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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: October 20, 2025) Case No.: PSH-26-0008
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Issued: May 1, 2026

Administrative Judge Decision

Andrew Dam, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (the Individual) to hold 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 holds access authorization in connection with his employment with a DOE contractor. Exhibit (Ex.) 1 at 7.² On June 14, 2024, the Individual "[w]as attending a family gathering" when he "[g]ot into an argument with [his] brother" and "[s]truck [his] brother in the jaw." Ex. 11 at 73 (Incident Report dated June 18, 2024). The Individual went to his car after the argument, pulled out a handgun, and threatened suicide. *Id.* at 77 (Affidavit of Complaint). The Individual's father (Father) and then wife (Ex-Wife) tried to remove the gun from the Individual and the firearm discharged into the seat of the car during the struggle. *Id.* at 73. The Individual's Ex-Wife called the police, and the Individual was subsequently arrested. *Id.* The Individual was charged with having committed a "DOMESTIC ASSAULT, Class A Misdemeanor." *Id.* at 77 (formatting in original).

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 Exhibits 1 through 15 submitted by the DOE were submitted as a single PDF, Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the DOE.

Because of the above incident, the DOE Local Security Office (LSO) referred the Individual for a psychological evaluation with a DOE consultant psychologist (DOE Psychologist). Ex. 6 at 30 (DOE Case Evaluation Sheet dated August 12, 2024); Ex. 20 at 404 (DOE Psychologist's Report dated September 17, 2024). As part of the assessment that took place on September 3, 2024, the DOE Psychologist conducted a clinical interview of the Individual. Ex. 20 at 405. The DOE Psychologist issued her September 2024 Report, wherein she found that the Individual met sufficient diagnostic criteria for "persistent depressive disorder, early onset, with anxious distress[.]" pursuant to the *Diagnostic and Statistical Manual of Mental Disorders–5th Edition–Text Revision (DSM-5-TR)*, but opined that the Individual's condition did not raise a concern with respect to his "judgment, stability, reliability, and trustworthiness . . ." *Id.* at 404, 408–09.

Only three months after his clinical interview with the DOE Psychologist, on November 5, 2025, the local state agency responsible for children's welfare (Local Agency) filed a petition for a restraining order against the Individual, alleging that, on November 3, 2025, he prevented his Ex-Wife and children from leaving the house and struck his seven-year-old daughter in the process. Ex. 10 at 65–69. Accordingly, the LSO again referred the Individual to the DOE Psychologist, whom he met for a second clinical interview on May 21, 2025. Ex. 4 at 20; Ex. 17 at 127–28. After this evaluation, the DOE Psychologist found that the Individual met sufficient diagnostic criteria for a borderline personality disorder (BPD) diagnosis pursuant to the *DSM-5-TR* and that the condition impaired his judgment, stability, and reliability. *Id.* at 128, 136–38.

Subsequently, the LSO suspended his clearance and issued the Individual a Notification Letter advising him that it possessed reliable information casting substantial doubt on his eligibility to hold access authorization. Ex. 1 at 7–9. In the summary of security concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline I of the Adjudicative Guidelines. *Id.* at 6. The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 11.

The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative review hearing. The LSO submitted 22 exhibits (Ex. 1–22). The Individual submitted 17 exhibits (Ex. A–P).³ Neither party objected to the admission of the aforementioned exhibits. The Individual testified and offered the testimony of his therapist (Therapist); his mother (Mother); and a third-party psychologist (Individual's Expert), who conducted a psychological evaluation of the Individual. Transcript of Hearing, OHA Case No. PSH-26-0008 (Tr.) at 4. The LSO offered the testimony of the DOE Psychologist. *Id.* The parties stipulated to the expertise of the Individual's Expert and DOE Psychologist in the field of psychology. *Id.* at 9.

II. THE SECURITY CONCERNS

³ The Individual's Exhibits A through N were submitted as a single PDF file. Exhibit O and Exhibit P were submitted as standalone PDF files. This Decision refers to these exhibits by the exhibit letter and PDF page number.

Under Guideline I, “[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness” and “[a] formal diagnosis of a disorder is not required for there to be a concern under this guideline.” Adjudicative Guidelines at ¶ 27. Conditions that could raise security concerns 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 citing Guideline I, the LSO relied upon the DOE Psychologist finding that the Individual met sufficient diagnostic criteria for BPD and her conclusion that the Individual had impaired judgment, stability, reliability, and trustworthiness. Ex. 1 at 2.

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 Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. FINDINGS OF FACT

a. Individual’s Background and Marriage

The Individual’s family consists of his Father, Mother, an older brother (Older Brother), and a twin (Twin). Ex. 22 at 463–65. In his September 2024 clinical interview with the DOE Psychologist, the Individual reported receiving a dyslexia diagnosis in elementary school and receiving accommodations for the disability throughout his education. Ex. 20 at 405; *see generally* Ex. K (Individual’s Individualized Education Plan reflecting he received accommodations). The Individual told the DOE Psychologist that his dyslexia “remained a significant impairment and was another chronic condition that negatively impacted his social development as a young person” and that he was prescribed lamotrigine in high school to address symptoms of anxiety and depression. Ex. 20 at 405, 407; *see also* Tr. at 134 (Individual testifying that he believed the medication was also prescribed to address his migraines). He discontinued the medication at some

unclear point in time. *See* Ex. 20 at 407 (September 2024 Report reflecting that the Individual later “(re)started medication”).

The Individual married his Ex-Wife in 2016. Ex. 22 at 462. They had their first daughter (Daughter) in 2017 and a pair of twins in 2021. Ex. 20 at 405–06; Tr. at 66 (Mother’s testimony). When his twins were born, the Individual found himself becoming irritable due to increased parental responsibilities and a lack of sleep, and his primary care provider (PCP) “prescribed him escitalopram, an antidepressant, which he found to be helpful.” Ex. 20 at 405. However, the Individual continued to experience stress, primarily related to his Ex-Wife returning to school and pursuing a career as a first responder. *Id.* at 405–07. The Individual cited to needing to take on more childcare responsibilities since his Ex-Wife began working, his inability to reach her for extended periods, his worry for her physical safety, and his suspicion that she was having an affair. *Id.* In early 2024, his PCP added lamotrigine “for anger”—again attributing this to his Ex-Wife’s “frequent absence” and his twins being in their “terrible twos.” *Id.* at 405–06. The Individual also reported ongoing tension with his Older Brother “who he believes has [posttraumatic stress disorder] from military experience” and with his Twin, who is transgender. *Id.* at 407.

b. June 2024 Assault

The Individual attended a family gathering at his grandfather’s house to celebrate Father’s Day in June 2024. Ex. 14 at 107 (June 16, 2024, response to Letter of Interrogatory (LOI)). Towards the end of the gathering, one of the Individual’s children began crying because the Individual started packing up the child’s toys to leave. *Id.* According to the Individual, his Older Brother picked up a toy, and the Individual believed that his Older Brother “was going to give it to [his] son” and “was parenting [his] kid.” *Id.* The Individual became upset and attacked him: “So I punched him in the face.” *Id.*

The Individual’s Ex-Wife, upset, took the children into the grandfather’s house and refused to leave with the Individual. *Id.* The Individual’s Mother warned the Individual that he was “ruining [his] life.” *Id.*; *see also* Ex. 20 at 406 (recounting to the DOE Psychologist that his Mother informed him that his Ex-Wife was “considering divorcing him”). The Individual went to his truck, retrieved a loaded gun, and threatened to kill himself: “I’ll just end it then.” Ex. 14 at 107. He told the DOE Psychologist that this was to convince his Ex-Wife to come out to the truck, rather than a genuine attempt at suicide. Ex. 20 at 406. Similarly, at the hearing, the Individual denied that he wanted to engage in self-harm: “I was not going to shoot myself . . . I’m not that stupid . . . I think it was more of a show to try to get my ex-wife to come out . . .” Tr. at 123. *But see* Ex. 19 at 164 (treatment records reflecting that the Individual reported to a treatment provider that he has had “[o]ccasional past thoughts of suicide”). The Individual’s Father and Ex-Wife came out to the truck and wrestled with the Individual to retrieve the gun. Ex. 20 at 406; Ex. 14 at 107. During the struggle, the gun fired into the floor of the vehicle and hit no one. Ex. 14 at 107; Ex. 20 at 406.

