* at 33, 44. The Individual has been compliant with the treatment plan. *Id.* at 44–45. The Counselor described using the Internal Family Systems therapeutic model to help the Individual “put names to different emotions, [and] different drives.” *Id.* at 34. The Counselor and the Individual also practice how to share emotions with someone else and they discuss what role sharing emotions plays in a healthy marriage. *Id.* at 34, 40. The Counselor also uses cognitive behavioral therapy to teach the Individual how organize his thoughts during difficult interactions and how to respond to sadness “in appropriate ways.” *Id.* at 34–35. Throughout their sessions, the Counselor has observed the Individual grow in his ability to talk about his emotions and apply the tools he has learned to situations where he felt anger or sadness. *Id.* at 35–36. The Counselor also explained during the past year, the Individual has not reported having feelings of self-harm. *Id.* at 41–42. He explained that, as of the date of the hearing, the Individual is stable, and that he will continue to treat the Individual if the Individual finds it helpful. *Id.* at 47–49. The Individual explained that through his sessions with his Counselor, he has learned to take time to process his feelings, “compartmentalize it and save it for later.” *Id.* at 57. The Individual intends to continue seeing his Counselor for at least the next year to continue learning tools for conflict resolution. *Id.* at 70, 77.

The Individual testified that since the January 2025 incident, he has made “incredible strides” in his relationship with his wife, and now, he and his wife are able to talk to one another and listen to each other. *Tr.* at 55–56. He explained that since November 2024, he and his wife have received couple’s therapy, from a licensed marriage and family therapist, weekly. *Id.* at 58. He explained that this therapy has helped him better understand where his sadness comes from and that he is learning how to navigate “difficult times” with his wife. *Id.* at 70. He intends to continue couple’s counseling with his wife. *Id.* at 77. The Individual submitted a letter from his family therapist, which indicates that the Individual consistently attends his appointments and meaningfully engages in the therapeutic process. *Ex. C.* The letter also indicates that the tools discussed during the Individual’s therapy include how to “self sooth and remove himself from escalating situations.” *Id.*

The Individual also explained that every morning, he has “quiet time,” during which he reads scripture and prays. *Tr.* at 55, 57. If he knows he is going to encounter a difficult situation, or have a difficult conversation, he stops and prays, to get his mind into a state that is inviting, so he can listen to others without getting defensive and he can “catch” his emotional response before it gets out of hand. *Id.* at 55, 61. He vocalizes his emotions at the early stages of a possible dispute and uses breathing exercises. *Id.* at 62. When he feels sad, he no longer tells himself to “get over it,” but rather he recognizes his emotion, “name[s] it,” and tells someone about it. *Id.* at 64. When things are getting emotional or unstable, he will say “timeout,” stop, and resume the situation later, or he will “put a pin on it” until he and his wife can meet with their family therapist for guidance. *Id.* at 56. If he and his wife have an immediate dispute, the Individual can also call his Pastor, and the Pastor’s wife, and talk through the dispute with them. *Id.* He also explained that he maintains a list of names of people that he can contact if he needs to talk to someone, including the number of a crisis hotline, as a last resort, if the other people on his list don’t answer. *Id.* at 56–57, 72. His contact list includes the names of people he knew in January 2025, but who he did not believe he could contact for help at that time. *Id.* at 78. The Individual explained that he realizes, now, that “it’s okay to ask for help.” *Id.* His contact list gives him a sense of confidence and knowing that he has the support he needs. *Id.* at 57.

As for his medication, the Individual testified that, as of the hearing, he continues to take Wellbutrin, daily. *Id.* at 59, 67–68. He also explained that, although he was receiving counseling services from his Pastor at the time of the January 2025 incident, his Pastor was the only person helping him, and he did not feel like he had enough support. *Id.* at 66, 72–73. Now, he has the support of his Pastor, his Counselor, the people at his church, and his family therapist. *Id.* at 66–67. He now has learned different tools to regulate his emotions, and he feels that he has value, and that he is loved and cared for. *Id.* at 67, 73. The Individual testified that since January 2025, he had not had any thoughts of self-harm. *Id.* at 65.

