United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: May 15, 2026	)	Case No.: PSH-26-0117
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	)	

Issued: August 28, 2026

Administrative Judge Decision

James P. Thompson III, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires a security clearance. In February 2025, the DOE Local Security Office (LSO) received information that the Individual was involuntarily hospitalized after an intentional overdose. Exhibit (Ex.) 4 at 8–9.[2] In order to gather additional information, the LSO sent the Individual a Letter of Interrogatory (LOI) which she completed on June 25, 2025. Ex. 7 at 14; Ex. 8 at 16. Subsequently, the LSO requested that a DOE-consultant psychologist (DOE Psychologist) evaluate the Individual. Ex. 10 at 64.

Based on the information gathered by the LSO, including a January 2026 report (Report) produced by the DOE Psychologist, the LSO informed the Individual by letter (Notification Letter) that it possessed reliable information that created substantial doubt regarding the Individual's eligibility to possess a security clearance. Ex. 1. In an attachment to the Notification Letter, entitled Summary

[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] References to the LSO exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

of Security Concerns (SSC), the LSO explained that the derogatory information raised security concerns under Guideline I of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I convened an administrative review hearing on July 8, 2026. *See* Transcript of Hearing, OHA Case No. PSH-26-0117 (Tr.). At the hearing, the Individual provided her own testimony. *Id.* at 6. The LSO presented the testimony of the DOE Psychologist. *Id.* The Individual submitted four exhibits, marked Exhibits A through D.[3] The LSO submitted eleven exhibits, marked Exhibits 1 through 11.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated, the LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the basis for concern regarding the Individual's eligibility for a security clearance. Ex. 1.

Guideline I provides that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. "A formal diagnosis of a disorder is not required for there to be a concern under this guideline." *Id.* Conditions that could raise a security concern include "an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness" and "voluntary or involuntary inpatient hospitalization." *Id.* at ¶ 28(b)–(c). The SSC cites the DOE Psychologist's conclusion in the Report that the Individual has a history of recurrent major depressive disorder and endorsed "clinically significant trauma-related symptoms in addition to persistent depressive symptoms, both of which can impair judgment, emotional stability, and reliability." Ex. 1 at 4. Additionally, the SSC cites the Individual's involuntary hospitalization. *Id.* at 5. The cited information justifies the LSO's invocation of Guideline I.

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

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be

[3] The Individual submitted her Exhibits A through C as a single PDF file. The Individual submitted Exhibit D as a separate standalone PDF. This Decision references the Individual's exhibits by their exhibit letter and the PDF page number.

clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his 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.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

The Individual has a history of recurrent major depressive disorder, with mental health treatment beginning in the 1990s when she was in her early twenties. Ex. 10 at 65; Ex. 4 at 8 (indicating the Individual's birth year). She intermittently engaged in psychiatric medication management and psychotherapy over the years but went through periods of disengagement. Ex. 10 at 65. In the months leading up to February 2025, the Individual experienced a worsening of depressive symptoms, including "persistent low mood, fatigue, crying spells, feelings of failure as a mother and daughter, social withdrawal, and diminished self-care." *Id.* at 66. She did not contact her mental health providers, seek urgent care, or disclose her symptoms to others because she "didn't have an appointment." *Id.*

On February 23, 2025, the Individual was found unconscious by a family member and was taken to the hospital by ambulance. Ex. 7 at 28. She stated to medical staff that she took approximately 50 Xanax pills and an unspecified amount of Klonopin pills and that she had no reason to live anymore. *Id.* According to the Individual's response to the LOI, she was moved to the mental health floor of the hospital on February 25, 2025, where she stayed until she was released on March 3, 2025, with the agreement that she would continue psychotherapy on an outpatient basis. Ex. 8 at 16. She attended group psychotherapy for three hours three times a week from March 10, 2025, to April 2, 2025,[4] and has followed up with her psychiatrist once every one to two months since her hospitalization. *Id.*; Tr. at 26–27. The Individual did not pursue ongoing psychotherapy beyond the group psychotherapy required following hospitalization. Ex. 10 at 67.

The Individual's employer restricted the Individual's site access on February 25, 2025, when her family notified them that the Individual was admitted for inpatient psychiatric services. Ex. 4 at 11. On May 5, 2025, after an evaluation by the employer's medical director, the employer notified the Individual that it was not aware of any outstanding concerns and that she could return to her workplace on May 8, 2025. Ex. 5 at 12. The employer's medical director opined that the Individual was currently reliable, trustworthy, and using good judgment. Ex. 6 at 13. Based on the documentation it possessed, the employer was under the impression that the Individual admitted