The Individual’s Ex-Wife called the police. Ex. 14 at 107. The police report reflects that the Individual admitted to the officers that he had stated, “I might as well go kill myself.” Ex. 16 at 121. The police also spoke to the Individual’s Older Brother who confirmed that he had been punched by the Individual. *Id.* Accordingly, the police arrested the Individual for domestic assault, transported him to the hospital for a psychological evaluation and 8-hour hold, and then transferred

him to jail for a 12-hour hold. Ex. 14 at 108; Ex. 9 at 56. The Individual's Mother testified that the Older Brother went to court and informed the court that he wanted the charges against the Individual dropped and "just wanted his brother to get some mental help." Tr. at 65; *see also id.* at 110 (Individual's testimony that he "had a feeling . . . they [the court] would want me do [] therapy and stuff . . ." so he "looked up therapists online" and started attending prior to the resolution of the case). On July 29, 2024, the Individual was put on 6 months of probation with the conditions that he have "no trouble w[ith] [the] victim" and that he "keep up with therapy." Ex. 11 at 76.

c. Therapy from June 2024 to October 2024 and Contemporaneous Evaluation by the DOE Psychologist in September 2024

The Individual met for an intake with a mental health treatment provider on June 23, 2024. Ex. 19 at 170. The Individual received diagnoses for "intermittent explosive disorder"; major depressive disorder; and generalized anxiety disorder. *Id.* A psychiatrist with the mental health treatment provider prescribed the Individual an antidepressant, bupropion, to address his symptoms associated with those diagnoses in addition to his prior medications. *Id.* at 170, 173. In addition to medication management, the psychiatrist included in the Individual's treatment plan "therapy" which was "collaboratively established and clearly communicated with the [Individual] who understood and agreed to it." *Id.* at 169; *see also id.* at 177 (Therapist's notes from July 7, 2024, indicating that the Individual was to attend therapy sessions weekly for six to eight weeks before his needs were "re-evalute[d]").

Through the mental health treatment provider, the Individual then started counseling sessions with his Therapist, continuing nearly once per week between July 2, 2024, and October 4, 2024. *Id.* at 172–245 (Therapist's notes from October 4, 2024, indicating that she still recommended the Individual attend "weekly" sessions "for 6 months"); *see also* Tr. at 32 (Therapist's testimony). His Therapist's notes reflect that, while in treatment, the Individual continued experiencing outbursts: "He [the Individual] received news about his upcoming court hearing, new job starting and needing to fill out paperwork. [H]e discussed feeling overwhelmed with it all happening yesterday and punched a wall and his shower." Ex. 19 at 183 (July 18, 2024, Therapist's notes); *see also id.* at 220 (August 30, 2024, Therapist's notes reflecting "[h]e reported still having yelling outbursts when he is with his kids"); Tr. at 143 (Individual's testimony recounting punching a hole in the shower wall sometime after the June 2024 incident with his Older Brother). The Individual consistently represented ongoing stress to his Therapist due to continued marital strife. *See, e.g., id.* at 197 (August 1, 2024, Therapist notes reflecting that they "[d]iscussed marital discord and the impact it has on his emotions"), 201 (August 9, 2024, Therapist notes reflecting that they "[d]iscussed continued discord with his wife . . ."), 224 (September 6, 2024, Therapist notes reflecting that he "[e]xplored feelings of jealousy surrounding his wife and her new job/school").⁴ He also admitted in his April 14, 2025, LOI Response that, "After [his] incident on Father's day with [his] brother [he] thought about killing [him]self." Ex. 12 at 98.

⁴ At the hearing, the Individual's Therapist stated that the Individual presented "up and down" in his treatment prior to November 2024, further explaining that there were moments of "better emotional regulation" but that his negative emotions were still "easily triggered" and "presented with [] just everyday family dynamic stressors." Tr. at 53–54. In reviewing the treatment notes, there appears to only be one session where the Individual presented positively. *See* Ex. 19 at 187 (July 23, 2024, treatment notes reflecting he was "more happy [sic]" and "less angry").

Contemporaneously, the LSO referred the Individual to the DOE Psychologist for a psychological evaluation. Ex. 20 at 404. As part of the evaluation, the DOE Psychologist conducted a clinical interview with the Individual on September 3, 2024, and reviewed his personnel file. *Id.* at 405. In her Report, issued on September 17, 2024, the DOE Psychologist recounted the following from the clinical interview:

[The Individual] reported beginning medication management . . . on 6/25/24 with . . . bupropion, an anti-depressant, in addition to lamotrigine and escitalopram prescribed by his PCP The [Individual] feels the medication has been very helpful and he now feels happy much of the time: a feeling he has not experienced in many years He has been in individual therapy . . . since 7/2/24 and attends sessions weekly since then. He described working on understanding and addressing his anger and developing skills to cope and work through it. Aside from the medications he was prescribed in the past by his PCP, he has no other history of mental health treatment. Attempts to obtain the subject's treatment record and/or speak with treatment providers at [the mental health treatment provider] were unsuccessful.

Id. at 406–07 (emphasis added); *cf.* Ex. 19 at 220 (treatment notes reflecting that he had told his Therapist on August 30, 2024, that he had recently yelled at his children). He further reported that he initiated therapy to address his “anger problem,” which somewhat contradicts his testimony that he had sought out therapy in anticipation of a court directive. *Compare* Ex. 20 at 408 with Tr. at 110. At the time, the DOE Psychologist believed the Individual to have been “very forthcoming about his personal and family problems both past and present.” Ex. 20 at 408. For example, he admitted that his Ex-Wife had told him that he was “emotionally manipulative” but denied his behavior ever arose to “physically aggression or violence.” *Id.* The DOE Psychologist also believed that the Individual was not engaging in any “defensive minimization” of his problems. *Id.* at 409. Accordingly, she concluded that the Individual had been honest when he reported that his mood and mental health had been improving. *Id.* at 407–08. The Individual likely presented positively to the DOE Psychologist, minimizing the extent of his continued mental health issues, maximizing the effectiveness of his treatment, and obscuring his court-related motivations for attending therapy to secure a positive recommendation from the DOE Psychologist.

In her September 17, 2024, Report, the DOE Psychologist found that the Individual met diagnostic criteria for “persistent depressive disorder, early onset, with anxious distress” pursuant to the *DSM-5-TR*. Ex. 20 at 408. However, based upon the Individual’s presentation, she concluded that the Individual’s condition was not impairing his judgment, stability, reliability or trustworthiness. *Id.* at 409. In particular, she found that the Individual demonstrated good judgment when he supposedly sought treatment “voluntarily”; remained “compliant with treatment”; and demonstrated “responsibility for his behavior” *Id.* at 408. She included the caveat that her conclusion was “derived from the available data”; that it was “possible that [the Individual] failed to accurately convey his mental state”; and that her opinion “could change based on new information.” *Id.* at 409.

The Therapist saw the Individual and his Ex-Wife on October 4, 2024, for a joint counseling session. Ex. 19 at 243–46. The Therapist’s notes from that day reflect the following:

Therapist spoke with wife without client [the Individual]. Client's wife discussed surrounding the anger of her husband and the abuse that has been going on. W[ife] discussed that he becomes physically, emotional and verbally abusive towards her. reports that he gets upset with kids at least 1 time[] a week when she is home[] [and] yells at them. W[ife] reports she feels fearful when she is at home with him but reports not fearful when he is with the kids and her not being there. She reported that his anger is directed towards her. She reported that he has had altercations with his brother on two occasions, where he ended up in the hospital

Client returned to session, discussed his history of anger, and the anger outburst and how often they are happening. Discussed patterns of things that [make] him [] get irritated so quickly. Wife discussed some incidents that happened. Appears client is forgetful after the anger outburst and feels ashamed to talk about it.