The DOE Psychologist testified that after listening to the testimony provided during the hearing and reviewing the Individual’s exhibits, he believes the symptoms of the Individual’s Major Depression no longer impact his judgment, stability, reliability or trustworthiness. Tr. at 83. He explained that in June 2025, the Individual’s history, his clinical presentation of depression and suicidal ideation, and his inability to express specific strategies and skills to regulate his emotions, suggested to him that the Individual was unable to “make the level of decisions, [and] process the information appropriately, as an average person would.” *Id.* at 85–86. The DOE Psychologist opined that now the Individual is controlling the symptoms of his depression with his current course of treatment. *Id.* at 86–87. The Individual has learned skills and strategies to regulate his feelings and moods, he has internalized them, and he has implemented them in his daily life. *Id.* at 83–84, 86–87. Compared to his prognosis for the Individual in June 2025, which was “fair,” his prognosis for the Individual, as of the hearing, was “good,” because the Individual had consistently attended his therapy sessions, he testified that he is consistent with his medication, and he expressed that he intends to continue receiving therapy. *Id.* at 84. He expected the Individual would have an “excellent” prognosis as he continued in therapy. *Id.*

## 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.

Based on the evidence before me, I find that the Individual has mitigated the security concerns related to his psychological condition under ¶ 29(b) of the Adjudicative Guidelines.

Although the Individual had received some therapy, including receiving guidance from his Pastor, for several years before his January 2025 arrest, and had been using medication to treat his symptoms of depression, the circumstances of the Individual's January 2025 arrest showed that he was not yet able to regulate his emotions. After his arrest, the Individual voluntarily sought treatment with his Counselor to address the symptoms of his Major Depression, and he is managing his symptoms with therapy and medication.

Since March 2025, the Individual has received treatment from his Counselor, focused on emotional awareness, improving his conflict management skills, and how to communicate his feelings to others in healthy ways. The Counselor testified that the Individual is compliant with his treatment plan, his ability to talk about his emotions had improved during his treatment, and the Individual had applied the tools he learned to situations where he has felt anger and sadness. The Counselor also testified that in his opinion, the Individual is stable.

When compared to his condition in June 2025, when the DOE Psychologist found that he was unable to express specific strategies to regulate his emotions, at the hearing the Individual was able to express, in detail, the tools he has learned to effectively manage his emotions. The Individual takes "quiet time" every morning to read scripture and calm his mind, he has learned to name his emotions and vocalize them at the early stages of a dispute, and he "pins" issues that could lead to disagreements in his marriage, to be resolved later. The Individual also maintains a list of people he can contact, including a crisis hotline, if he needs to talk to someone. I also credit the Individual for continuing to use his Pastor, and a family therapist, to seek counseling on how to navigate stressors that may exist within his marriage, and for continuing to use his individual therapy with his Pastor to further develop his communication skills. Both the Individual's Pastor and Counselor testified that the Individual had not expressed feelings of wanting to commit self-harm during his current course of treatment.

Finally, the DOE Psychologist opined that the Individual had learned skills and strategies to regulate his feelings, internalized them, and implemented them in his daily life. He opined that the Individual was controlling the symptoms of his Major Depression, Mild, with his current course of treatment, and that the symptoms of the Individual's Major Depression no longer impact his judgment, stability, reliability, or trustworthiness. The DOE Psychologist also opined that his prognosis for the Individual was good, which I find is a favorable prognosis, because the Individual consistently attended his therapy sessions, testified that he is consistent with his medication, and intends to continue receiving therapy.

I conclude that the Individual has voluntarily entered a counseling program to treat symptoms of his Major Depression, Mild, he is currently receiving treatment, and he has received a favorable prognosis from the DOE Psychologist, a duly qualified mental health professional. Therefore, the Individual has mitigated the Guideline I concerns. Adjudicative Guidelines at ¶ 29(b).

**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 concerns set forth in the SSC. Accordingly, the Individual has 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 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