[4] In the LOI dated June 9, 2025, the Individual responded to a question regarding the dates of her mental health treatment with "March 10th – April 2[nd]." Ex. 8 at 16. However, at the hearing, the Individual testified that she did it "from the end of April or beginning of May" and "continued it . . . the first day of May or first week of May or end of April." Tr. at 53. Therefore, the record is not clear regarding what dates the Individual was in group therapy after her hospitalization. I conclude as a matter of fact that the Individual attended psychotherapy from March 10, 2025, to April 2, 2025, because her recollection was more likely to be accurate when she responded to the LOI, only one or two months after completing psychotherapy, than it was at the hearing over one year after completing the treatment.

herself to the hospital, which is not what is reflected in the Individual's medical records from the hospital. *Compare* Ex. 5 at 11 (indicating the Individual admitted herself) *with* Ex. 8 at 24 (indicating the Individual was admitted by involuntary mental health commitment). The Individual also testified during the hearing that she did not share any information regarding the trauma from her childhood with the employer's medical director during their evaluation. Tr. at 59–60.

On January 30, 2026, the Individual was evaluated by the DOE Psychologist. Ex. 10 at 64. As part of the evaluation, the DOE Psychologist reviewed the Individual's personnel security file, medical records from the hospitalization, and employer medical clearance documentation, and conducted a 90-minute clinical interview. *Id.* at 70–71. The DOE Psychologist also conducted the following psychological screenings and diagnostic testing: (1) Patient Health Questionnaire-9 (PHQ-9); (2) Generalized Anxiety Disorder 7-item (GAD-7); (3) PTSD Checklist PCL-5 Criterion A (PCL-5); (4) Alcohol Use Disorders Identification Test (AUDIT); (5) Adult ADHD Self-Report Scale (ASRS-v1.1 Symptom Checklist); and (6) Drug Abuse Screening Test (DAST-10). *Id.* at 72–74. The results were "clinically significant in terms of childhood experiences, depression, anxiety, and ADHD symptoms." *Id.* at 62. During the clinical interview, the Individual endorsed "clinically significant trauma-related symptoms associated with a history of childhood abuse" and "reported that this trauma has not been fully addressed in individual therapy and continues to contribute to emotional distress, negative self-concept, and interpersonal withdrawal." *Id.* at 67. She also reported significant loneliness and social isolation, with limited social support outside of her three children who are her primary source of support and motivation. *Id.* at 68. After the evaluation, the DOE Psychologist concluded that the Individual has "depressive and trauma-related conditions [that] can impair judgment, stability, reliability, and trustworthiness, particularly during periods of symptom exacerbation, elevated stress, or insufficient support." *Id.* at 74. In the months leading up to her intentional overdose and involuntary psychiatric hospitalization, the Individual "experienced exacerbated depressive symptoms accompanied by impaired judgment" which was evidenced by her not contacting a provider for help. *Id.* at 74–75. Further, the DOE Psychologist concluded that although the Individual demonstrated partial rehabilitation, her conditions were not in full remission because she continued to endorse clinically significant symptoms. *Id.* at 75–76. The DOE Psychologist stated that the probability of recurrence of acute psychiatric decompensation in the foreseeable future was low and the Individual's overall prognosis was best characterized as "guarded to fair." *Id.* at 76.

To address concerns regarding residual depressive symptoms, unresolved trauma, maladaptive self-concept, and limited help-seeking behavior, the DOE Psychologist recommended "consistent engagement in individual psychotherapy" for six months, "with evidence of participation and clinical monitoring . . . ." *Id.* at 76–77. The recommendation was shared with the Individual during her evaluation, and she acknowledged that individual psychotherapy would likely be beneficial. *Id.* at 77.

In May 2026, the Individual completed intake and established weekly psychotherapy sessions with a Licensed Professional Counselor (LPC). Ex. A at 2–3. The Individual provided documentation from the LPC, which states that the Individual has "presented positively, motivated, and goal oriented throughout sessions" and that the current treatment goals are to "identify triggers, events, or situations to her negative thoughts and feelings related to past trauma and anxiety" before beginning to implement healthy coping strategies. Ex. B at 19. The Individual also submitted documentation from her psychiatrist, whom she has been under the care of since November 2024,

which states that the Individual has been "stable and compliant with all treatment recommendations." Ex. C at 21; *see also* Tr. 86 (DOE Psychologist's testimony that "treatment records from both providers don't indicate specifically what symptoms [the Individual] is currently experiencing, what has improved, what has not improved" and that "[t]here's not any specific information and their notes don't discuss symptoms").

At the hearing, the Individual testified that she has had depression and been on medication for it since she was young, "probably before [her] early 20s," but there were periods of time when she would stop taking the medication because she felt better and then the cycle would repeat itself. Tr. at 15–17. However, the Individual testified that it was not until she met her current LPC and the DOE Psychologist that she had ever really spoken about her past, which she "knows is [her] problem." *Id.* at 17–18. When asked about what happened leading up to the 2025 incident, the Individual testified that she had been feeling unworthy due to her lack of healthy relationships and that she did not understand why that was until she met with the DOE Psychologist and talked about her traumatic past. *Id.* at 20. She also testified that her medications stopped helping her and "at that point [she] just wanted to go to sleep and not wake up" but that she didn't think she was trying "to not wake up, like, dead." *Id.* at 48. The Individual also testified that she turns to her adult children for support when she is feeling down, but that they did not know she had depression because she hid it from them. *Id.* at 37. After the incident in February 2025, the Individual had a conversation with them about her depression, and they were accepting of her. *Id.* at 38.