Id. at 243. The Therapist's notes from that day also included an addendum:

Wife disclosed towards the end when client wasn't there. [S]he reported that "he has left bruises on the kids before when he was spanking them because he gets so mad." She reported this doesn't happen often and he gets angrier when she is home than when he is alone with the children. Due to the statement of leaving bruises, a [child protective services] report was made.

Id. at 246.

d. The Individual's Discontinuation of Treatment and November 2024 Physical Abuse

The Individual's Therapist testified that the Individual discontinued weekly therapy meetings after this October 4, 2024, session "due to financial stress" Tr. at 32. Treatment notes from November 15, 2024, also reflect that the Individual "stopped his Wellbutrin [bupropion] recently" without consulting his treatment provider since he was "feeling [it] was not helping" Ex. 19 at 259. It is unclear exactly when he discontinued the medication. These actions also contravene the court's order that he "keep up with therapy" and the Individual's stated intent to the DOE Psychologist only a month or two prior. Ex. 11 at 76; Ex. 20 at 406 (reporting to the DOE Psychologist that "[h]e feels his treatment has been helpful . . ." and that "[h]e intends to continue treatment beyond his probation completion").

Contemporaneous with the discontinuation of his therapeutic treatment, the Individual struck his seven-year-old Daughter on November 3, 2024. Ex. 12 at 85. According to the Local Agency's Petition for Restraining Order, the Local Agency received, on November 4, 2024, a "report of harm alleging physical abuse" presumably from the Daughter's school:

[The Daughter] resides with her mother . . . and father [The Daughter] reported that her father hit her with an open hand and his ring hit her eye. On [the Daughter's] left eye, there is swelling and looks like there has been some impact there. [The Daughter] stated that it happened yesterday after church [The Daughter] is

frequently tardy for school It is reported that[] [the Daughter] has experienced a little behavioral change recently at school.

Ex. 10 at 65. A case manager from the Local Agency met with the Daughter, and the Local Agency included the following in its Petition:

On November 5, 2024, [the case manager] spoke with [the Daughter]. [The Daughter] said her “mom and dad ‘fight talk.’ They say not nice things. They don’t use their hands and feet.” Regarding [the November 3, 2024, incident], [the Daughter] reported her dad hit her because her mom said not to hit her children. He hit her with an open hand on her eye[,] and his [] ring hit her. She doesn’t know what was happening prior to that or why her mom and dad were fighting. [The Daughter] reported her parents have had “talk fights” before. [The Daughter] said she has seen her dad put his hands on her mom. And that her dad has hit her mom everywhere with an open hand.

[The Daughter] showed [the case manager] where her left eye got hit and demonstrated an open hand to her face. [The Daughter] also reported “Dad be [sic] mean to me, yell at me, and everything else. I don’t like playing with dad. I don’t like staying with dad.” [The case manager] did not observe any bruising or swelling on [the Daughter’s] face.

Id.

The case manager also met with the Individual’s Ex-Wife and included the following in the Local Agency’s Petition, regarding the November 3, 2024, physical abuse:

On November 5, 2024, [the Case Manager] spoke with [his Ex-Wife]. [His Ex-Wife] said she’s been going through it with [the Individual] for a while

When they got home . . . [on November 3, 2024], [the Ex-Wife] reminded [the Individual] that she had a 3-day EMS conference that week. [The Individual] got upset and said, “You’re just going so you can see your boyfriend.” . . . [The Ex-Wife] told him that she was taking the children to her parents’ house to let them play. [The Individual] got in her face and said[,] “No you’re not. You always try to run away when I try to talk to you.” He started yelling at [his Ex-Wife]. [The Daughter] got in between them and smacked [the Individual’s] stomach. [The Ex-Wife] said her first instinct was to grab [the Daughter] and protect her. [The Individual] reared back and hit [his Daughter] in the face. [His Ex-Wife] yelled at [the Individual] for hitting [their Daughter] and [the Individual’s] response was “She deserved it” and then tried to deny hitting her The twins also got between them, and [the Individual’s Ex-Wife] said her first instinct was to grab all three of them [The Individual’s Ex-Wife] pulled her phone out of her pocket to turn the TV down and [to] call [the Individual’s Father] to get him to leave. [The Individual] thought she was trying to call the police and attacked her and pushed the children. [The Ex-Wife] went outside and grabbed a wooden post and started

“beating the crap” out of [the Individual] . . . [The Individual] would not let her out of his sight because he was afraid[] she was going to call the police. [The Individual’s Ex-Wife] did eventually leave the home with the children and stayed with a friend for the night.

Id. at 66–68.

In his April 14, 2025, LOI Response, the Individual provided the following narrative, disclaiming generally that he had been “physical” with his Ex-Wife on November 3, 2024:

[M]y wife and I were having an argument in our living room. We did not get physical, we were only yelling at one another. Our oldest daughter tried to get between us and she got hit in the face. I thought I hit her mouth, but she said it hit her eye . . . I did not attack my wife. I did not push the children.

Ex. 12 at 86 (errors in original). In the same LOI Response, he stated that he had “accidentally” struck his Daughter. *Id.* Furthermore, in his LOI Response, despite him disclaiming becoming “physical” during the argument, he admitted to “tr[ying] to knock the phone from [his Ex-Wife’s] hands” since she said she wanted to call the police. *Id.* at 86–87.

In contrast to what he told the LSO, the Individual acknowledged successfully knocking the phone out of his Ex-Wife’s hands and purposefully physically abusing his daughter when meeting with the DOE Psychologist in May 2025:

On 11/3/24, [the Individual] and his wife were arguing about her wanting to take their three children with her to her father’s house and not wanting [the Individual] to come with them . . . [H]e suspected her of having an affair and thought she might have had plans to meet up with her coworker [with] who[m] he suspected her of having an affair[]. The conflict between the couple escalated when [the Individual] attempted to block the front door so his wife could not leave . . . He added that “she’s always trying to run away from problems[.]” . . . At that point, their seven-year-old daughter got in between them and began hitting the subject and yelling at him. [The Individual] “popped her in the mouth” to discipline her for being disrespectful to him . . . [The Individual’s Wife] threatened to call the police, which he noted she does “constantly” . . . , and he acknowledged knocking the phone out of her hands in an attempt to keep her from calling the police . . . The subject’s wife was able to text [his] parents and asked them to come help intervene . . .

Ex. 17 at 130–31 (emphasis added). At the hearing, the Individual was asked about why he would have earlier referred to the physical abuse as an “accident” to the LSO. Tr. at 152. The Individual admitted that he was “[p]robably” minimizing at the time he filled out his April 14, 2025, LOI Response. *Id.*

e. Other Allegations of Physical Abuse

The Local Agency's Petition for Restraining Order also recounted several other incidents of physical abuse that his Ex-Wife relayed to the case manager during their November 5, 2024, meeting:

He's been abusive since they got married and has an extensive history of abuse. It started out as mostly emotional abuse then progressed to physical abuse. In the past, he has dragged her down the stairs by her hair, he threw the car keys into the pool so she couldn't leave, he's pushed her into walls, he's punched holes in the walls, and busted a hole in their bathtub [The Ex-Wife] said that [the Individual] has hit the kids and spanked the children hard enough to leave handprints. The last time [the Individual] spanked the children was in September. She said when she comes home from work the children tell her that "daddy was mean to me and yelled at me." She said that [the Individual] yells, screams, and cusses at children and tells the children that they are "f*cking children."

Id. at 66. The Ex-Wife reported to the case manager that, aside from the June 2024 assault and November 2024 physical abuse, there had been another physical altercation between the two incidents. *Id.* at 67. In particular, she had been "cooking dinner" when the Individual "got upset and dragged her out of the house" leaving "bruise marks on her arm." *Id.* "The children witnessed the altercation" though the Ex-Wife "did not call the police after the incident." *Id.* According to the Local Agency's Petition, the Ex-Wife detailed "not report[ing] the previous incidents due to fear of [the Individual]." *Id.* at 68.

Five months after the November 2024 incident, the Individual completed his April 2025 LOI Response, vehemently denying much of the above, largely based on implausibility: "I have never hit my wife. I didn't drag her down the stairs by her hair. I never threw car keys in a pool, [sic] we did not have a pool. I have not pushed her into walls We lived in a one[-]story house with no stairs. She is lying." Ex. 12 at 87–88. Regarding the other 2024 altercation that happened between the June 2024 assault and the November 2024 physical abuse, the Individual stated that it was only a "verbal argument" and that he "never dragged her out of the house." *Id.* at 89.

When evaluated by the DOE Psychologist a second time on May 21, 2025, the Individual, again, generally denied the allegations of physical abuse but admitted that at a prior residence they had a pool and stairs. Ex. 17 at 128, 136. At the hearing, when asked about the allegation that he threw her keys "in" a pool to prevent her from leaving, the Individual attempted to deny the allegations based on implausibility: "Q. So could you . . . tell me about that allegation? Is that true . . . about the keys in the pool? A. We didn't have a pool." Tr. at 153. However, the Individual admitted that they used to have "a house that did have a pool" but that the pool was "filled in," again implying that he could not have thrown his Ex-Wife's keys into it. *Id.* When pressed further, he admitted that he "remember[ed] taking her keys" and remembered that he "threw them." *Id.* at 153–54.⁵

⁵ The Individual provided no estimated date of when the incident occurred. *See generally* Tr. The Individual and his Ex-Wife resided at their most recent shared residence, without the stairs and pool, starting in 2019. *See* Ex. 22 at 447–48 (2023 Questionnaire for National Security Positions (QNSP)). In his 2023 QNSP, the Individual indicated that they lived with his parents from November 2018 to October 2019. *Id.* at 448. The Individual and his Ex-Wife married in October 2016 and lived at another address before from October 2016 to November 2018. *Id.* at 448–49, 462. Accordingly, I find it likely that the incident during which the Individual took and threw his Ex-Wife's keys occurred sometime between October 2016 and November 2018.

When asked if it was possible that he could have thrown them “around” the pool, the Individual insisted his Ex-Wife was “lying” though he, again, admitted that he “threw them somewhere.” *Id.* Notably, the Individual’s testimony was the first time in the record he admitted to taking her keys and throwing them, having generally denied the allegation by insisting his Ex-Wife was “lying” about the pool in his April 2025 LOI Response and May 2025 clinical interview. *Cf.* Ex. 12 at 87–88; Ex. 17 at 128, 136.

The Individual told the LSO in his April 2025 LOI Response that his Ex-Wife had “been goading [him] to try to get a rap sheet of events . . .” so that she could “gain sole custody of the children and cause [him] to be fired from [his] job.” Ex. 12 at 86. I find this explanation for his Ex-Wife’s allegations unpersuasive. If his Ex-Wife had wanted to build a “rap sheet,” she could have affirmatively reported the physical abuse he inflicted on his own Daughter. Instead, the Local Agency contacted the Ex-Wife when his Daughter showed up to school with visible physical injuries. Similarly, the Ex-Wife consulted his Therapist about the physical abuse to her and the children on October 4, 2024. *See* Ex. 19 at 243, 246. Again, if his Ex-Wife wanted to build a “rap sheet” against the Individual, she could have reported the incidents to the authorities at that time, as opposed to his Therapist.

On November 5, 2024, an *Ex Parte* Restraining Order was issued, enjoining the Individual from having any “contact whatsoever with” the Individual’s children. Ex. 10 at 60–61. Thereafter, the court required him to complete a mental health assessment, which resulted in a recommendation that he (1) complete a parenting course, (2) complete an anger management course, and (3) continue with mental health treatment. Ex. 17 at 132, 149. The Individual completed the parenting course on January 22, 2025. Ex. 9 at 52. The Individual completed a 4-hour anger management course on January 10, 2025. *Id.* at 51. The court, based on a March 19, 2025, hearing, determined the Individual’s three children to be “neglected, by clear and convincing evidence, due to the [Individual’s] inability to provide appropriate care and supervision” and granted the Individual “unsupervised visitation based on his completion of all requirements set forth by the court. *See* Ex. 8 at 38–40. The Individual told the DOE Psychologist that his Ex-Wife served him with divorce papers at the March 19, 2025, hearing. Ex. 17 at 132.

f. Dismissal of June 2024 Domestic Assault Charge, Temporary Continuation of Therapy, and April 2025 LOI Response

As stated above, the Individual had not complied with the court’s order with respect to his June 2024 charges. *Compare* Ex. 11 at 76 (requiring that he “keep up with therapy”) *with* Tr. at 52 (Therapist testifying there was a break in care between sessions on October 4, 2024, and November 8, 2024). The Individual, on November 11, 2024, had one more session with his Therapist and again discontinued therapy due to finances. Ex. 19 at 251–54; Ex. D at 16 (Therapist’s March 2, 2026, letter). Regardless, the Individual’s charges were dismissed in January 2025. Ex. 9 at 55.

The Individual returned to counseling sessions with his Therapist on February 24, 2025. Ex. D at 16; Ex. 19 at 277–80. Attendance records reflect that, between February 24, 2025, and his April 14, 2025, LOI Response—an approximate seven-week period—the Individual attended four therapy sessions. Ex. P at 2. *But see* Ex. 19 at 279 (February 24, 2025, treatment notes reflecting that the Individual was recommended for therapy “weekly for 6 months”). That time in therapy

caused little reflection on the part of the Individual. For example, the Therapist's March 20, 2025, notes reflect that the Individual recounted a March 19, 2025, custody hearing to his Therapist: "[H]e reported court went well and they dropped the restraining order and that he will be able to go back to work soon. [H]e spoke surrounding how his ex wife . . . being in court and how people saw what she was trying to do. [H]e reported feeling more positive." Ex. 19 at 285. That the Individual perceived his Ex-Wife as the wrongdoer in a proceeding precipitated by his undisputed, physical abuse of his Daughter reflects poorly on the Individual's sense of responsibility and thus his judgment at the time of the March 20, 2025, therapy session.

g. DOE Psychologist's Second Evaluation of the Individual in May 2025

His April 14, 2025, LOI Response precipitated his second assessment referral to the DOE Psychologist. Ex. 4 at 20. The Individual met with the DOE Psychologist on May 21, 2025, for a clinical interview. Ex. 17 at 128. Attendance records reflect that, between his April 14, 2025, LOI Response, and his May 21, 2025, clinical interview—an approximate five-week period—the Individual attended zero therapy sessions. Ex. P at 2. He also had no future therapy sessions scheduled, despite April 11, 2025, treatment notes reflecting that he was recommended for weekly sessions. Ex. 17 at 133; Ex. 19 at 292.

At the clinical interview, the Individual recounted the developments in his June 2024 assault case; the events leading up to the November 2024 physical abuse of his Daughter; the case precipitated from this physical abuse and the other raised allegations; and his history of treatment, among other topics. Ex. 17 at 128–37. The DOE Psychologist's June 2025 Report noted that the Individual had in his prior September 2024 evaluation seemed open to addressing his anger, reported finding his treatment helpful, and claimed he wished to continue with treatment. *Id.* at 133. However, the DOE Psychologist found it problematic that the Individual had discontinued both therapy and one of his medications, and then engaged in the November 2024 altercation, during which he physically abused his Daughter. *Id.* at 134–35. The DOE Psychologist noted that—while the Individual admitted to “arguing in front of the children, hitting his daughter, and knocking [a] phone out of his wife's hand”—he did so in “a minimizing way, not fully taking responsibility or conveying an adequate understanding of the extent of his behavioral and emotional dysregulation or the impact it has on others.” *Id.* at 135. She also noted that the Individual had denied “nearly all of his wife's accusations” instead “perceiv[ing] them to be part of an intentional, premeditated malicious plan to divorce him, take his children from him, and cause him to lose his job.” *Id.* It concerned the DOE Psychologist that the Individual was “unable to see for himself or through [his Ex-Wife's] direct communications to him how his own behavior has been problematic” and she interpreted his “minimization [to] indicate[] poor insight . . . and/or possibly defensiveness in an attempt to avoid taking responsibility” *Id.*⁶