Regarding treatment, the Individual testified that the group psychotherapy she participated in after her hospitalization was "not for her" because it was virtual and it did not feel personal. *Id.* at 23. She acknowledged that she did not seek any follow-up treatment after completing the required group psychotherapy sessions. *Id.* at 24. The documentation from the Individual's psychiatrist stated that the treatment plan involved "psychotherapy with medication management," but the Individual testified that she did not remember the psychiatrist ever telling her to see a therapist. *Id.* at 25. The Individual further testified that she remembered the DOE Psychologist recommending therapy during the January 30, 2026, evaluation but she "did not pursue [psychotherapy] until April . . . ." *Id.* at 30–32. However, the Individual "absolutely" believes that psychotherapy with the LPC is beneficial, and she plans to continue until she feels more confident that the "feelings and emotions of what [she has] been harboring for so many years are just completely gone." *Id.* at 41. The Individual testified that she has been journaling, doing things with her kids, reconnecting with an old friend, listening to music, and dancing. *Id.* at 33, 41, 49. Whenever she feels sad, she turns her attention to something else, like changing movies whenever a certain movie has a trigger, going to see one of her kids, or taking her dog for a walk. *Id.* at 49–50.

Upon hearing the Individual's testimony and reviewing the documentation submitted by the Individual's providers, the DOE Psychologist testified that the Individual's prognosis had improved from "guarded but fair" to "cautiously favorable" with the caveat that the Individual had only been in consistent psychotherapy for less than two months. *Id.* at 68, 72. The DOE Psychologist also testified that it was difficult to ascertain if the Individual was in remission because the psychiatrist's documentation stated there is no recurrence of symptoms, but the LPC's documentation stated that she is working with the Individual to address active symptoms. *See* Tr. at 85–86 (DOE Psychologist's testimony); *see also* Ex. B at 19 (LPC's documentation); *but see* Ex. C at 21 (psychiatrist's documentation). The DOE Psychologist recommended that the Individual continue psychotherapy and medication management for "another three months, at a

minimum" to demonstrate adequate evidence of rehabilitation, noting that the "treating providers would need to be the ones at that point to make any recommendations about ongoing or further treatment." *Id.* at 72. If the Individual maintains continued treatment, the DOE Psychologist opined that the probability is low that the Individual's judgment, reliability, or emotional stability will be impaired based on her condition. *Id.* at 80.

V. ANALYSIS

Guideline I Considerations

Under Guideline I, the following relevant conditions can mitigate security concerns associated with a psychological condition:

(a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;

(e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

The first mitigating condition, ¶ 29(a), does not apply to resolve the concerns related to the Individual's recurrent major depressive disorder and trauma-related symptoms because the Individual has not demonstrated ongoing and consistent compliance with psychotherapy which is an integral part of her treatment plan. The Individual has established care with the LPC and has been consistently engaged in weekly psychotherapy for three months now, but the DOE Psychologist recommended six months of psychotherapy in January 2026. Accordingly, I cannot find that three months, initiated three months after the recommendation was received, is sufficient to demonstrate "ongoing and consistent treatment with the treatment plan."

Regarding the second mitigating condition, ¶ 29(b) does not apply because the Individual was involuntarily hospitalized, and the group psychotherapy that she completed after her hospitalization was a condition of her discharge from the hospital. The Individual has voluntarily started individual psychotherapy with the LPC, but she lacks a favorable prognosis. The documentation from the LPC did not provide a prognosis and the DOE Psychologist indicated that

it was too soon to provide an unqualified positive prognosis given the Individual had only been in psychotherapy for two months.

Paragraph 29(c) does not apply because the DOE Psychologist could not opine whether the Individual's condition was under control or in remission because the psychiatrist's conclusion that the Individual had no recurring symptoms was contradicted by the LPC's statement that she is working with the Individual to address active symptoms. Additionally, the Individual has not been in psychotherapy for six months, which is a clinically significant amount of time to demonstrate full remission according to the DOE Psychologist.

Additionally, ¶ 29(d)–(e) do not apply because the past psychological conditions were not temporary as the Individual has been diagnosed with recurrent major depressive disorder since she was in her twenties and her active symptoms indicate a current problem.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline I of the Adjudicative Guidelines. After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the Guideline I security concerns. Accordingly, I have determined that the Individual's access authorization should not be restored.

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

James P. Thompson III
Administrative Judge
Office of Hearings and Appeals