⁶ The DOE Psychologist also administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) “to aid in the assessment of the [Individual's] potential psychopathology and personality structure” Ex. 17 at 133. The DOE Psychologist found there to be “elevations . . . on the following Substantive Scales: Ideas of Persecution” *Id.* at 134. The DOE Psychologist explained that individuals “with similar scores are described as having persecutory beliefs, are distrustful and suspicious, experience interpersonal difficulties as a result of their suspiciousness, lack insight, and blame others for their difficulties” which she found to be “consistent” with the Individual expressing suspicion that his Ex-Wife was having an affair; assaulting his Older Brother after “interpreting” his Older Brother giving the Individual's child a toy “as malicious”; blaming his Older Brother and Ex-Wife for his difficulties; and,

The DOE Psychologist found that the Individual met the following *DSM-5-TR* diagnostic criteria for BPD: “history of mood instability”; “unstable interpersonal relationships”; “frantic efforts to avoid real or imagined abandonment”; “suicidal threats and gestures”; “intense and poorly controlled anger”; and “transient, stress-induced persecutory thoughts[.]” *Id.* at 136. She found that Individual’s BPD to be “a condition that does impair a person’s judgment, stability, reliability, and trustworthiness.” *Id.* Regarding a prognosis, the DOE Psychologist explained that BPD “is a condition associated with a poor prognosis given the labile nature of the disorder” which “makes it difficult to treat with counseling because, akin to putting out fires, the frequently changing moods, relationship issues, and impulsivity poses a challenge to making progress in any one area.” *Id.* She noted that “[f]uture incidents of dysregulated mood and abusive/assaultive behavior are likely regardless of his marital status given that he will need to have ongoing communication and interaction with his (pending) former spouse in order to co-parent their three children” and given that “other relationships such as with his brother or a future romantic partner will likely trigger similar problems.” *Id.* She explained that “medications have not been shown to be effective in the treatment of anxiety, depression, and irritability associated with BPD.” *Id.* at 137.

h. Irregular Therapy Sessions and Receipt of the SSC and Notification Letter

After his April 11, 2025, therapy session, the Individual did not attend his next session for nearly two months, until June 4, 2025. Ex. P at 2–3. The Individual then attended a session on June 18, 2025, and again discontinued therapy. *Id.* at 2. His attendance records reflect that a session had been scheduled for July 3, 2025, but that the Individual was a “NOSHOW [no show]” for the appointment. *Id.* (formatting in original).

The Individual received the SSC and Notification Letter in August 2025. Ex. 1 at 6–9. After a nearly three-month hiatus from treatment, the Individual resumed attending therapy on September 3, 2025, and continued through March 26, 2026. Ex. P at 2. During that period, he attended fifteen sessions over approximately 29 weeks with two one-month gaps in December 2025 and February 2026. In her March 2, 2026, letter, the Therapist indicated that the Individual “participated off and on in individual sessions with breaks in between due to finances and lack of income.” Ex. D at 16. She also represented that “she was out for five weeks [starting] in December 2025 which halted therapy at the time.” *Id.* There is no specific explanation in the record for why the Individual’s did not attend any therapy sessions in February 2026.

The Individual’s Therapist indicated in her March 2026 letter that, “since the separation [from his Ex-Wife], . . . he has [experienced] continued stressors with work, legal proceedings and coparenting his children” yet “has been able to have more consistent emotional regulation . . . using his skills”; furthermore, assessments “administered monthly have continued to show [that] his anxiety and depressive symptoms have decreased.” Ex. D at 16. When asked for a prognosis for the Individual, the Individual’s Therapist responded that she believes the Individual has the

“not believ[ing] his behavior warranted legal involvement and the consequences that followed.” *Id.* The DOE Psychologist also considered the MMPI-3 results in the context of the Individual “not question[ing] his perceptions of others as persecutory” and “not appear[ing] to be able to consider [an] alternative explanation for their behaviors,” which were “characteristic[s] that c[ould] impair [his] judgment, reliability, stability, and trustworthiness, particularly as it has contributed to incidents of . . . inappropriate, intense anger and difficulty controlling his anger.” *Id.*

tools and support—through coping mechanisms, family, therapy, and medication management—to manage his diagnoses of intermittent explosive disorder, anxiety disorder, and depression. Tr. at 26–30. She acknowledged that the Individual’s symptoms decreased in conjunction with major life changes, namely separating from his Ex-Wife; moving in with his family after his separation from his Ex-Wife; and more actively engaging with his family. Tr. at 43–44. The Therapist also indicated that the Individual would “continually need to work on, manage, and address” his conditions. *Id.* at 44.

i. Evaluation and Report by Individual’s Expert

The Individual’s Expert met the Individual five times on September 19, 2025; September 26, 2025; October 10, 2025; February 6, 2026; and February 20, 2026, “to determine if there are psychiatric, psychological, and/or emotional difficulties this man experiences that [] may affect his security clearance.” Ex. A at 2. In his March 6, 2026, Report, the Individual’s Expert provided the following, regarding his clinical interview with the Individual:

I met with The Individual for five sessions, the sessions in February were to review with him the [DOE] psychologist’s report. When I met with The Individual in late 2025, he seemed to be somewhat defensive about the conflicts with his brother and wife and seemed to justify his behavior to some extent. When we met in February, he gave a different presentation. He insisted that he has taken responsibility for his part in his conflicts and has developed better coping skills to deal with stress of parenting. He admitted that he had feeling of abandonment as his wife became more independent and finally wanted to leave the marriage. He believes that he is now more reconciled and no longer preoccupied with abandonment issues.

The Individual acknowledges a long pattern of anxiety and stress, at least partly due to physiological difficulties. He also had a difficult time in school, not only due to health problems but dyslexia. He was in special education classes, which isolated him socially even more and certainly could not participate in sports. He has been treated for anxiety for many years, although he is also on counseling and has been in counseling for almost two years.

Ex. A at 3–4.

In his conclusions, the Individual’s Expert provided the following:

[The Individual] is not a “happy man.” He is frequently anxious interpersonally and is often pessimistic. He is often unsure whether to trust others. He actually wants to have people in his life but may have difficulty reaching out to others and may seem more distant than he feels. At the same time, given his history, his anxiety is understandable in the context of family and marital life. He is also committed to caring for and supporting his children. He reports genuine regret that he struck his daughter.

. . . This man does appear to have an anxiety disorder, exacerbated with health concerns and limitations that also stir anxiety. I believe the current information from this assessment and his reported progress in treatment suggests his emotional problems do not rise to the level of borderline personality disorder. I believe his prognosis is good and that he can continue to maintain progress in addressing anger, resentment and fears through development of improved coping skills in counseling and medication management.

Id. at 5.

j. Character Evidence and Individual's Testimony

At the hearing, the Individual and his witnesses were asked about the therapy notes reflecting that his Ex-Wife had told the Therapist that the Individual “had altercations with his brother on two occasions, where he ended up in the hospital[,]” considering that the documentary record only had specific information on the June 2024 assault. Ex. 19 at 369; Tr. at 48, 92–93, 150. The Individual testified that he was in another physical altercation with his Older Brother in 2023. Tr. at 150. The Individual’s Mother testified that the Individual “tried to swing at” his Older Brother and that his Older Brother responded by just holding him in place. *Id.* at 94–95. The Individual explained that he was upset because his Older Brother “wanted to take the boat out” and that he “didn’t want [his Older Brother] to take it.” *Id.* at 150. When asked how the disagreement had escalated to that point, the Individual could not recall why he became “so angry . . .” *Id.* The Individual explained that the fight itself did not result in his hospitalization but that the fight “spotlighted” a heart issue that he had and required him to go see his cardiologist. *Id.* at 129–30.

At the hearing, the Individual’s Mother testified that she attributed that the Individual’s “friction” with his Older Brother to the Individual feeling “jealous” about the time that his Father spent with the Older Brother, since moving in with them in 2023. Tr. at 87, 95–96. The Individual agreed with his Mother’s testimony and explained that, prior to his Older Brother returning home from military service he and his Father would spend time together completing tasks “if somebody needed something . . .” *Id.* at 151. When his Older Brother returned, the Older Brother was instead the one who would help his Father, and the Individual would feel left out. *Id.*; *see also* Ex. J (Father’s Letter, dated March 18, 2026) (“He [the Individual] got jealous of any time I spent with my oldest son He understands now I have three kids[,] and I spend time with each of my kids.”). The Individual’s Older Brother wrote a letter, dated March 19, 2026, in support of the Individual, expressing his belief that the Individual had “made large strides on being a better person” and that he “can continue to improve” with “the aid of therapy.” Ex. N at 68.

The Individual also testified that since separating from his Ex-Wife he has become closer to his Twin. Tr. at 120–21. The Individual cut off contact from his Twin when his Twin started transitioning, citing that this conflicted with his and his Ex-Wife’s religious beliefs. *Id.*; *see also* Ex. J at 29. The Individual’s Mother speculated that the Individual had originally taken such a stance regarding his Twin’s identity to “impress” his Ex-Wife’s religious family. *Id.* at 80. Since splitting with his Ex-Wife, the two have become close again. *Id.* at 121; *see also* Ex. C at 14 (Twin’s letter of support, dated March 18, 2026). His Twin stated that the Individual “has a strong support system behind him, including [the Twin], [their] parents, [their] grandparents, and [their]

brother.” Ex. C at 14. The Twin also observed that the Individual appears more patient with his children and much calmer overall. *Id.* The Individual testified that he and his Twin “get along just fine now” though he acknowledges that they earlier had a “wedge” between them because his Ex-Wife’s family did not approve. Tr. at 121. He still professes, however, that he does not believe in the “whole gender change” because “God made you the way you are” *Id.*

The Oldest Brother has moved out of their parents’ house, and the Individual has moved in. *Id.* at 83. Now, when the children visit the Individual, he has the support of the Mother and his grandmother in taking care of the children. *Id.* at 83–84; Ex. J at 29 (“He is now getting positive support from my wife, and my mom.”). The Individual testified that the custody arrangement is that he is “supposed to get them every other weekend” though he typically gets them “at least one day every week.” Tr. at 103. The Individual’s Mother observed that the Individual is much more patient with his children. *Id.* at 78–79 (recounting how the Individual calmly talks to his eldest, autistic child very calmly and will sit with her when she hides under a table). The Individual’s Mother acknowledged that, after the November 2024 physical abuse, the Individual had engaged in some minimizing of the incident but that she “tried to help him . . . see it was a bigger situation” *Id.* at 97. She also recounted the Individual crying and showing remorse later on. *Id.* at 97–98.

With respect to his marriage, the Individual’s Mother described that the Individual’s Ex-Wife would “belittle” and “goad” him. *Id.* at 89–90; *see also* Ex. J at 30 (“He [the Individual] is now legally divorced and now that his ex wife is out of the picture he isn’t angry all the time. She was gone most of the time and when she did show up she was bullying him.”). The Individual’s Mother also testified that the Ex-Wife was “unfaithful to [the Individual]” and had secured her own apartment prior to their divorce. Tr. at 74–75. The Individual’s Mother testified that the children had told her, “Mommy says that we can’t talk about the apartment because we have to be safe from daddy and keep away from daddy.” *Id.* at 75. The Individual testified that he does not believe his Ex-Wife getting an apartment was an attempt to stay safe but instead to get away from him and to convince the children that he was not a good person. *Id.* at 128.

In terms of treatment, the Individual represents that he is now medication compliant on lamotrigine, amitriptyline,⁷ quetiapine, and hydroxyzine for his depression and anxiety. *Id.* at 131–42. The advanced practice registered nurse (APRN), who the Individual sees for medication management through his mental healthcare provider, authored two letters dated February 2025 and March 2026. Ex. E at 18; Ex. M at 66. In both letters, the APRN stated that the Individual attended appointments for medication management; that they “have made medication adjustments;” and “that it appears [the Individual] has responded favorab[ly] [] with improving mood and sleep.” Ex. E at 18; Ex. M at 66. Both letters make no mention of the fact that the Individual earlier discontinued medication without consulting the mental healthcare provider. *See* Ex. 19 at 259 (APRN’s November 15, 2024, treatment notes stating that the Individual “stopped his Wellbutrin [bupropion] recently” because he was “recently feeling [it] was not helping . . .”), 373 (Therapist’s November 8, 2024, treatment notes reflecting that the Individual “discontinued medication after the last session . . . , although this therapist never told him to discontinue the medication . . .”).

⁷ The Individual mispronounced this as “anditityline [sic]” during the hearing. Tr. at 131. *But see* Ex. 19 at 271 (listing “amitriptyline” as a medication he takes).

The Individual testified that he now uses the breathing exercises he learned from his anger-management class to now stay calm. *Id.* at 107. The Individual gave examples of his Ex-Wife texting him messages that might have aggravated him before but now he just replies “okay” and moves on. *Id.* at 109. The Individual also recounted that his Older Brother recently wanted to take his Daughter out to eat and that, before treatment, he would have refused and they might have ended up in an argument. *Id.* at 155–56. This time, he only instructed his Older Brother to not yell at his Daughter and that his Older Brother received the instruction without the two ending up in a fight or argument. *Id.* As a general matter, the Individual testified, “Me and my brother really don’t talk that much” *Id.* at 155.

k. Updated Opinion and Testimony of the Individual’s Expert

The Individual’s Expert had the opportunity to listen to the testimony of all the witnesses and review the documentary evidence. *Id.* at 4, 159–60, 216. The Individual’s Expert testified that the Individual’s primary diagnosis of concern “is anxiety disorder” and that, without “coping skills” to “process feelings and anger[,]” the Individual would “blow up” *Id.* at 161–63. The Individual’s Expert observed the Individual “talked directly at times about feeling the victim” and explained that, when one feels bad, they may “project[] blame onto other people.” *Id.* at 163. Accordingly, this was a “pattern” that the Individual’s Expert believed that the Individual “is struggling with.” *Id.* The Individual’s Expert expressed that his anxiety disorder has “at times caused problems in his life” *Id.* at 164.

However, the Individual’s Expert disagreed with the DOE Psychologist diagnosing the Individual with BPD, explaining that those with the disorder typically have a “chronic kind of disruption in all relationships, because they’re always just very sensitive to either being judged or being patronized or being anything, and they can blow up with almost any kind of sense that they’re not in sync with the other person” *Id.* at 171. When asked if he disagreed with the DOE Psychologist that the Individual met the diagnostic criteria for BPD, he only insisted that his behavior did not “rise to the level” for a BPD diagnosis despite acknowledging that “pull[ing] a gun to try to get [his Ex-Wife] to stay” was “hyperdramatic behavior that is certainly a problem.” *Id.* at 187. He elaborated that he would have expected the Individual to have “create[d] chaos everywhere he went” such as work, if he had BPD. *Id.* at 171; *see also id.* at 178 (testifying that there were not enough incidents between the June 2024 assault and the November 2024 physical abuse to indicate that his condition arose to the level of BPD).

However, when the Individual’s Expert stated that the Individual’s behavior was not “chronic”—he did not appear to have factored that the Individual had outbursts outside the June 2024 incident and the November 2024 incident. The Expert made no mention of the Individual (1) taking and throwing his Ex-Wife’s keys at some point—likely between 2016 and 2018; (2) swinging at his brother in 2023 for some inscrutable disagreement about a boat; and (3) punching a hole in his wall in July 2023. Additionally, there are several allegations—while not necessarily proven—that certainly indicate years of interpersonal instability between the Individual and his Ex-Wife. Furthermore, the Expert’s testimony also does not appear to have engaged with the fact that his condition and behavior implicated multiple relationships, not just two: (1) his feelings of jealousy directed towards his Older Brother; (2) his feeling of abandonment towards his Father; (3) his isolation from his Twin over his religious-based disagreement; (4) his feelings of anger and

jealousy directed at his Ex-Wife; and (5) his feeling of anger towards his Daughter for being “disrespectful.” Accordingly, I assign less weight to the Individual’s Expert’s diagnostic opinion.⁸ The Individual’s Expert opined that, even if the Individual had BPD, the condition could be treated and the symptoms could be reduced. *Id.* at 216–17.

Presently, the Individual’s Expert believes the Individual has “come to recognize that he had some role in this and he needs to work on managing his temper in a different way” *Id.* at 165. He believes the Individual has developed coping skills and that regular therapy is beneficial for providing a “trusting relationship” where one can feel “understood” *Id.* at 169. He also found positive that the Individual appeared much more reflective and calmer. *Id.* He testified that he believes the Individual is adequately receiving appropriate treatment and that his judgment is not presently impaired. *Id.* at 175–76. The Individual’s Expert acknowledged that the Individual, even after five months of treatment, having struck his Daughter was concerning; when asked why he believed a similar incident would not recur, he provided the following response:

I think it’s well brought out[] that the changes in his life are much more positive maybe even than the therapy [H]e’s made use of the support he’s had from his parents. He’s reconciled with his siblings. He’s separated and divorced from his wife that was causing intense emotional trauma and whatever disruption. And he always appears to have done fairly well with his children despite the incident I think that it’s the combination of what has happened and changed in his life as much as the therapy.

Id. at 185–86.

I. Updated Opinion and Testimony of the DOE Psychologist

At the hearing, the DOE Psychologist had the opportunity to observe the testimony of all the witnesses. *See* Tr. at 4, 194. The DOE Psychologist acknowledged that she had conducted two clinical interviews of the Individual, eight months apart, and that she had changed her findings between the two reports. *Id.* at 194–95. She explained that she lacked treatment records from the Individual’s Therapist and mental health care provider when she authored the September 2024 Report. *Id.* at 195. Those treatment records provided the DOE Psychologist more history and also served as a collateral source of information on the Individual’s pattern of behavior. *Id.* at 195–96. Furthermore, the DOE Psychologist noted the difference in demeanor during the Individual’s second clinical interview, explaining that the Individual seemed remorseful and emotionally regulated during his first interview but “much more defensive” in his second interview. *Id.* at 196.

⁸ I also acknowledge that the Individual’s Expert based his opinion, in part, on an absence of workplace conflict. Tr. at 171. The Individual submitted two letters from supervisors, dated November 18, 2025, and March 10, 2026, complimenting the Individual for his professionalism and good behavior in the workplace. Ex. H at 24; Ex. I at 26. The DOE Psychologist explained, however, that the Individual told her that he found work to be a “stress reliever, because he knows exactly what’s expected of him . . . [,] goes in and [] does his job[,] . . . and leaves.” Tr. at 201. His experience at work thus may not thus be a source of complicated interpersonal relationships expectant of those with BPD—in contrast with his relationship with his siblings, Ex-Wife, and children, where he is dealing with the “stress and fear of abandonment and rejection.” *Id.*

The DOE Psychologist defended the BPD diagnosis. *Id.* at 200. According to the DOE Psychologist, while anxiety was certainly at play here, the Individual’s anxiety is specifically with respect to his conflict-laden relationships, which is characteristic of BPD. *Id.* at 200–01. She noted the Individual’s conflict with his siblings, Ex-Wife, and children and observed that the Individual “definitely” had “a fear of abandonment and rejection.” *Id.* at 201. As another example, the DOE Psychologist provided that the Individual had communicated to her that, after the June 2024 assault against his Older Brother, the Individual felt “hurt because he” perceived that “his family was taking his brother’s side.” *Id.* Accordingly, the DOE Psychologist felt there to be “a pattern” where his relationships become “tumultuous”; the Individual expresses “anxiety” and “persecutory beliefs”; then the Individual “acts on that with rage, anger, and aggression.” *Id.* at 202.⁹ The DOE Psychologist explained that—whether the Individual has “borderline personality disorder, intermittent explosive disorder, or generalized anxiety disorder”—“the patterns of behavior that [the Individual] has shown under stress . . . [are] really concerning with respect to [] impairment.” *Id.* at 203. Accordingly, she still found that the Individual had a condition that could impair his judgment, stability, reliability and trustworthiness. *Id.* at 205.

The DOE Psychologist acknowledged that some of that relational tension has been resolved, particularly with respect to his siblings. *Id.* at 202. However, she noted that there was not “a good explanation as to how” those “relationships got resolved really” *Id.* The DOE Psychologist had had concerns that the Individual might not “have a lot of insight into why things are fine or how” he might “keep them fine” in the long term. *Id.* at 202–03. With respect to prognosis, the DOE Psychologist found the Individual’s prognosis to be better than when she last evaluated him but “remain[ed] guarded.” *Id.* at 206. The DOE Psychologist acknowledged that the Individual self-reported his symptoms of anxiety and depression lessening to his Therapist and that his treatment may be helping him. *Id.* at 208–09. However, she emphasized that, to treat BPD, the Individual should be receiving treatment more focused on “understanding relationships” than what she understood the Therapist’s treatment of the Individual to be. *Id.* at 208–09. Additionally, she pointed out that the Individual might also be reporting less depressive and anxious symptoms for reasons unrelated to the effectiveness of his treatment. *Id.* at 208. First, he is no longer in a romantic relationship, which was one major stressor. Second, the Individual sees his children less often, which he reported before had been a source of stress. *Id.* Now, even when he does see his children, the Individual has more familial support in fulfilling his childcare responsibilities. *Id.*

The DOE Psychologist acknowledged that, while she cannot “predict the future, [] we can know there will be stress in life, especially [as] a single dad of three children” *Id.* at 203. She indicated the Individual had not “demonstrated an understanding of the chronic aspect of his problem” which could recur and be triggered by his children getting older or as he may enter in another relationship. *Id.* at 206. When asked to elaborate further with respect to his lack of insight, the DOE Psychologist found the Individual to be minimizing his actions, such as when he testified about taking his Ex-Wife’s keys and throwing them. *Id.* at 210–11. She also likened the Individual

⁹ The DOE Psychologist conceded that all the allegations lodged by his Ex-Wife could not be proven as true. Tr. at 199. However, in forming her opinions, the DOE Psychologist looked to the pattern of confirmed behaviors and statements to determine that the Individual at least has a pattern of angry outbursts that would be consistent with the allegations made by the Ex-Wife. *Id.* at 197–99. For example, the DOE Psychologist noted that the allegations fell in line with the Individual having in the past prevented his Ex-Wife from calling the police, that his parents had to intervene in an altercation he had with his Ex-Wife, and that his own Mother had told him that he was “ruining his life” by behaving in a certain way. *Id.*

to a “bull in a china shop”—insofar as he was unaware of how his behavior alarmed others or intimidated them. *Id.* at 211–12.

V. ANALYSIS

Before I can consider the mitigating conditions, I must first address that the Individual has put forth evidence challenging his diagnosis of BPD forming the basis of the Guideline I security concerns. In particular, the Individual’s Expert testified that the Individual’s condition is simply an anxiety disorder, which the Individual’s Expert finds to be more readily amenable to treatment. He also testified that the Individual’s symptoms do not rise to the level of BPD given that he would expect to see more extensive and chronic relational disruption if that diagnosis was appropriate. As stated above, I do not credit the Individual’s Expert’s basis for finding that his condition does not rise to the level of BPD, where his testimony made clear he only considered two events and two relationships—specifically, the June 2024 assault, the November 2024 physical abuse, the Individual’s relationship with his Older Brother, and the Individual’s relationship with his Ex-Wife.

The Individual’s Expert misses some rather obvious indicators that the problems in his relationships are chronic, intense, and extensive. By the Individual’s own admission, he took and threw his Ex-Wife’s keys at a prior residence, likely between 2016 and 2018, presumably to prevent her from leaving the residence. He swung at his Older Brother in 2023, in addition to assaulting him in June 2024—driven in part by his feelings of jealousy regarding their Father. After attacking his Older Brother in June 2024, he became upset with his family for not taking his side and at his Ex-Wife for refusing to leave the residence with him. The Individual went to his truck and threatened suicide with a loaded firearm. The Individual’s own Expert found this behavior admittedly “hyperdramatic,” and the Individual admitted that he threatened suicide to his Ex-Wife to induce her into leaving with him. In the ensuing scuffle for the gun with his Ex-Wife and Father, the gun discharged into the car, narrowly avoiding what could have been a fatal shooting. Only months later, the Individual tried to prevent his Ex-Wife from leaving their residence by blocking a door and knocking a phone from her hand. Then, he struck his Daughter for “disrespecting” him when she got between them during the fight. That the Expert’s testimony seemed to gloss through these various incidents and underplay the seriousness and extensiveness of his relationship issues undermines his assessment that the relational issues are not sufficiently “chronic” or pervasive. I find his opinion regarding BPD’s inapplicability to the Individual unpersuasive.

In contrast, I credit the DOE Psychologist’s opinion, given that the DOE Psychologist explained plainly the BPD diagnostic criteria and relayed rather clearly which diagnostic criteria had been met pursuant to the *DSM-5-TR*. I also credit the DOE Psychologist’s diagnosis given that her opinion fully engaged with the Individual’s history of tumultuous relationships—looking at the various incidents occurring over a multi-year period; analyzing familial relationships outside the Older Brother and Ex-Wife; and more critically considering the Individual’s demeanor throughout the clearance process. That more fulsome exploration of the Individual’s history and behaviors adds to the credibility of her diagnosis and stands in contrast to the Individual’s Expert. Furthermore, while I find the BPD diagnosis forms a sufficient basis for the security concerns, I also tend to agree with the DOE Psychologist that the Individual’s condition—be it BPD, anxiety,

depression, intermittent explosive disorder, or some combination of these diagnoses—has been insufficiently treated, as described below where I consider the mitigating conditions.

Based on the record before me, I do not find that the Individual has mitigated the LSO's security concerns.

Conditions that could mitigate Guideline I security concerns 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.

Regarding the first mitigating condition, I cannot find the Individual has engaged in consistent compliance with a treatment plan to address his condition, regardless of his diagnosis. The Individual discontinued therapeutic treatment and one of his medications in around October or November 2024, despite having been recommended by his treatment provider to attend weekly sessions and to take his medication. Then he attended therapy with varying degrees of regularity and generally not in compliance with treatment recommendations that he attend weekly. Even excusing the five-week period starting in December 2025 that his Therapist was unavailable, the Individual discontinued therapy over multiple extended periods: (1) a one-month period between October 2024 and November 2024; (2) a two-month period between November 2024 and January 2025; (3) a one-month period between January 2025 and February 2025; (4) a three-month period between April 2025 and June 2025; (5) another three-month period between June 2025 and September 2025; and (6) a one-month period throughout all of February 2026. The inconsistency with treatment has manifested in the record: since participating in mental health treatment, the Individual demonstrated a lack of remorse or insight into his own responsibility for the problems—instead blaming others, such as his Ex-Wife; his Daughter; or his Older Brother. At the hearing, some of this had changed; for instance, he expressed remorse for hitting his Daughter. However, at the hearing, the Individual demonstrated a lack of insight and reflection, where he continued to

blame his Ex-Wife despite his own repeated violent outbursts that led him to this point. Mitigating condition (a) cannot apply.

Regarding the second mitigating condition, the Individual's Therapist, when asked to provide a prognosis for the Individual, stated positively that the Individual has tools and support and that his symptoms appear to be lessening. The Individual's Expert similarly provided a positive prognosis for the Individual, noting also the coping skills, therapeutic support, and family support the Individual has developed in managing his condition. I find, however, that these prognoses seem to only account for the absence of depressive and anxious symptoms. The absence of stressors, brought on by his separation from his Ex-Wife and decreased parental duties, appears to be the main contributing factor driving his decreased symptoms. Absent from the Therapist's and the Individual's Expert's evaluation was serious engagement with the recurring problematic attitudes. For example, in her notes, the Therapist recounted her observations regarding the Individual's persecutory mindset yet seemed to only focus on reducing his depressive and anxious symptoms, rather than his relationships. Additionally, the Individual's Expert made few to no comments regarding the Individual repeatedly blaming his Ex-Wife for his troubles, which would seem to indicate that the Individual has not addressed how he relates to others.

I weigh more heavily the DOE Psychologist's prognosis given that it relied more on the full history of the Individual's problematic behavior and that it was supported by his demonstrated behavior even at the hearing. As the DOE Psychologist expressed—despite this extensive and confirmed history of violent behavior—the Individual seems to not understand that he is a “bull in a china shop” with a history of causing physical harm or threatening physical harm. That he continues to engage in persecutory thought patterns rather than understanding his effect on others is concerning. Without that specific insight so that he can manage that behavior, the DOE Psychologist believed his prognosis to be guarded, especially as the Individual's relationship with his children may change or as the Individual engages in future relationships. His treatment did not seem to adequately address his problematic thought processes, as evinced by his minimizing, defensive statements made (1) to the LSO, (2) to the DOE Psychologist and the Individual's Expert, and (3) during the hearing. Mitigating condition (b) does not apply.

As for the third, fourth, or fifth mitigating conditions, the Individual's condition, regardless of which diagnosis is considered controlling, is a chronic and present condition, rather than a “previous condition” or “past psychological/psychiatric condition.” There is no dispute that the Individual must engage in long-term management of the conditions. For example, his own Therapist indicated his symptoms had “lessened” meaning they are present and chronic and not “previous” or “temporary.” I also consider the condition to be a “current problem,” insofar as the Individual has demonstrated little insight into his condition.

The Individual, at the hearing, apparently lacked insight as to what brought him to therapy in the first place. Throughout the hearing and in the documentary record, the Individual blamed his “lying” Ex-Wife as the source of his legal, employment, and mental health troubles. Largely absent was a reflection on *his* role in the events that brought him to this point. At a prior residence, the Individual—likely between 2016 and 2018—took his Ex-Wife's keys and threw them, presumably to prevent her from leaving his presence. The Individual in 2023 started a physical altercation with his Older Brother over an indiscernible dispute about a boat. He seemed to have engaged in little

reflection as to why he attacked his Older Brother when he could not articulate how this argument escalated to the point of violence. Then, in June 2024, the Individual punched his Older Brother for picking up one of his children's toys. The Individual, moments later, shockingly held a loaded gun; threatened suicide to manipulate his Ex-Wife; and fought with his Ex-Wife and Father over the gun, resulting in the discharge of the firearm—miraculously harming no one despite his alarmingly poor judgment. Only weeks later, the Individual punched a hole in his shower. Then, the Individual, only five months after his first court involvement, blocked his Ex-Wife from leaving their house, knocked a phone out of her hand to prevent her from calling for assistance, and struck his seven-year-old Daughter causing visible injury. When the LSO asked him about this, he claimed that his physical abuse of his Daughter was an “accident” but then later justified it to the DOE Psychologist as discipline for her “disrespect.” When asked if he thought that his Ex-Wife secured a separate apartment for her safety, the Individual insisted that this was not the case.

As I have explained in the prior two paragraphs, the minimization he displayed at the hearing and throughout the adjudicative process—contemporaneous with his on-again-off-again treatment—deeply concerned me. Without adequate insight, the Individual has a present vulnerability to losing control of his emotions and acting out in physical or threatening ways, especially as stressors present themselves in his current and future relationships. Mitigating conditions (c), (d), and (e) are inapplicable.

Given the above, the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the DOE's possession to raise security concerns under Guideline I of the Adjudicative Guidelines. After considering all the relevant information, 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 security concerns set forth in the Notification Letter under Guideline I. Accordingly, I find the Individual has not demonstrated that restoring his security clearance would not endanger the common defense and would be clearly consistent with the national interest. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Andrew Dam
Administrative Judge
Office of Hearings and Appeals